Performance

Report

**1800 951 822**

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| Name of service: | Bill Crawford Lodge |
| Service address: | 1101 Dana Street BALLARAT VIC 3350 |
| Commission ID: | 4442 |
| Approved provider: | Grampians Health |
| Activity type: | Assessment Contact - Site |
| Activity date: | 15 August 2023 to 16 August 2023 |
| Performance report date: | 8 September 2023 |

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 Bill Crawford Lodge (**the service**) has been prepared by N Eastwood, 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 - 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.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been 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 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

The service was found non-compliant with requirements 2(3)(a) and 2(3)(e) following a site audit in May 2022 where it did not demonstrate:

* assessment and planning with risk considered for consumers for seizure management, anaphylaxis management, behaviour management, and wound management.
* 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 service has implemented improvements to address the deficits identified at the previous site audit including validated risk assessment tools for seizures and anaphylaxis, 24-hour review of progress notes to identify changes in care needs, daily staff huddles to share information and report changes or concerns regarding consumers care needs and implementation of mandatory training for all staff on electronic care documentation.

During the Assessment Contact conducted in August 2023, the service demonstrated a documented process to capture all relevant information in assessments to ensure safe and effective care and services. Consumers and representatives confirmed they have been involved in assessment and planning in relation to specific risks to their health and well-being. Staff demonstrated knowledge of the assessment and planning process, identification of actual and potential risks during the admission process, and involvement of consumers and representatives. Staff outlined consumers individualised risks and outlined strategies to manage the associated risks. Care documentation reviewed by the Assessment Team evidenced that validated risk assessment tools were completed in line with the identified risks including seizure and anaphylaxis. Training records reviewed by the Assessment Team confirmed that staff have received training on the management of seizures and anaphylaxis. The Assessment Team observed the relevant care documentation for seizure and anaphylaxis management listed on the handover sheets and displayed in the medication room.

The service demonstrated regular review of consumer care and services for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. Representatives confirmed they have been involved in multi-disciplinary consultations following a change in consumers care needs including, changed behaviours, weight loss and cognitive decline. Staff described the care evaluation process involving medical practitioners and specialists and subsequent changes to care documentation. Staff confirmed they have received training and education on weight management, fall management, electronic documentation and handover processes. Care planning documentation reviewed by the Assessment Team reflected a systematic review of consumer risks relating to falls risk, skin integrity and weight management, and the involvement of allied health specialists.

Based on the available evidence, I find Requirement 2(3)(a) and 2(3)(e) is now compliant.

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

Findings

The service was found non-compliant with requirements 3(3)(a) and 3(3)(b) following a site audit in May 2022 where it dod not demonstrate:

* best practice to promote evidence-based wound assessment and management. The service also failed to demonstrate timely referral and escalation to general practitioners for expert advice.
* the effective management of high-impact or high-prevalence risks relating to falls and behaviour management.

The service has implemented improvements to address the deficits identified at the previous site audit including providing wound management, pressure injury prevention, restrictive practices, and falls management training to staff, reviewing of electronic documentation system to set alerts for wound review dates, developing of a wound review process, daily and weekly review of progress notes to strength the oversight process to monitor consumer changes, daily huddle meetings.

During the Assessment Contact conducted in August 2023, representatives interviewed confirmed satisfaction with the wound care and pain management provided by the service. Staff demonstrated knowledge of the monitoring process for wound management and outlined interventions in place for consumers to prevent pressure injuries. Management provided an overview that consumers receive care that aligns with best practice tailored to their needs to optimize well-being and health. Consumer care files reviewed by the Assessment Team reflected that wound management involves a multidisciplinary approach and wound charting reflected a regular review process in line with best-practice principles. The Assessment Team noted that consumer care files reflected the management of pain in line with the service’s pain management policy. A review of the education records confirmed mandatory training and toolbox sessions were provided to staff in relation to wound management

Representatives confirmed satisfaction with the management of consumer high-impact and high-prevalence risks including falls management and changed behaviours. Staff confirmed they have received training and education in high impact, high prevalence risks and demonstrated an understanding of effective risk mitigation and reporting. The Assessment Team reviewed consumer care documentation containing current and comprehensive information and risk mitigation strategies relating to falls risks, changed behaviours, restrictive practices, and pressure injuries.

Based on the available evidence, I find Requirement 3(3)(a) and 3(3)(b) is now Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |

Findings

The service was found non-compliant with requirement 8(3)(d) following a site audit in May 2022 where it did not demonstrate effective risk management systems to monitor high-impact or high-prevalence risks for consumers relating to seizure management, anaphylaxis management, early identification of pressure injuries, and effective falls management.

The service had implemented improvements to address the deficits identified at the previous site audit including maintaining a high-impact and high-prevalence tracker, daily review of progress notes to identify changes in consumer circumstances, and implementing a case management model to improve clinical oversight.

During the Assessment Contact conducted in August 2023, the service demonstrated an effective risk management process for managing high-impact and high-prevalence risks. Consumer representatives expressed satisfaction with the communication, care, and services provided to consumers. Staff confirmed receiving education and training on wound and pressure injury management. Staff described the case management model and how this has strengthened the partnership process for consumers and representatives. Management discussed the embedded process of the required reporting of high-impact or high-prevalence risks to the organisation’s clinical management team. A review of audit data by the Assessment Team demonstrated that the service has demonstrated compliance in staff practice to ensure effective management of seizures, anaphylaxis, pressure injuries, and falls management.

Based on the available evidence, I find Requirement 8(3)(d) is now Compliant.

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)