Southport Lodge

Performance Report

37 Jimmieson Avenue   
SOUTHPORT QLD 4215  
Phone number: 07 5591 6722

**Commission ID:** 5295

**Provider name:** Planlow Pty Ltd

**Assessment Contact - Site date:** 8 September 2021 to 9 September 2021

**Date of Performance Report:** 12 October 2021

# Performance report prepared by

Dee Kemsley, 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 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(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 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 - 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
* other intelligence and information received by the Commission regarding the service.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team did not assess all Requirements in this Standard; therefore, a summary statement is not provided.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

The Site audit report identified care and services were reviewed regularly for effectiveness including when circumstances changed or when incidents impacted on consumers’ health or well-being. Consumers and/or their representative reported care was reviewed when circumstances changed.

Consumers’ care documentation demonstrated care plan reviews were scheduled and completed every three months and monthly as part of the Resident of the day process. Consumers care and services were also reviewed when circumstances changed, or incidents impacted on consumer care.

The service has policies and procedures in place to guide staff with assessment and care planning. Registered staff advised consumers’ care plan and Resident of the day reviews were scheduled; the service’s electronic care system provided an alert. Staff were aware of the incident reporting process relevant to their role and scope of practice. Care staff reported if they had concerns about consumers’ health or well-being, they advised the registered nurse who would review the consumer. Registered staff explained how incidents might trigger a reassessment or review of the consumers’ care needs.

Recent improvements implemented at the service to address the deficiencies identified at a Site audit completed 4 to 10 May 2021, relevant to this requirement included:

* Medical officers now accessed the service’s electronic care system directly to document consultations and changes in care for consumers; registered staff generated a report to ensure follow up of changes in consumers’ care were being attended to.
* A care plan review schedule had been implemented ensuring consumer’s care plans undergo regular review every three months; prompts on the electronic care system reminded registered staff of care plan review dates. A monthly Resident of the day process had been initiated which included a review of the consumer’s care plan and completion of assessments as required.
* The electronic care system flagged any tasks which were not completed in 24 hours; a report was extracted, and registered staff followed up with care staff to ensure care had been provided and any missed documentation was completed.
* Education related to care planning, incidents and documentation had been provided for staff and was scheduled as part of the service’s education program each quarter.
* Clinical management reviewed a weekly report from the electronic care system regarding documentation and provided feedback to registered staff in relation to the quality and content. Support was provided to staff who required further training and monitoring to improve their skills with assessment, care planning and documentation.
* The implementation of ‘huddle’ meetings once per shift to ensure staff were updated with any changed care needs for consumers.
* The service’s Plan for continuous improvement evidenced actions in relation to this Requirement have been completed.

Based on the above, this Requirement is now Compliant.

# 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 in this Standard; therefore, a summary statement 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 Site audit report identified consumers received personal and/or clinical care that was safe and effective including in relation to wound management. The service demonstrated that processes were in place to manage restrictive practices and these aligned with best practice. Consumers advised in a variety of ways they were satisfied they got the care they needed.

Consumers’ care documentation reflected individualised care that was safe, effective and tailored to the specific needs and preferences of the consumer. The service had a suite of evidence-based policies and procedures to guide staff in the delivery of care and services to consumers.

Care staff demonstrated an awareness of consumers’ individual needs and preferences and how these were managed in line with the consumers’ care plan. Staff reported they received relevant training to assist them to deliver safe and effective care to consumers; registered nurses advised they had been provided with medication management education, including the use of the electronic medication documentation system, and they had completed a medication competency. All staff related how they would escalate identified concerns in relation to a consumer’s clinical care or needs; to the registered nurse, clinical management or the medical officer.

Registered nurses confirmed the service had sufficient medication stock available for consumers; they described the process to order medications and reported the pharmacy delivered items promptly. Registered nurses were observed administering medication using an electronic medication documentation system mounted on the medication trolley. The medication trolley was observed to be clean, well-stocked and contained pre-packaged medication sachets on rolls prepared by the pharmacy for each consumer’s medication.

In relation to restrictive practices, the service maintained a restrictive practice register of consumers prescribed psychotropic medications, and consumers provided with mechanical or environmental restraint. Signed risk assessments and restraint authorisations were maintained and included consultation and input from the medical officer and consumer/representatives; care documentation demonstrated restrictive practices were monitored and evaluated. Staff had received education related to behaviour management; registered nurses had received training in relation to updated restrictive practice legislation. Staff described alternative non-pharmacological strategies they would use to manage a consumer exhibiting challenging behaviour and staff stated, where prescribed, chemical restraint would be administered as a last resort.

In relation to skin integrity, incident reports and audits demonstrated management monitored and analysed skin integrity care delivery at the service. Wound care documentation demonstrated consumers’ wound healing progress was consistently monitored, all wounds were attended, reviewed, photographed and documented as scheduled by registered nurses/clinical management. The service had a clinical care policy which addressed skin integrity and used an evidence-based manual, which included a pathway to guide staff in the delivery of wound care.

