Good Shepherd Lodge

Performance Report

15 McIntyre Street
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**Commission ID:** 5116

**Provider name:** Good Shepherd Lodge Ltd

**Assessment Contact - Desk date:** 18 June 2020

**Date of Performance Report:** 20 July 2020

# 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)(a) | Compliant |
| Requirement 3(3)(e) | 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 report was informed by review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Assessment Contact report received 3 July .

# 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 did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The Assessment Team reviewed documentation for consumers who have clinical needs including chronic skin conditions and wounds, diabetes, pain management needs and complex behaviours. The Assessment Team found that care documentation reflects individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer.

For consumers who are restrained, appropriate authorisations and consent are in place. Documentation includes strategies to minimise risk of harm and risk to consumers’ safety and well-being.

Consumers and representatives were interviewed and are satisfied consumers are receiving care that is safe and right for them and meets their needs and preferences. They gave various examples to demonstrate how staff meet their personal and/or clinical care.

Registered staff provided examples of how they deliver care that is best practice; they described:

* pain assessment and pain management protocols
* wound management protocols
* restraint minimisation strategies and the use of non-pharmacological interventions, and
* consultation with consumers and representatives regarding the use of restraint and described the assessment, authorisation and consent process.

Care staff could describe the care they provide to individual consumers and how they access information to support their understanding of the consumer’s care needs.

Staff said they have attended training, including training relating to wound management and restraint management; they said they have access to policies, procedures, guidelines and flowcharts which guide practice.

Strategies to monitor care delivery include regular case conferences, meetings, audits and staff supervision; external specialists including for example Dementia Support Australia and palliative care specialists are accessed as necessary.

For the reasons detailed, this requirement is Compliant.

### Requirement 3(3)(e) Compliant

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

#### The Assessment Team found care documentation provides adequate information about the consumer’s condition, needs and preferences to guide staff in the delivery of care and services. Documentation reflects information sharing within and between other health providers and organisations including medical officers and allied health professionals responsible for the consumer’s care.

Consumers interviewed said their needs and preferences are effectively communicated between staff; they said that staff know them well and provided examples of how staff cared for them.

Staff could describe the processes to ensure information about a consumer is documented and communicated to all staff. For example:

* Catering and care staff said they are alerted to any changes in dietary lists by the registered nurse.
* Registered staff described the process for referral to other health providers including the speech pathologist, dietitian, podiatrist and medical officer. If urgent assessment is required after hours the consumer is transferred to the local hospital for assessment and review.
* Staff said they are kept informed about consumers’ needs through the consumer’s care plan and information in the electronic management system, care alerts and handover. Staff were able to describe the handover process.

For the reasons detailed, this requirement is Compliant.

# 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.