Performance

Report

**1800 951 822**

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| Name: | Algester Lodge |
| Commission ID: | 5364 |
| Address: | 117 Dalmeny Street, ALGESTER, Queensland, 4115 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 12 August 2024 |
| Performance report date: | 10 September 2024 |
| Service included in this assessment: | Provider: 2320 The Renton Family Trust No. 1  Service: 5269 Algester Lodge |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Algester Lodge (**the service**) has been prepared by T Wurf, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

# Material relied on

The following information has been considered in preparing the performance report:

* The assessment team’s report for the Assessment contact (performance assessment) – 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’s response to the assessment team’s report received 9 September 2024.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements were assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements were assessed** |
| **Standard 4** Services and supports for daily living | **Not assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements were assessed** |
| **Standard 6** Feedback and complaints | **Not assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements were assessed** |
| **Standard 8** Organisational governance | **Not assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |

Findings

The Assessment Contact Report included evidence (summarised below) that the service is compliant with this requirement.

Consumers said staff treat them with dignity and respect, and make them feel accepted and valued.

Staff described practical ways they treat consumers with dignity and respect. For each consumer, staff were aware of their individual needs and what was important to them. Staff were observed by the Assessment Team to be interacting with consumers respectfully.

Consumers’ care documentation reflected their background, identity and culture, and the language used by staff in documentation was respectful.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Having considered the Assessment Contact Report and approved provider’s response, I have decided this requirement is compliant.

I have made this decision based on the following analysis.

The Assessment Contact Report included evidence the service was effectively managing high-impact and high-prevalence risks, including risks associated with diabetes, falls, changed behaviours, restrictive practices and wound management.

Consumers said they receive the personal and clinical care they need, including to manage risks to them. Staff knew consumers’ individual needs and management strategies pertaining to clinical risks. Consumers’ care documentation relevant to high-impact, high-prevalence risks included evidence of risk assessments, care management plans with care directives and strategies to prevent and/or manage the relevant risks, and regular monitoring and review, including by medical officers and allied health professionals were appropriate.

However, the Assessment Contact Report identified the service was not ensuring the safe and timely administration of time-sensitive Parkinson’s medication. For example:

* Six consumers who were prescribed Parkinson’s medication had received doses in an inconsistent way and were regularly administered the medication outside the prescribed timeframes. There were multiple instances where Parkinson’s medication was administered during set times of medication rounds, rather than prescribed times.
* Consumers confirmed they receive their medication, however, it was not always on time.
* Whilst the clinical nurse conducted a weekly medication report, this did not identify early or late medication administration as errors.

Following feedback from the Assessment Team, management completed an improvement plan and commenced actions to improve the administration of Parkinson’s medication.

The approved provider’s response to the Assessment Contact Report acknowledged the Assessment Team’s findings and provided evidence of actions completed to improve the safe and timely administration of Parkinson’s medication. For example:

* On the day of the assessment contact, management distributed information to relevant staff about the safe and timely administration of Parkinson’s medications, including via a staff memorandum and message in the service’s electronic care management system.
* Management discussed safe administration of Parkinson’s medication at the registered and enrolled nurse staff meeting, and the medication advisory committee meeting in August 2024.
* The service established a weekly audit conducted by the clinical nurse to monitor administration times of Parkinson’s medication.
  + Audit results provided as an element of the provider’s response showed some instances of incorrect timing of medication administration. The audit and provider’s response noted the clinical nurse was providing a verbal caution and education to staff identified as administering outside the safe administration range and ongoing issues of compliance would be addressed through human resource processes.
* A medical officer has reviewed individual consumer’s Parkison’s medication and updated each consumer’s medication order to reflect the time of each dose. Consumers’ medication profiles have been updated to reflect this.

In addition to actions completed, the provider’s response stated a review will be conducted at the next management meeting scheduled for 30October 2024 to evaluate and review the effectiveness of improvement actions taken.

I am satisfied the provider, at the time of the assessment contact, had systems and processes in place to manage high-impact and high-prevalence risks. Whilst the Assessment Contact Report identified systemic issues with the timely administration of time-sensitive Parkinson’s medication, the provider acted promptly to address this and I am satisfied improvement actions have been completed and will be monitored for effectiveness. For these reasons, I have decided this requirement is compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |

Findings

The Assessment Contact Report included evidence (summarised below) that the service is compliant with this requirement.

Consumers said they feel comfortable at the service and were satisfied with the cleanliness of their rooms and common areas.

The service has processes to maintain the service environment, which were known by staff. Consumers’ rooms are cleaned daily according to a schedule. Maintenance schedules outline routine tasks and maintenance requests to ensure the service environment is well maintained.

Staff said they assist consumers to enjoy all aspects of the service environment. Staff described how they support those consumers who require assistance to enter and exit the building and access garden areas. The Assessment Team observed some consumers moving independently around the service environment and other consumers receiving assistance from staff.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |

Findings

The Assessment Contact Report included evidence (summarised below) that the service is compliant with this requirement.

Consumers and staff felt there are enough staff to provide care and services to consumers in accordance with their needs and preferences and in a timely manner.

The service has a system to plan the workforce, including to ensure there are a sufficient number and mix of staff and planned and unplanned leave are covered. A base roster is managed to ensure staff of various role classifications are available to meet the needs of consumers. The service monitors staff responsiveness to consumers, including through weekly call bell audits.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)