In relation to pain management, care documentation identified medical officers and the physiotherapist were consulted regarding consumers’ pain management; pharmacological and/or non-pharmacological strategies were used to assist consumers with pain management. The service had pain assessment and management procedures including specialised tools for consumers who cannot verbalise pain.

Based on the above, this Requirement is Compliant.

### 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.*

The Site audit report identified the service minimised infection related risks through infection prevention and control processes and the promotion of appropriate antibiotic prescribing. The service demonstrated their preparedness for a COVID-19 outbreak including effective visitor screening on entry to the service, provision of staff training and an outbreak management plan to guide staff in the event of an infection outbreak.

The organisation had policies and procedures related to infection control and antibiotic management. Care documentation demonstrated consumers were screened daily for COVID-19 symptoms including recording the consumer’s temperature. Vaccination records demonstrated in 2021 all staff had received an influenza vaccination; as at 1 September 2021, 94% of staff have received their first dose of COVID-19 vaccine and a record was kept of consumers who had received the COVID-19 vaccine or who had declined.

Staff demonstrated an understanding of how they minimised the need for the use of antibiotics and ensured they were used appropriately. Registered and care staff described how infection related risks were minimised at the service. Staff advised they had received education in relation to Infection prevention and control including correct use of personal protective equipment, correct disposal of soiled linen and waste, and outbreak management. The Infection prevention and control lead conducted regular toolbox education sessions with staff, and staff reported they had access to a plentiful supply of gloves and other personal protective equipment as needed.

Recent improvements implemented at the service to address the deficiencies identified at a Site audit completed 4 to 10 May 2021, relevant to this requirement included:

* The service had appointed a receptionist whose duties included monitoring and screening visitors on entry to the service; other key personal assisted with this task when needed. Visitors to the service were observed undergoing screening on entry; this included temperature monitoring and details were recorded in a register.
* The front door was locked afterhours so that all visitors had to alert staff to enter; this had been discussed with consumers and there is an alternate door that consumers used to exit the service when the front door was locked. Consumers advised the registered nurse when they were leaving the service; this was documented to enable the registered nurse to monitor movements in relation to COVID-19 restrictions.
* Outbreak management kits were observed for staff to use in the event of an infectious outbreak, including stores of personal protective equipment and racks which contained boxes of different sized disposable gloves on walls in the service’s corridors. Hand washing basins and hand sanitiser were observed to be available throughout the service.
* A dedicated dirty utility room with disposable bedpans was observed with a macerator to manage hygienic disposal of used bedpans.
* A resource folder was available to guide staff with the management of a COVID-19 outbreak; this was last reviewed and updated on 3 August 2021.
* The service’s Plan for continuous improvement evidenced actions in relation to this Requirement have been completed.

Based on the above, this Requirement is now Compliant.

# STANDARD 5 Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Assessment Team did not assess all Requirements in this Standard; therefore, a summary statement is not provided.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

The Site audit report identified the service environment was safe, clean, well maintained and comfortable. Consumers were able to move freely indoors and outdoors and were supported to visit the community away from the service.

Overall, consumers said the service was safe, clean and well maintained, and consumers advised they were able to go outside if they wished. Management reported the service had a preventive maintenance program and a maintenance request process; staff said they were satisfied the maintenance program was effective. The service’s Plan for continuous improvement and staff meeting minutes evidenced suggestions from staff in relation to safety are acted upon.

Consumers were observed moving freely both indoors and outdoors, and consumers were observed using the code to operate the main gates when leaving the facility to visit the community away from the service. Consumers’ rooms were observed to be clean and the living environment, including the lounge and dining area were observed to be clean and well maintained. Consumers were observed to be independently accessing or being assisted to access the service’s smoking area. Mobility equipment such as hoists were observed to be clean and in good condition. Designated cleaning staff were observed cleaning consumers’ rooms, communal areas and equipment, and staff were observed cleaning the smoking area.

Recent improvements implemented at the service to address the deficiencies identified at a Site audit completed 4 to 10 May 2021, relevant to this requirement included:

* In relation to cleaning processes, additional cleaning staff had been appointed and a cleaning schedule had been implemented to guide staff practise.
* A maintenance program had been developed and maintenance requirements had been brought up to date. The carpet in consumers’ rooms was being replaced with linoleum as required.
* Practices to minimise the risks associated with consumers who smoked cigarettes had been implemented. Management had conducted a detailed review and applied the relevant Queensland legislation; the *Tobacco and Other Smoking Products Act 1998*. An outdoor smoking area had been nominated and was signed as a smoking area. To minimise the risks associated with smoking, risk assessments for each consumer who chose to smoke was completed and each consumer who smoked was supplied with their own smoking apron. Management had placed safety equipment in the smoking area, which included spare smoking aprons, fire blanket and fire extinguisher, lighting, call bell and cigarette butt disposal facility. Staff reminded consumers to only smoke at the smoking area, escorted consumers to the smoking area, and for some consumers provided assistance and supervision. Staff monitored consumers at risk of smoking indoors through observation, using CCTV and smoke detectors. Staff had encouraged consumers to quit smoking and suggested they use nicotine patches.

