Performance

Report

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| Name of service: | Eldercare The Lodge |
| Service address: | 14-20 King William Road WAYVILLE SA 5034 |
| Commission ID: | 6184 |
| Approved provider: | Eldercare Australia Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 6 June 2023 |
| Performance report date: | 26 July 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 Eldercare The Lodge (**the service**) has been prepared by A. Kasyan, 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;
* the provider’s response to the Assessment Team’s report received on 23 June 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Non-compliant |
| **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** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* **Standard 3 Requirement 3(3)(a)** Ensure consumers are provided with personal care which meets their needs and preferences and optimises their health and well-being in accordance with the consumers’ care plans.
* Ensure effective oversight of staff practices related to personal care provision, particularly in regard to monitoring the use of restrictive practices.

# 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. | Non-compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |

Findings

This Quality Standard is assessed as Non-compliant as one requirement has been assessed as Non-compliant. The Assessment Team assessed Requirements (3)(a) and (3)(d) in this Standard and recommended Requirement (3)(a) as Not Met and Requirement (3)(d) as Met.

**Requirement (3)(a)**

The Assessment Team recommended this requirement as Not Met because 4 out of 8 sampled consumers did not receive personal and or/clinical care that is best practice and is tailored to the consumers’ needs. The Assessment Team provided the following findings and evidence to support their recommendation of Not Met in this Requirement:

* Staff routinely applied physical restrictive practices for Consumers A and B who exhibited physically aggressive behaviours towards staff during personal care delivery, including during washing/showering and changing continence aids. Several staff described how they manage the consumers’ resistive and physically aggressive behaviours during personal care delivery through holding the consumers’ arms and/or hands to prevent striking of staff.
* Behaviour summary care plans of both consumers did not show this was a strategy for management of the consumers’ changed behaviours. However, they showed resistiveness and aggression was a changed behaviour associated with personal care.
* Four days’ behaviour chart for Consumer A completed one month prior to the Assessment Contact recorded ongoing incidents of physically aggressive behaviours during activities of daily living, such as kicking, grabbing at staff and punching staff. However, did not record triggers, interventions or evaluation of interventions.
* Management advised a Serious Incident Response Scheme report will be lodged in response to the above information provided by the Assessment Team. Management advised they will undertake an internal investigation into the reported use of physical restraint applied through holding consumers’ hands to prevent attempts to strike. A memorandum was sent to all staff on the day of the Assessment Contact to remind staff of the organisation’s position of the use of physical restrictive practices.
* Two consumers who were observed lying in bed, did not have their bed cradle applied to relieve pressure from their feet in line with the consumers’ care plans. Bed cradles were observed in the consumers’ room on the floor. Management said one consumer often refuses to have the bed cradle when they are in bed.

The provider’s response does not believe the Assessment Team’s recommendation of Not Met is a fair and proportionate assessment of the service’s performance in this Requirement.

* The provider asserts there are multiple examples in the Assessment Team’s report demonstrating the service is compliant with this requirement, including positive consumers’ feedback, staff responses showing knowledge of consumers’ needs and documentation showing best practice management of diabetes and post fall care.
* The provider asserts what the Assessment Team identified as what staff said in relation to the use of restrictive practice for 2 consumers is different to what the service’s subsequent incident investigation has been able to verify. Therefore, the provider concludes there was a misinterpretation of what was said by staff or a misunderstanding of the questions being asked.
* In relation to information missing in behaviour charting, including triggers for changed behaviours, interventions/strategies applied and effectiveness of the interventions, the provider states the behaviour chart was correctly completed in accordance with the organisation’s Behaviour of Concern Management Procedure and identified continuation of behaviours already identified in the consumer’s behaviour support plan.
* The Restrictive Practices Policy states physical restraint should not be used in delivery of care. Therefore, a behaviour support plan for the consumers identified by the Assessment Team as being a subject to physical restrictive practices did not include strategies described in the report as being reported by care staff.
* In relation to the bed cradles not being applied, this information was only provided during the exit meeting and the service did not have an opportunity to investigate the validity of the concerns or provide any further information. In addition, bed cradles are only one component of interrelated interventions used to reduce the risk of skin breakdown of the two consumers.

Based on the Assessment Team’s report and the provider’s response I find the service is not providing each consumer with safe and effective personal care that aligns with best practice principles, tailored to their specific needs and optimised for their health and well-being.

I acknowledge that consumers interviewed were satisfied they receive safe and effective care and that the Assessment Team identified the service provided safe and effective care, including in relation to diabetes management and post-falls management, however, I find that staff did not provide person-centred care to two consumers in relation to personal care.

