Bert England Lodge

Performance Report

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**Commission ID:** 7191

**Provider name:** City of Rockingham

**Assessment Contact - Site date:** 2 March 2021

**Date of Performance Report:** 31 May 2021

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - the Assessment Contact was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team assessed Requirements (3)(b) and (3)(g) in relation to Standard 3 Personal care and clinical care. All other Requirements were not assessed; therefore, an overall rating of the Standard is not provided.

The Assessment Team recommended Requirements (3)(b) and (3)(g) met. I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 3 Requirements (3)(b) and (3(g) and I find the service Compliant with these Requirements.

Overall, consumers considered the service delivers personal and clinical care that is safe and right for them, is tailored to meet their needs and optimises their health. The following examples were provided by consumers during interviews with the Assessment Team:

* Consumers interviewed said they receive safe and effective personal and clinical care, including management of risks.
* One consumer said they were very happy with wound management and said it has been consistent and timely.
* Two consumers said they feel safe, care is right for them and pain is managed effectively.
* Four consumers said staff discuss risks and they feel comfortable in providing information related to risks.
* Five consumers said they felt confident the service would effectively manage an infection outbreak.

The service demonstrated effective management of high impact or high prevalence risks associated with consumers’ care. The Assessment Team viewed consumer care files and noted risks associated with falls, behaviour, planned and unplanned weight loss and skin integrity are documented, strategies implemented and monitored for effectiveness, and referrals initiated where required. Staff confirmed they receive regular training on risk, could identify high risk consumers and describe strategies to ensure consumers’ safety and independence. The service has policies and procedures to guide staff in best practice when managing high risk or high prevalence risks.

The Assessment Team reviewed training records indicating staff have received training in infection control, personal protective equipment - donning and doffing, and effective handwashing. The service has a COVID-19 pandemic preparedness plan implemented, with regular practice at intervals, to inform staff of their responsibilities.

Staff were able to describe the practical steps taken to reduce the use of antibiotics. Management advised antibiotic use is monitored monthly through clinical meetings to prevent overuse. All consumers are monitored by the General Practitioner to ensure antibiotic effectiveness.

Based on the information detailed above, I find City of Rockingham, in relation to Bert England Lodge Compliant with Requirements (3)(b) and (3)(g) in Standard 3 Personal care and clinical care.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team assessed Requirement (3)(a) in relation to Standard 7, Human resources. All other Requirements were not assessed; therefore, an overall rating of the Standard is not provided.

The Assessment Team have recommended Requirement (3)(a) met. I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 7 Requirement (3)(a) and I find the service Compliant with this Requirement.

Overall, consumers and representatives considered the service has sufficient staff numbers, and the mix of staff enables the delivery of safe and quality care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Nine consumers and two representatives described staff as kind and caring, and said they were happy with the staff numbers. Consumers said they don’t wait long to receive care; staff spend time with them and they never rush them.
* One consumer said staff are always available when needed and “they are great”.
* Another consumer said they had been at the service for a long time and they participate in the activities every day. They particularly like the exercise program delivered by the Physiotherapist.

There are processes to ensure the workforce is planned, and the number and mix of staff deployed, enables delivery of quality care and services. Staff interviewed felt there are sufficient numbers of staff to provide quality care and services. The Assessment Team reviewed the complaints register for the last six months and noted there has been no complaints in relation to staffing levels, or consumer wait times. This aligns with consumer and representative feedback.

Based on the information detailed above, I find City of Rockingham, in relation to Bert England Lodge Compliant with Requirement (3)(a) in Standard 7 Human resources.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.