Performance

Report

**1800 951 822**

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| Name of service: | Centennial Lodge |
| Service address: | 13 Lewis Road WANTIRNA SOUTH VIC 3152 |
| Commission ID: | 4167 |
| Approved provider: | Royal Freemasons Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 14 October 2022 |
| Performance report date: | 10 November 2022 |

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 Centennial Lodge (**the service**) has been prepared C Spiller 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 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **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 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **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.

The Assessment Team completed an unannounced Assessment Contact to assess the following requirement: Standard 3, Requirement 3(3)(b). This requirement was found non-compliant following an Assessment Contact conducted in March 2022.

During the Assessment Contact in March 2022 it was identified the service did not demonstrate effective wound management.

During this assessment contact the Assessment Team confirmed through interviews, documentation review and observations that the service had made improvements in relation to wound management for consumers. These improvements were well embedded within staff practice as demonstrated through staff interviews and wound management documentation.

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

Findings

I have assessed requirement 3(3)(b) is compliant:

The service was able to evidence effective management of high impact/high prevalence risks in relation to wound management and preventative pressure area care for high risk consumers.

The Assessment Team reviewed the wound management of 4 high risk consumers with current wounds. For all 4 consumers, the Assessment Team found that wounds were assessed and managed as per their wound management plan. General practitioners and wound consultants were engaged where appropriate, all wounds were clinically reviewed by a registered nurse at least weekly, wound dressings were completed as required and included wound photography and scales for reference. All consumer wound photography reviewed by the Assessment Team evidenced that wounds were healing. All consumers and/or their representatives expressed their overall confidence in the service in relation to the management of their wounds. Both clinical and care staff demonstrated sound knowledge of wound management and preventative skin care measures and confirmed that wound management training had occurred in response to previously identified non-compliance. Incident records reviewed evidenced that all wounds or changes to skin integrity (for example, bruising) were reported via the incident management system.

Management were able to demonstrate appropriate action in response to the non-compliance, which was documented in the service’s plan for continuous improvement dated 22 June 2022.

The information provided to me demonstrates the service is effectively managing high impact or high prevalence risks associated with the care of each consumer with wounds. Therefore, I find the service is compliant with this requirement.

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