Performance

Report

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| Name: | Eldercare The Lodge |
| Commission ID: | 6184 |
| Address: | 14-20 King William Road, WAYVILLE, South Australia, 5034 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 15 November 2023 |
| Performance report date: | 13 December 2023 |
| Service included in this assessment: | Provider: 1070 Eldercare Australia Ltd  Service: 4197 Eldercare The Lodge |

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 M Dubovinsky, 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.

# 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, and representatives;
* the performance report dated 26 July 2023 for an assessment contact - site undertaken on 6 June 2023; and
* the provider’s response to the assessment team’s report received on 12 December 2023.

# Assessment summary

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| 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** |

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 |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

**Requirement (3)(a)**

Requirement (3)(a) was found non-compliant following an assessment contact in June 2023 where it was found some consumers were not provided safe and effective clinical care, specifically in relation to restrictive practices and minimising the risk of pressure injuries. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Consumers identified at the assessment contact undertaken in June 2023 had their care plans reviewed to ensure strategies to manage behaviours of concern were documented.
* Referrals to a specialist service were made for consumers who displayed behaviours of concern and coaching was provided to the consumers to assist them in effective behaviour management strategies.
* Staff were trained in how to correctly chart and document behaviours and use appropriate manual handling techniques to ensure physical restraint is not used.
* Implementation of behaviour charting audits with staff training undertaken for identified gaps.

Staff were knowledgeable of consumers’ personal and clinical care needs, including diabetes and wound management. Documentation showed regular monitoring of consumers at risk of falls with strategies and interventions reviewed and updated to ensure effectiveness. Staff described strategies they use to manage behaviours and behaviour support plans included personalised information and recommendations made by the specialist service. Whilst gaps in documentation relating to the management of wounds and diabetic management were noted for one consumer, evidence of actions taken to review the consumer when requested was provided. Consumers and representatives confirmed staff know the care needs of consumers and they are happy with the care and services provided to consumers. The response included further clarifying information and improvements implemented.

Based on the assessment team’s report, I find requirement (3)(a) in Standard 3 Personal care and clinical care compliant.

**Requirement (3)(g)**

Policies and procedures are in place to detect, prevent and control the spread of infections, and support the appropriate use of antimicrobials. Documentation showed the service effectively monitors and trends antimicrobial data, and staff described steps taken when an infection is suspected, including sending specimens to pathology for analysis to ensure the correct prescribing of antibiotics. Staff were knowledgeable of infection control practices and observations showed staff adhering to infection control measures. Consumers and representatives expressed satisfaction with staff practice in relation to the management of infection related illnesses and outbreaks.

Based on the assessment team’s report, I find requirement (3)(g) in Standard 3 Personal care and clinical care compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

Consumers are consulted regarding food choices and care plans reflected the needs and preferences of each consumer. Observations showed the dining experience to be relaxed and pleasant, with staff describing ways in which they ensure consumers have a positive dining experience. Changes in consumers' dietary needs are communicated and staff were observed following appropriate food and safety precautions. Consumers and representatives interviewed were satisfied with the quality and quantity of meals provided and described the range of options available to them each day.

Based on the assessment team’s report, I find requirement (4)(f) in Standard 4 Services and supports for daily living 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)