Based on the above, this Requirement is now Compliant

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

The Site audit report identified the service’s furniture, fittings and equipment were safe, clean and well maintained. Furniture, fittings and equipment were suitable for consumers.

Consumers expressed their satisfaction with furniture, fittings and equipment provided by the service, with consumers considering these to be safe, clean, well maintained and suitable for them; numerous consumers said things had improved recently.

Furniture was observed to be safe, clean and in good condition. Observations of consumers’ rooms evidenced furniture and fittings were in good condition, dining room chairs and lounge chairs were at a suitable height, and consumers were observed sitting and standing from these chairs without difficulty. Mobility equipment such as hoists were observed to be clean and in good condition and portable electrical equipment such as the toasters used in the kitchen were observed to have current electrical test tags. Staff said there was sufficient equipment and staff were satisfied with the effectiveness of the maintenance programs.

Recent improvements implemented at the service to address the deficiencies identified at a Site audit completed 4 to 10 May 2021, relevant to this requirement included:

* A maintenance program had been developed and maintenance requirements had been brought up to date. Maintenance records evidenced that the fire detection system and associated fire-fighting equipment was regularly tested and had passed the most recent tests; requested maintenance was observed to be carried out.
* A cleaning schedule had been implemented to guide staff practice and additional cleaning staff appointed.
* A new call bell system had been installed at the service.

Based on the above, this Requirement is now Compliant

# 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 did not assess all Requirements in this Standard; therefore, a summary statement is not provided.

## 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.*

The Site audit report identified workforce planning enabled an appropriate number of staff to be deployed at the service to ensure the delivery of safe and quality care and services.

Consumers were satisfied with the delivery of care and services, and the number and type of staff rostered. Consumers said they were satisfied with staffing, including the availability of staff to meet their needs.

The Facility manager commenced in the role in June 2021. Workforce planning identified the number and types of staff required to meet consumers’ care and service needs. Management reported, and documentation demonstrated a registered nurse, together with a minimum of two staff were rostered on each shift. Clinical management and the Facility manager were on call afterhours. Staff on leave were replaced by the service’s own staff; agency staff were rarely used and have not been used over the past three months. New staff were recruited as required; the service was recruiting for an additional registered nurse to provide more flexibility in shift coverage and leave replacement. Management stated staffing was monitored though feedback from consumers and staff, observations of care and service delivery and monitoring of clinical data.

Care and service staff said they were satisfied rostered hours were sufficient to enable them to complete their assigned duties. Care staff were observed responding to consumers’ requests for assistance with a minimum of delay.

Based on the above, this Requirement is Compliant.

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

The Site audit report identified members of the workforce were recruited, trained, equipped and supported to deliver care and services that met consumers’ needs and preferences and the Quality Standards.

Overall, consumers were satisfied with the knowledge and skills of the workforce. Consumers said staff were available to assist them when required, responded to call bells with minimal delay and knew the consumers’ care and service needs and how to meet those needs.

Care and service staff were satisfied with the service’s training program, saying it provided the information they needed for their role and it kept them up to date with changes, including changes in regulatory requirements.

Management said new staff were recruited to meet an identified need; staff were provided with a position description, given an orientation and role specific training, and their performance was monitored. New staff completed an orientation program of mandatory topics and staff repeated these mandatory topics annually. Further training was provided; this was based on the needs of staff, the needs of consumers, changes in processes or practices and changes in regulation. An annual training schedule was developed and a record of staff who attended each training session was maintained. The performance of staff was monitored; ongoing initially, at the end of six months and then annually.

Meeting minutes evidence staff training was further provided during meetings. Clinical and care staff were observed providing care and services that was consistent with consumers’ needs and preferences as described in their care and service plans. Records other than clinical care records, evidenced staff other than care staff were aware of how individual consumer’s need and preferences were met, including consumers’ daily meal choice records.

Based on the above, 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.

# Other relevant matters

Non-compliant requirements from the Site audit completed 4 to 10 May 2021, which were not assessed at this visit:

* Requirement 3(3)(b)
* Requirement 6(3)(c)
* Requirement 6(3)(d)
* Requirement 7(3)(b)
* Requirement 8(3)(b)
* Requirement 8(3)(c)
* Requirement 8(3)(d)
* Requirement 8(3)(e)