Performance

Report

**1800 951 822**

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| Name: | Imlay House |
| Commission ID: | 2740 |
| Address: | 3 Merigan Street, PAMBULA, New South Wales, 2549 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 11 July 2024 |
| Performance report date: | 6 August 2024 |
| Service included in this assessment: | Provider: 1515 Sapphire Coast Community Aged Care Ltd  Service: 1096 Imlay House |

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 Imlay House (**the service**) has been prepared by M.Wyborn, 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 were 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

In response to the Assessment Contact undertaken on 11 July 2024, the Assessment Team reported that the actions taken by the service to remediate previous non-compliance have been effective. Consumer, management and staff interviews, as well as consumer care planning documentation and updated policies and procedures corroborate the actions outlined in the service’s response to the previous non-compliance. The service demonstrated it is consistently providing safe and effective personal and clinical care that is best practice, tailored to individual consumer’s needs and which optimises consumer health and well-being. Consumers and representatives provided positive feedback in relation to the personal and clinical care they receive at the service. In addition, consumer care and service planning documentation highlights that personal and clinical care are aligned to individual consumer needs, goals, and preferences and are consistent with relevant service policies and legislation.

Consumer wound care charts demonstrated that plans and dressing changes are well documented. The service administers a skin integrity and wound management policy and procedure which guides staff in relation to identifying risk of pressure injury and outlines preventative measures to minimise the risks. Care staff demonstrated appropriate education related to pressure area care, pressure injuries, and how to minimise skin damage and the service demonstrated that clinical staff receive training in best practice wound care management. The service demonstrated through effective care planning documentation that consumers living with chronic pain receive regular pain assessments to identify the site, severity and type of pain experienced by the consumer. Staff use appropriate assessment tools depending on the consumer’s ability to verbalise their pain, and both pharmacological and non-pharmacological strategies are included in care plans and when pain relief medication is used, which is reviewed regularly for effectiveness.

Staff demonstrated appropriate knowledge of restrictive practices and were able to provide an outline of when restrictive practices can be used effectively. Consumer behaviour support plans are individualised in response to individual consumer behaviour. Where consumers have fallen, the service demonstrated appropriate care and planning documentation highlighting appropriate and timely assessment, management, and escalation of each incident according to the service’s falls policy and guidelines. Consumers who require transfer to hospital are managed according to the service’s policy, and all consumers who had experienced falls are reviewed by both the medical officer and the physiotherapist and their falls risk assessment is consistently updated with relevant strategies and interventions.

With these considerations, I find the service Compliant in Requirement 3(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)