Performance

Report

**1800 951 822**

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| Name of service: | Macquarie Lodge Aged Care Plus Centre |
| Service address: | 171 Wollongong Road ARNCLIFFE NSW 2205 |
| Commission ID: | 0006 |
| Approved provider: | The Salvation Army (NSW) Property Trust |
| Activity type: | Assessment Contact - Site |
| Activity date: | 19 April 2023 to 20 April 2023 |
| Performance report date: | 23 May 2023 |

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 Macquarie Lodge Aged Care Plus Centre (**the service**) has been prepared by E Woodley, 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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others.
* the Performance Report dated 4 August 2022 following the Site Audit undertaken 8 June 2022 to 10 June 2022.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **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 |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. Two of the seven specific Requirements have been assessed and found compliant.

The service was previously found non-compliant in Requirement 3(3)(a) and Requirement 3(3)(d) following a Site Audit conducted 8 June 2022 to 10 June 2022. Deficiencies in personal and clinical care were identified, including in relation to restrictive practices, pain management, and management of deterioration including for palliating consumers.

At the Assessment Contact conducted 19 April 2023 to 20 April 2023, the Assessment Team found continuous improvement action implemented had been effective in ensuring safe and effective personal and clinical care, and identification and response to deterioration. Continuous improvement implemented included:

* staff education and training
* improved pain management program
* improved consumer review processes
* increased clinical oversight and monitoring
* reduction or cessation of psychotropic medications for consumers
* additional lifestyle staff engaged and increased diversional therapy
* improved communication processes to escalate consumer condition or issues
* improved parameters for escalation of consumer condition.

Review of consumer care documentation demonstrated clinical and personal care was safe and effective. This included in relation to pain, bowel management, skin integrity, wound management, and hydration for sampled consumers. Overall, consumer and representative feedback regarding personal and clinical care delivery was positive.

Consumer care documentation reviewed, and interviews with consumers, representatives and staff demonstrated deterioration or change in consumer condition is being identified and responded to in a timely manner. For consumers sampled, timely identification and response was demonstrated regarding presentation of symptoms, out of range of vitals, and unplanned weight loss.

I find Requirement 3(3)(a) and Requirement 3(3)(d) are compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the seven specific Requirements has been assessed and found compliant.

The service was previously found non-compliant in Requirement 4(3)(f) following a Site Audit conducted 8 June 2022 to 10 June 2022. Consumer and representative feedback indicated meals provided were bland and unappetising, with meat being tough and dry. The Assessment Team observed consumers being served meals that were inconsistent with their dietary needs and preferences.

At the Assessment Contact conducted 19 April 2023 to 20 April 2023, the Assessment Team found continuous improvement action implemented had been effective in ensuring consumers and representatives were satisfied with the meals provided at the service. Continuous improvement action implemented included:

* comprehensive review of all consumer’s dietary needs and preferences
* regular food focus group meetings for consumers to provide feedback on the meals
* food wastage reviews
* staff education
* improved quality review processes
* improved communication processes to discuss consumer’s dietary needs and intake.

Consumers and representatives interviewed by the Assessment Team were satisfied with the quality and variety of meals provided at the service. They confirmed they are given choice, there is variety on the menu, special dietary needs and preferences are catered for, and they are given enough to eat. Care planning documentation reviewed reflected the individual dietary needs and preferences of the consumers sampled. Staff interviews and observations by the Assessment Team demonstrated the service meets consumer’s dietary needs and preferences.

I find Requirement 4(3)(f) is compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. Two of the four specific Requirements have been assessed and found compliant.

The service was previously found non-compliant in Requirement 6(3)(b) and Requirement 6(3)(d) following a Site Audit conducted 8 June 2022 to 10 June 2022. Consumers were not made aware of, nor had access to advocates, language services and other methods for raising and resolving complaints. The Assessment Team identified gaps in consumer’s access to information on these services. Consumers and representatives did not feel complaints were used to improve the quality of care and services.

