Performance

Report

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| Name of service: | Performance report date: |
| Linsell Lodge Aged Care Facility | 30 August 2022 |
| Commission ID: | Activity type: |
| 6084 | Assessment Contact |
| Approved provider: | Activity date: |
| The Salvation Army (South Australia) Property Trust | 2 August 2022 |

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 Linsell Lodge Aged Care Facility (**the service**) has been considered by Janine Renna, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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, the Assessment Contact report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others;
* the provider did not respond to the Assessment Team’s report for the Assessment Contact; and
* the performance report dated 24 March 2022 for the Site Audit undertaken from 15 February 2022 to 17 February 2022.

# 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 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 2

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| Ongoing assessment and planning with consumers | | Not-applicable |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |

## Findings

The Assessment Team assessed Requirement (3)(a) in Standard 2 Ongoing assessment and planning as part of the Assessment Contact and recommended the service meets the Requirement. As all other Requirements in this Standard were not assessed at the Assessment Contact, an overall rating of the Standard has not been provided.

Requirement (3)(a) was found non-compliant following a Site Audit conducted from 15 February 2022 to 17 February 2022, where it was found the service was unable to demonstrate assessment and planning, including consideration of risks to the consumer’s health and well-being, informed the delivery of safe and effective care and services. Specifically, the service did not ensure relevant assessments were completed to identify and monitor risks associated with consumers’ pain, substance abuse and medical condition.

The Assessment Team’s report for the Assessment Contact conducted on 2 August 2022 included evidence of actions taken to address the non-compliance, which include, but are not limited to, introduction of weekly leadership meetings, completion of daily checklist for lifestyle staff and implementation of a new admission and care assessment form.

The Assessment Team’s report also included the following information and evidence collected through interviews and documentation, which are relevant to my finding in relation to this Requirement:

* Four care plans sampled demonstrated a range of assessments, which considered personal, clinical and lifestyle aspects of care were completed on entry and every three months. Care plans were individualised and included each consumer’s needs and preferences, strategies to mitigate clinical risks, and personalised goals of care.
* Validated risk assessment tools are used to identify risk and inform care planning, including in relation to falls, mobility, pain, skin integrity, and nutrition and hydration.
* Consumers and representatives confirmed they are involved in assessment and planning processes to ensure consumers’ needs and preferences are met, and action is taken in response to identified risks.
* While some deficits in assessment and planning processes were identified, there was no indication that these deficits were systemic. For example:
  + documenting and measuring of wounds was inconsistent, however, management said they were aware of the issue and had planned to commence electronic wound charting instead of paper-based; and
  + two consumers at risk of falls did not have safety assessments undertaken for leaving the service independently.

Based on the above evidence, I find the service compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | | Not-applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

## Findings

The Assessment Team assessed Requirement (3)(b) in Standard 3 Personal care and clinical care as part of the Assessment Contact and recommended the service meets the Requirement. As all other Requirements in this Standard were not assessed at the Assessment Contact, an overall rating of the Standard has not been provided.

Requirement (3)(b) was found non-compliant following a Site Audit conducted from 15 February 2022 to 17 February 2022, where it was found the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of consumers, specifically in relation to medication management.

The Assessment Team’s report for the Assessment Contact conducted on 2 August 2022 did not include evidence of actions taken to address the non-compliance, however, the following information and evidence collected through interviews and documentation was provided, which are relevant to my finding in relation to this Requirement:

* Consumers and representatives were satisfied consumers receive the care and services they need.
* Staff demonstrated knowledge of high-risk consumers and described management strategies which were consistent with those documented in consumers’ care plans.
* Care files for four sampled consumers demonstrated identification and appropriate management of behaviours, falls and complex needs, including wounds.
* Skin integrity audits are undertaken but do not identify if wounds are improving or if wound management documentation has been completed. Pressure wounds for three consumers were not identified until they had deteriorated to stage two, however, all wounds were noted to be healing well.

Based on the above evidence, I find the service compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

**Standard 7**

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| Human resources | | Not-applicable |
| 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 Standard 7 Human resources as part of the Assessment Contact and recommended the service meets the Requirement. As all other Requirements in this Standard were not assessed at the Assessment Contact, an overall rating of the Standard has not been provided.

The Assessment Team’s report included the following information and evidence collected through interviews, observations and documentation, which are relevant to my finding in relation to this Requirement:

* All consumers and representatives considered staffing numbers to be sufficient to provide quality care and services that meets consumers’ needs.
* Most staff reported sufficient staff are rostered and confirmed there is a system in place to cover vacancies.
* A master roster is set by head office and is reviewed annually. Occupancy levels, consumer profiles, and feedback and complaints are monitored to ensure appropriate level and mix of staff, with adjustments made as required.
* Management said the call bell and phone system do not interact and call bell activations are not audited, however, an upgrade to the call bell has been approved and will be implemented as soon as possible.
* Staff were observed to be busy but not rushed when providing care. Staff were available to assist consumers with meals and activities.
* Minutes of consumer meetings and feedback and complaints data for a three-month sampled period showed consumers feel secure and are happy, content and satisfied with the workforce utilised and care and services provided.

Based on the above evidence, I find the service compliant with Requirement (3)(a) in Standard 7 Human resources.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)