Performance

Report

**1800 951 822**

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| Name: | Anglican Care Scenic Lodge Merewether |
| Commission ID: | 0900 |
| Address: | 251 Scenic Drive, MEREWETHER, New South Wales, 2291 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 10 July 2024 |
| Performance report date: | 19 August 2024 |
| Service included in this assessment: | Provider: 3186 Anglican Care  Service: 6569 Anglican Care Scenic Lodge Merewether |

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 Anglican Care Scenic Lodge Merewether (**the service**) has been prepared by G Cherry, 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 26 July 2024
* Performance Report dated 14 March 2024

# Assessment summary

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

A decision of non-compliance made on 14 March 2024 followed an assessment contact on 29 January 2024 to 31 January 2024. At an assessment contact on 10 July 2024 the management team shared a plan for continuous improvement (PCI) detailing actions taken in relation to Behaviour Support Plans (BSPs) and informed consent associated with restrictive practices. Actions include comprehensive review of BSPs and restrictive practice documentation and medical officer review of psychotropic medication.

The assessment team note the service is providing safe and effective care relating to falls, pain management and complex clinical care (stoma therapy). However, they bought forward evidence of deficiencies relating to restrictive practices, medication management, and inconsistent recording in wound care documents. Via document review, interview with Management, Senior Clinicians, registered nurses, care staff, consumers, representatives and observations, the assessment team note policies and procedures guide staff regarding organisational expectations relating to use of restrictive practices, psychotropic medications, and behaviour management. Management explained environmental restrictive practices exist for consumers residing in the memory support unit plus one consumer being administered medication deemed as a restrictive practice. Consumers in the memory support unit have access to surrounding outdoor areas and documents demonstrate appropriate informed consent as per legislative requirements.

The service is currently experiencing a malfunctioning lift impacting access between first and ground floor requiring staff to assist consumers in accessing the emergency exit fire stairwell. Communication occurred with affected consumers, advising of staff assistance to navigate floor levels, and management provided an example of physiotherapy review to ensure consumer’s capacity to access stairs and exit the service. Consumers and representatives consider most clinical care is tailored to meet consumers’ needs, expressing satisfaction in relation to care provision, most noting staff assistance to access stairs not impacting their well-being and/or movement as per choice. Post discussions with the assessment team Management updated environmental documentation to reflect impact of lift on consumers ability to independently access the ground floor and contacted emergency services to advise of current changed circumstances.

Management demonstrated self-assessment tools used in relation to medications deemed as a restrictive practice, process to enable informed consent, plus development of BSPs to guide staff in care delivery, however the assessment team note documents do not demonstrate use of non-pharmacological interventions prior to administration of medication for one consumer. Management advised staff education to occur in relation to behaviour management and the provider’s response demonstrate appropriate consideration of pain. Representatives provided positive feedback relating to clinical care and review of medications resulted in cessation of one psychotropic medication and improved consumer outcome. Via review of documents the assessment team note the service did not demonstrate consideration of medication as a possible restrictive practice for another consumer. In their response the provider advised subsequent medical officer review resulted in deprescribing of psychotropic medication. In addition, they advised of amendments to recording documents to aid ongoing monitoring and compliance, plus introduction of monthly review of BSPs to ensure adequate behavioural support plans by an appropriate behavioural specialist.

Via review of medication related incidents, the assessment team note a lack of clinical oversight in relation to ensuring required medications are available on site. Management advised of subsequent actions to prevent reoccurrence including changes to ordering processes, provision of clinical staff training relating to obtaining emergency medications and review pharmacy agreement. Policies and procedures guide staff in relation to falls management including post fall assessment and monitoring. Interviewed staff demonstrate knowledge of requirements noting receipt of recent training and review of documents detail neurological observations and post fall assessment mostly documented. Representatives consider staff to be proactive in relation to falls management. Policy/procedural documentation relating to wound management practices require development of pain management plan, frequency of dressing changes/wound photography, however the assessment team note procedures in relation to frequency of dressings not consistently adhered to, and pain management strategies relating to wound care not consistently documented. Management advised self-identification of issues resulted in regular clinical monitoring/oversight to ensure compliance. Interviewed staff demonstrate knowledge of organisational requirements and representatives gave positive feedback. Staff describe knowledge of methods to identify consumer’s pain and strategies to address this, including escalation processes; plus appropriate management of complex clinical care needs. Documents reflect clinical care goals, completion of monitoring documentation and timely responsiveness to identified changes include reassessment/medical officer referral. In consideration of compliance, while acknowledging some deficits relating to recording and monitoring processes, I am swayed by evidence supplied by the provider, including immediate responsive actions, lack of negative consumer impact, plus consumer/representative satisfaction relating to care provision. I find requirement 3(3)(a) is compliant.

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)