Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| 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 3 October 2023 |
| Performance report date: | 2 November 2023 |
| 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 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.
* There was no provider’s response received to the assessment team’s report.

# Assessment summary

|  |  |
| --- | --- |
| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements were assessed |
| **Standard 5 Organisation’s service environment** | **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

|  |  |  |
| --- | --- | --- |
| 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

The service demonstrated effective management of high impact and high prevalence risks associated with the care of each consumer. The Assessment Team reported that the service as implemented continuous improvement actions since their last Site Audit undertaken from 29 March 2021 to 1 April 2021 in an effort to remediate the previous non-compliance.

The service ensured that all staff who administer medications complete three medication administration practice modules per year, and the service’s Medication Management and Administration policy and procedures supported development of a medication manual to guide staff practice in relation the medications. The service delivered education to staff on as needed (PRN) medications, pain management and falls prevention and management, and the service demonstrated effective clinical monitoring of consumer charting practices as well as clear communication and documentation pathways for staff to follow when making decisions to administer PRN medications.

The service continues to ensure that all consumer falls, including incident for frequent fallers, are reported through the organisation’s care governance system. High risk consumers are identified via effective reporting mechanisms between the residential care manager and the general manager of residential care services and these consumers are routinely discussed at manager meetings to identify specific strategies to reduce the risk to the consumer.

The service reinforced their effective management of high impact or high prevalence risks by ensuring the service provides 24 hour registered nurse coverage to aid management of high-impact, high-prevalence risks for consumers. Management and registered nursing staff demonstrated an appropriate knowledge of each consumer who is identified with high-impact high-prevalence risks, including those related to falls, wounds and behaviour management. The Assessment Team’s review of consumer documentation demonstrated effective processes to manage high-impact or high-prevalence risks associated with consumer care, and consumers and representatives advised the Assessment Team that they were satisfied with the care consumers receive. All staff effectively demonstrated a sound knowledge of individual consumer care needs and any related high impact risks.

With these considerations, I find the service compliant on Requirement 3(3)(b).

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | |  |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The service demonstrated a safe, clean and well maintained service environment. Since the last Site Audit undertaken from 29 March 2021 to 1 April 2021, the service has implemented continuous improvement actions in an effort to remediate the previous non-compliance.

The service engaged with the elevator service provider to develop an asset management plan to reduce outages or mechanical malfunctions. In addition, an action plan was developed for elevator outages so management of these rare occurrences is effective throughout the service. The service’s emergency manual includes instructions related to elevator outage and is available to all staff at the service.

In response to the Assessment Contact undertaken on 3 October 2023, the Assessment Team reported that the continuous improvement actions undertaken to remediate the non-compliance have been effective. The service demonstrated effective processes to ensure furniture, fittings and equipment is safe, clean and well maintained, including appropriate cleaning and maintenance schedules. Consumers advised the Assessment Team that their equipment was suitable for their needs, and the furniture, fittings and equipment were observed by the Assessment Team to be clean, maintained and used safely. The residential care manager and maintenance officer advised the Assessment Team the service is installing a new lift at the rear of the building and replacing the existing lift, however, there have been no issues with the existing lift since the last Site Audit. Organisational approval was granted for this project. Consumers and representatives provided the Assessment Team positive feedback in regard to the lift project.

With these considerations, I find the service compliant in Requirement 5(3)(c).

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)