By restricting the movement of consumers’ hands to prevent potential aggressive behaviour during personal care, staff were compromising the autonomy and dignity of the consumers and were not providing this care in accordance with best practice use of restrictive practices.

The Assessment Team’s report highlights that more than one staff member described how they restrict the free movement of Consumer A and B’s hands/arms to prevent the consumers from striking staff during the provision of personal care. In response to this evidence the provider asserts this practice is inconsistent with their policy and the provider’s own investigation into the matter determined that this practice is not occurring and that it was a misinterpretation by the Assessment Team of their interviews with staff.

However, in coming to my finding of non-compliance, I have placed weight on the Assessment Team’s interviews with staff in relation to their description of how they manage Consumer A and B’s changed behaviours exhibiting as physical aggression during personal care which focused on physically restraining the consumers rather than using person-centred behaviour support strategies.

I have also considered that behaviour charting for Consumer A was missing important information regarding triggers, interventions and evaluations to support the delivery of safe and effective care. The provider asserts the behaviour charting was correctly completed because it confirmed continuation of behaviours already identified in the care plan. However, I consider the behaviour charting was not effectively completed to support the identification of triggers and the efficacy of behaviour support strategies. I consider comprehensive behaviour charting is important to understanding the root causes of consumers’ behaviours to develop effective behaviour support strategies which are included in care plans.

I have considered that Consumer A’s behaviour chart indicates the changed behaviours exhibiting in physical aggression have been ongoing for several weeks and this suggests that the current care approaches implemented by staff have not been effective in identifying the underlying causes of such changed behaviours or initiating effective person-centred behaviour support strategies.

In relation to observations of bed cradles not applied in line with the 2 consumers’ care plans, I consider this single observation cannot be solely relied upon to establish staff practices and the overall effectiveness of care provided to the consumers.

For the reasons detailed above, I find Requirement 3(3)(a) Non-compliant.

In relation to Requirement 3(3)(d), the assessment team found the service identifies deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition in a timely manner.

Consumers and representatives provided positive feedback about how the service identified and responded to a consumer’s change in condition in a timely manner. Staff were able to describe how to monitor and respond to consumers’ decline in mental health, cognition, or physical function in an effective and timely manner using a range of processes and tools, including assessments, progress notes, handovers, consumer/representative feedback, and organisation’s pathways for management of acute and chronic changes. Care planning documentation demonstrated evidence of regular monitoring and evaluation, early identification of changes, prompt and appropriate response and review and revision of care plans based on changes in a consumer’s condition.

For the reasons detailed above, I find Requirement (3)(d) Compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |

Findings

The Assessment Team assessed Requirement 6(3)(c) in this Standard and recommended it as Met.

Staff demonstrated a good understanding of open disclosure concepts and the importance of following complaints processes when issues arise. The service has established feedback, complaints, and open disclosure policies and procedures, providing clear guidance to management and staff on how to identify, manage, escalate, document, and resolve complaints effectively.

Management and staff were able to explain the service's complaints management process, which involves gathering, addressing, and reviewing feedback from consumers. Consumers and representatives confirmed that appropriate actions are taken to address feedback and complaints. They also advised staff use a transparent approach when dealing with issues.

Staff described their approach to handling complaints and expressed being encouraged by management to seek feedback. They also recognised the significance of open disclosure, resolving issues, and offering apologies to consumers when necessary. Clinical and care staff were aware of the term "open disclosure" and its importance in maintaining open communication with consumers.

The service maintains a complaint register, demonstrating timely and effective handling of consumer concerns.

For the reasons detailed above, I find Requirement 6(3)(c) Compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |

Findings

The Assessment Team assessed Requirement (3)(a) in this Standard and recommended it as Met.

Consumers and representatives expressed overall satisfaction with the staffing levels at the service. The service has implemented processes to ensure the skill mix of staff is taken into account, in addition to considering staffing levels, to better meet the diverse needs of consumers. Overall, staff reported there are sufficient staff rostered each day, and short-notice leave is filled promptly.

Management advised they regularly review rosters to ensure they align with consumer care needs. These reviews take into account incident data, feedback and complaints, consumer wellbeing, and call bell data. Documentation showed the number of unfilled shifts is low and the usage of agency staff is lower than anticipated each month.

Management conducts regular roster reviews based on the needs of consumers, incidents, feedback, and complaints. They provided examples of how the roster is adjusted to better cater to these factors.

For the reasons detailed above, I find Requirement (3)(a) 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)