Eldercare The Lodge

Performance Report

14-20 King William Road
WAYVILLE SA 5034
Phone number: 08 8357 3833

**Commission ID:** 6184

**Provider name:** Eldercare Inc

**Assessment Contact - Site date:** 8 March 2022

**Date of Performance Report:** 17 March 2022

# Performance report prepared by

Janine Renna, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will 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 1 Consumer dignity and choice** |  |
| Requirement 1(3)(d) | Compliant |

# Detailed assessment

This performance report details the Commissioner’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 following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider did not submit a response to the Assessment Contact - Site report
* the performance report dated 24 December 2021 for the Site Audit conducted on 10 November 2021 to 12 November 2021.

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Assessment Team assessed Requirement (3)(d) in this Standard at this Assessment Contact. As all other Requirements in this Standard were not assessed, an overall rating of the Standard has not been provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(d) in this Standard. This Requirement was found non-compliant following a Site Audit conducted on 10 November 2021 to 12 November 2021 where it was found the service did not demonstrate each consumer was supported to take risks to enable them to live the best life they can. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit.

The Assessment Team recommended the service meets Requirement (3)(d) in this Standard. I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and I find the service compliant with Requirement (3)(d). I have provided reasons for my findings under the specific Requirement below.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

This Requirement was found non-compliant following a Site Audit conducted on 10 November 2021 to 12 November 2021, as the service was unable to demonstrate each consumer was supported to take risks to enable them to live the best life they can, as risks were not identified, and mitigation strategies were not implemented for four consumers who leave the service independently. The Assessment Team’s report for the Assessment Contact conducted on 8 March 2022 provides evidence of actions taken in response to the non-compliance, including:

* Assessments have been undertaken for all consumers that mobilise into the community independently.
* Policies and procedures that guide staff practice in relation to consumer choice and risk management have been reviewed and updated to include consumers who mobilise into the community independently.
* Staff have been educated in relation to changes to the organisation’s policies and procedures.
* Staff practices are monitored for compliance with the service’s policies and procedures to ensure consumers are supported to take risks.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Consumers and representatives interviewed provided examples of how consumers are supported to do the things they want to do, including when there is an element of risk.
* Staff demonstrated knowledge of consumers who undertake risky activities and provided examples of strategies in place to minimise the associated risk.
* Management reported all consumers undertaking risky activity are required to undergo a risk assessment and risks associated with the activity are discussed with the consumer and their representative. Management also reported risk assessments are reviewed every six months or when circumstances change.
* Risk assessments identified the risky activity, the benefit and value to the consumer, the risks involved, a risk matrix score, alternative strategies and the people involved in the discussion. The Assessment Team noted risk assessments were completed for each consumer.
* Documentation showed risk assessments were reviewed for two consumers who had a change in condition, which resulted in the implementation of additional prevention strategies.
* The Assessment Team observed mealtime for one consumer at risk of choking and noted they were served meals of a regular diet in line with their choice, meals were in bite sized pieces and staff were encouraging self-feeding and providing supervision.
* The organisation has policies and procedures to guide staff practice in relation to supporting consumer choice and independence, and minimising associated risks.

Based on the information summarised above, I find the service compliant with Requirement (3)(d) in Standard 1 Consumer dignity and choice.

# 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.