Performance

Report

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| Name: | Alkira Lodge |
| Commission ID: | 0165 |
| Address: | 2A Bushland Drive, TAREE, New South Wales, 2430 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 27 August 2024 |
| Performance report date: | 26 September 2024 |
| Service included in this assessment: | Provider: 925 Bushland Health Group Limited  Service: 181 Alkira 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 Alkira Lodge (**the service**) has been prepared by M.Wyborn, 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, and
* the provider’s response to the assessment team’s report received 4 September 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements were 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 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |

Findings

The service demonstrated that consumers consistently receive safe and effective personal and clinical care and consumers and representatives advised that they are regularly involved in their care planning, reviews and discussions. Representatives are routinely kept informed about any changes, concerns, or incidents involving their consumers. The service demonstrated that consumer care is tailored to individual consumers’ needs, optimises their health and well-being, and aligns with the service’s policies and processes. The Assessment Team reported effective delivery of personal and clinical care in relation to minimising the use of psychotropic medications, restrictive practices, falls prevention and management, skin care and complex consumer care. Consumer behaviour support plans appropriately document triggers for behaviours and record individual strategies for staff to follow as recommended by Dementia Support Australia (DSA) and/or the consumer’s geriatrician.

In regard to behaviour support and management, care staff in the memory support unit (MSU) advised they maintain consistent work areas so they know the consumers, their routines, preferences and behaviours. This supports identification of new or changed behaviours and provides consistency for customers which builds familiarity to staff. Staff demonstrated that they have undertaken relevant education about restrictive practices, dementia, difficult behaviours and behaviour support.

The service demonstrated effective management of consumer pressure injuries by delivering appropriate wound care chart records which highlight regular review, dressing changes, images and relevant documentation. The service’s wound care documentation demonstrates that staff routinely identify, monitor and manage wound care as per best practice. Clinical staff demonstrated appropriate weight management procedures including weight monitoring, dietary assessments, maintaining hydration, dignity of risk decisions relating to food and the triggers that prompt the need for closer monitoring and review. The service provides weight management guidance to staff by administering an online policy document. The service demonstrated effective management of consumers who have experienced falls. Appropriate risk assessments are routinely completed and mitigation strategies are discussed, implemented and documented. Consumers are reviewed by the physiotherapist as required and intervention strategies are documented, and staff demonstrated appropriate knowledge of the interventions and review dates as documented in individual consumer care plans.

With these considerations, I find the service Compliant in Requirement 3(3)(a).

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