At the Assessment Contact conducted 19 April 2023 to 20 April 2023, the Assessment Team found continuous improvement action implemented had been effective in rectifying this non-compliance. Continuous improvement action implemented included:

* external complaint services and advocacy brochures and posters available throughout the service and in multiple languages reflecting the consumer cohort’s backgrounds
* complaints and advocacy information package collated and distributed to all consumers and their representatives
* staff education and training
* educational videos from advocacy services played during consumer meetings
* promotion of the complaints processes in consumer newsletters
* complaint management flow chart implemented to ensure complaints are reviewed
* increased governance and monitoring of complaints
* complaint trends discussed at consumer meetings.

Consumers and representatives interviewed by the Assessment Team said they are aware of feedback mechanisms, advocacy and language services that are available to them. Consumers had information regarding these services available to them. Management described the processes in place to review and escalate complaints, and how they are used to improve the quality of care and services. Consumers and representatives felt their complaints and feedback are improving care and service delivery. For example, consumers involved in the food focus groups believe that management and the catering team listen to them and have improved the dining experience. A new chef has been engaged, tasting plates for new dishes for consumers to try has been implemented, and direct feedback actioned to ensure consumers receive their preferences for each meal.

I find Requirement 6(3)(b) and Requirement 6(3)(d) are 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. Two of the five specific Requirements have been assessed and found compliant.

The service was previously found non-compliant in Requirement 7(3)(a) and Requirement 7(3)(b) following a Site Audit conducted 8 June 2022 to 10 June 2022. Consumers and representatives felt the service did not have enough staff to assist consumers with their personal care needs and did not have the time to engage with consumers, describing the negative impacts to their care and needs as a result. Consumers said that staff are sometimes rude and argumentative towards them, and attributed these experiences to staff often being rushed and not having time to engage with them.

At the Assessment Contact conducted 19 April 2023 to 20 April 2023, the Assessment Team found continuous improvement action implemented had been effective in ensuring the workforce is sufficient to ensure the delivery of safe and quality care and services, and that interactions with consumers are kind, caring and respectful. Continuous improvement action implemented included:

the implementation of a new platform to plan the workforce and shifts

staff education and training

ongoing recruitment.

Consumers and representatives interviewed by the Assessment Team felt they received safe and quality care and services that meet their needs and preferences. Consumers and representatives interviewed confirmed that staff attend to consumer needs in a timely manner. Management have contingency plans in place to replace staff when required and rosters are reviewed on an annual and as required basis to ensure staff allocations are adequately meeting changing consumer needs and preferences.

All consumers and representatives interviewed spoke about the kindness and caring attitude of the staff who cared for them. Staff were observed by the Assessment Team assisting consumers with their meals, exercising patience, and speaking to consumers in a kind and caring manner.

I find Requirement 7(3)(a) and Requirement 7(3)(b) is compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the five specific Requirements has been assessed and found compliant.

The service was previously found non-compliant in Requirement 8(3)(e) following a Site Audit conducted 8 June 2022 to 10 June 2022. The Assessment Team found clinical governance of the service was not effective to ensure best practice processes regarding restrictive practices.

At the Assessment Contact conducted 19 April 2023 to 20 April 2023, the Assessment Team found continuous improvement action implemented had been effective in rectifying this non-compliance. Continuous improvement action implemented included:

review of restrictive practice guidance material and procedures to be in line with current legislation

staff education

information on minimising the use of restrictive practices developed and provided to consumers

review of all psychotropic medications and as required medications, with regular reviews scheduled

improved reporting on medication use and infections to the clinical governance meetings.

The service demonstrated the clinical governance framework implemented at the service is effective, and is underpinned by policies and procedures regarding open disclosure, antimicrobial stewardship and minimising the use of restrictive practices. Staff interviewed by the Assessment Team had received education on these topics and displayed a sound understanding of relevance to their work. The service demonstrated ongoing work to reduce or cease the use of psychotropic medications for consumers.

I find Requirement 8(3)(e) is 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)