Performance

Report

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| Name: | Lodges on George |
| Commission ID: | 5119 |
| Address: | 109 George Street, KIPPA-RING, Queensland, 4021 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 10 January 2024 |
| Performance report date: | 22 January 2024 |
| Service included in this assessment: | Provider: 3405 CPSM Pty Ltd  Service: 3476 Lodges on George |

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 Lodges on George (**the service**) has been prepared by S Turner, 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
* information about the service held by the Commission

# Assessment summary

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| Standard 1 Consumer dignity and choice | 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 5** Organisation’s service environment | 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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |

Findings

Consumers and representatives said staff knew the consumers and treated them respectfully. Consumers provided examples of how staff made them feel comfortable and maintained their dignity when care and services were being provided, for example by knocking on doors and seeking consent prior to entering, by using consumers’ preferred names and by respecting consumers’ wishes about female only care staff.

Staff had access to policies and training relevant to this Standard and management described how they ensured interactions between staff and consumers were respectful. They said they spoke directly to consumers, and completed observations, audits and surveys. Staff said they had received training in culture, privacy and dignity and described how they supported consumers by providing individualised care.

Staff were observed engaging with consumers in a positive manner and speaking kindly and respectfully to them. Staff were seen to knock on doors and wait for the consumer to provide consent before entering the consumer’s room.

I am satisfied consumers are treated with dignity and respect and find Requirement 1(3)(a) Compliant.

# 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 were satisfied with the personal and clinical care provided to consumers saying the care was person-centred and met consumers’ needs.

Staff demonstrated a sound understanding of consumers’ individual needs and were observed providing tailored care and encouraging consumers’ independence. Staff were aware of risk factors relevant to the consumer including for example falls risks, complex care needs, chronic illness and cognitive impairment. Staff said they updated risk assessments and care plans as consumers’ needs changed.

Care documentation reflected consumers’ needs such as medication management, wound care, diabetes management and specialised nursing care needs. Risk assessments were completed as required and care plans were regularly reviewed. Wound care was evaluated, and strategies were in place to track wound healing; specialist advice was sought as required.

A psychotropic register was maintained by senior staff and was reviewed regularly by a clinical pharmacist. Behaviour support plans were in place for consumers prescribed psychotropic medications and those with changed behaviours. Where consumers were prescribed chemical restraint, valid consent was in place and staff confirmed these medications were used as a last resort and were reviewed regularly by a medical officer.

Regular monitoring and review of consumers’ health and well-being was conducted, and care documentation aligned with the personal and clinical care consumers received. Clinical care was audited and monitored by the management team to support the delivery of optimal care to consumers.

I am satisfied consumers receive care that is tailored to their needs and optimises their health and well-being. I find Requirement 3(3)(a) Compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |

Findings

Consumers and representatives said the service was clean, well-maintained, comfortable, and that consumers felt at home. They said maintenance or cleaning requests could be communicated to care staff, and they would ensure it was actioned.

Maintenance and cleaning staff understood the processes required to ensure the environment was safe, clean and well-maintained. There was a cleaning schedule that addressed the cleaning of consumers’ rooms and communal areas. Additionally, a reactive and preventative maintenance schedule was in place.

Consumers were observed moving freely throughout the service, exiting and entering unaided and enjoying indoor and outdoor communal areas. Staff said most consumers could leave the service as they pleased and those who could not leave for safety reasons were supported in accordance with their care plan. Consumers subject to environmental restraint had valid consent in place, behaviour support plans were established, and risk assessments had been completed.

The service was safe, clean and well-maintained and consumers could move freely both inside and outside the service. I find Requirement 5(3)(b) Compliant.

# 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 said staff responded to their requests in a timely manner and they were confident staff provided safe care.

Staff said there were sufficient staff to provide care and services in accordance with consumers’ needs and preferences and they had time to spend one on one time with consumers who may require additional attention.

Management said a base roster was completed with consideration given to occupancy, consumers’ clinical needs and staff skill set. Management said there was a planned approach to staff leave and described how agency staff were accessed when there was staff leave relating to COVID-19. The service was aware of its responsibilities in relation to mandatory care requirements and recruitment was underway to fill a small number of vacant positions.

Management described how call bell records were investigated weekly. For some consumers who did not use the call bell and who were identified as being at increased risk of falls, staff provided increased visual observation. Some consumers said they never had a need to use the call bell as staff checked on them regularly.

Staff were observed responding to consumers requests for assistance promptly.

I am satisfied the workforce was planned to deliver safe quality care and services. I find Requirement 7(3)(a) 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)