Performance

Report

**1800 951 822**

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| Name: | Lexington Gardens |
| Commission ID: | 3640 |
| Address: | 18 Villa Road, SPRINGVALE, Victoria, 3171 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 4 June 2024 |
| Performance report date: | 27 June 2024 |
| Service included in this assessment: | Provider: 1599 RSL Care RDNS Limited  Service: 5408 Lexington Gardens |

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 Lexington Gardens (**the service**) has been prepared by V Stephens, 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 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 6** Feedback and complaints | **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 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |

Findings

All sampled consumers stated they are well-informed and aware of care plans. Representatives said they are provided with care plan documentation and understand plans are updated when consumer needs change. The service demonstrated outcomes of assessment and planning are effectively communicated to the consumer and their representative in a timely manner. Outcomes are documented in an electronic information management system, which is readily accessible. Staff provided the Assessment Team with several emails to consumer representatives including updated care plans, lifestyle summaries and reviews by medical practitioners.

# 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

All sampled consumers expressed satisfaction with care provision, stating care meets their needs and preferences. Consumers receiving pain management and wound care stated that staff ensure effective and timely administration of medication and non‑pharmacological interventions. Representatives interviewed in relation to restrictive practice and the use of psychotropic medication expressed satisfaction with how the service manages consumer needs. Informed consent is in place and detailed information in relation to the use of antipsychotic medications is recorded. Individualised behaviour support plans are in place for all consumers administered psychotropic medications. Monitoring, review, and the use of antipsychotic medications are evaluated in collaboration with the medical practitioner, geriatrician, representative and clinical staff. Consumer care files evidence effective wound management with input from medical practitioners and wound consultants where required. Appropriate consumer pain assessments and management are reflected in consultation with consumers and their representatives. All wound chartings evidence wound management in line with the wound management plan. This includes the wound dressing regime, wound description, measurement, photographs, and wound evaluation by a registered nurse.

Consumers are satisfied with how the service manages infections. The service demonstrated how they minimise infection related risks and promote principles of antimicrobial stewardship. The service has an outbreak management plan to provide guidance to staff in the event of an infectious outbreak. Staff demonstrated an understanding of the principles of antimicrobial stewardship and infection prevention and control practices consistent with their scope of practice. Staff were observed performing hand hygiene and changing gloves before providing consumer care.

# 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

Consumers and representatives expressed satisfaction with how complaints are managed at the service. Management, care managers and staff are knowledgeable regarding the complaints process, including apologising and practising open disclosure. The service has a feedback and complaints policy and procedure that includes open disclosure. Documentation demonstrated the service is taking appropriate action in response to complaints, utilises open disclosure and that complaints are actioned in a timely manner.

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)