Performance

Report

**1800 951 822**

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| Name: | Mecwacare Gregory Lodge, Flemington |
| Commission ID: | 4516 |
| Address: | 2-28 Newmarket Street, FLEMINGTON, Victoria, 3031 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 26 September 2023 |
| Performance report date: | 24 October 2023 |
| Service included in this assessment: | Provider: 964 MECWA  Service: 3028 mecwacare Gregory Lodge, Flemington |

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 mecwacare Gregory Lodge, Flemington (**the service**) has been prepared by N Eastwood, 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 |
| **Standard 4** Services and supports for daily living | **Not Applicable** |
| **Standard 7** Human resources | **Not Applicable** |

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

Consumers and representatives were satisfied with clinical and personal care. Staff demonstrated an understanding of consumers individual needs and preferences and provided examples of how they provide care and support. A review of care planning documentation demonstrated current assessment and care planning demonstrated effective management of clinical care.

The Assessment Team noted active treatment of pressure injuries with consideration to pain management, appropriate wound management and charting and further pressure injury prevention mechanisms. There is evidence of adequate restrictive practice management, supported by the use of behaviour support plans which included non-pharmacological interventions and personalised de-escalation techniques. There is evidence of external involvement of specialty agencies and incorporation of recommendations into care planning documentation.

While there was also evidence of engagement with representatives and relevant informed consent, the Assessment Team noted a representative account indicating a lack of understanding related to medication indication and administration. The service committed to providing additional information regarding the use of psychotropic medications to representatives.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 3(3)(a).

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |

Findings

Consumers and representatives were satisfied there are effective and safe services to support independence, wellbeing, and quality of life. Lifestyle staff provided evidence that consumer preferences and needs were considered when providing support for daily living. Staff demonstrated knowledge of individual consumer needs and preferred activities. Most care planning documentation reflected personalised information to inform staff of consumer choice and preference. A review of care file documentation demonstrated consistency across assessments and care plans with consideration to cultural, safety, spiritual, background, history, interest and goals.

The Assessment Team noted measures to modify care delivery and use of a range of equipment to support consumer with cognitive, mobility or sensory impairments to participate in activities. Lifestyle staff confirmed a different activity is offered most days and provided to all consumers regardless of level of cognition as well as a specific calendar developed for the Memory Support Unit.

The Assessment Team also noted competing interests and staffing challenges limiting the resources available to assist in the provision of activities.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 4(3)(a).

# 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 and representatives confirmed there were adequate staff to attend to their needs. Staff also confirmed there are enough staff and there was sufficient time to complete tasks. A review of rosters demonstrated shifts are allocated to enable the delivery of safe and quality care and services.

Management explained that unplanned shift vacancies are filled with existing staff, prior to consideration of agency staff. The Assessment Team reviewed meeting minutes which demonstrated recruitment, rostering, and training were discussed in daily management meetings and with senior management in the residential services management committee meetings.

Limitations with lifestyle staffing were acknowledged by management and evidence of a plan to address this with additional recruitment and an action added to the Plan for Continuous Improvement was provided to the Assessment Team.

The Assessment Team reviewed the roster demonstrated the service consistently maintains a mix of nursing and personal care staff and the number of clinical and care staff.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 7(3)(a).

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)