Performance

Report

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| Name: | Glenara Lakes |
| Commission ID: | 8068 |
| Address: | 390 Hobart Road, YOUNGTOWN, Tasmania, 7249 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 17 October 2023 |
| Performance report date: | 12 December 2023 |
| Service included in this assessment: | Provider: 163 Southern Cross Care (Tas) Inc  Service: 5548 Glenara Lakes |

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 Glenara Lakes (**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 (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.

# Assessment summary

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| Standard 3 Personal care and clinical care | 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

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 |

Findings

Consumers and representatives confirmed they were mostly satisfied with the clinical and personal care provided by the service. The Assessment Team noted some inconsistencies with wound care documentation; however, there was evidence to support effective clinical care and wound healing. There were also some discrepancies noted with the psychotropic medication register and correctly identifying consumers subject to chemical restrictive practice and completion of authorisations.

While the psychotropic register did not correctly identify all medication used for the purpose of restrictive practice, it did reflect consumers receiving a form of chemical restraint as mostly having current behaviour support plans in place and consent for administration obtained by the consumer’s medical officer. Following feedback regarding discrepancies identified in the psychotropic register, management acknowledged the deficits additional resources had been sourced to embed evidence-based practice into care delivery.

The service is using risk rated skin assessment tools and wound charts are in place for consumers with wounds. Changes to consumer health status and subsequent requirements to manage skin integrity is mostly reflected in progress notes, care planning and care delivery. Staff described appropriate assessment and interventions to maximise skin integrity including daily skin checks when attending hygiene needs, moisturising, repositioning, use of pressure relieving devices and application of prophylactic dressings. Following feedback related to inconsistencies in wound charting, management described recent staffing challenges and their current recruitment strategy to support consistent clinical approach and completion of documentation.

The service uses validated pain assessments to assess verbal and nonverbal responses to pain, appropriately skilled staff administer medications to manage consumer pain and referrals are made to other health professionals to assist with pain management strategies.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 3(3)(a).

# 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

Consumers and representatives were satisfied with staffing numbers, confirming call bells are answered promptly and staff are available to assist consumers. The service effectively plans its workforce to enable the delivery of safe and quality care and services to consumers and utilises several practices including fly-in fly-out and agency staff to fill shifts although the prefer to use casual and full-time staff to assist with continuity of care.

The Assessment Team reviewed rostering across various staff roles identifying the master roster, rostered shifts, and vacancies. There were minimal vacancies in the master roster and a review of the working roster highlights a suitable mix of clinical, care and lifestyle staff. Unplanned leave is managed using a phone-based application where staff are advised of available shifts and can apply to fill the vacancy.

A review of consumer care needs is undertaken to ensure rostering meets care requirements which was overseen regularly through consultation with management. Investigation of call bell data exceeding industry standard is undertaken by management in association with monthly reports. The installation of an annunciator within the office of management allows continued oversight real time call bell data. Staff confirmed an improvement in staffing levels in previous months and indicated rostering practices were well managed.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 7(3)(a).

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)