Performance

Report

**1800 951 822**

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| Name of service: | MiCare Avondrust Lodge |
| Service address: | 1105 Frankston-Dandenong Road CARRUM DOWNS VIC 3201 |
| Commission ID: | 3167 |
| Approved provider: | MiCare Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 28 November 2022 |
| Performance report date: | 23 December 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 MiCare Avondrust Lodge (**the service**) has been prepared by D. Fekonja, 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 following information given to the Commission, or to the Assessment Team for the Assessment Contact - Site of the service: complaint information received by The Commission for the month of November 2022, and a desk-based assessment contact report completed on 19 November 2022 in response to the complaints. The nature of the complaints was primarily regarding the new staffing model being implemented by the service and the ability of the staff to provide adequate care to consumers inclusive of personal care and domestic tasks.

# Assessment summary

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| 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 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

The service demonstrated how the new staffing model based on the Eden philosophy of care effectively promotes person-centred consumer care within its 10 small households where 12 consumers can reside in each household.

The Assessment Team found the service is providing safe and effective clinical care in relation to wound care, skin integrity and pain management that is best practice and optimises the health and well-being of the consumers.

Consumers confirmed they receive personal care in line with their preferences and as documented in care plans including being showered on their preferred days and time.

Clinical and care staff demonstrated knowledge and skills in managing consumers’ wounds, pain, and restrictive practices. Care documentation including pain assessments and monitoring wound charts, and behaviour support plans, demonstrate regular reviews of interventions for effectiveness.

Wounds are assessed, regularly reviewed, and pain is monitored. Photographs and measurements are completed at least weekly. Wound healing is monitored during every wound dressing being completed and referrals are made when required.

The service is managing risk effectively including minimising the use of restrictive practices where possible. A consumer who has been prescribed 50mg of an antipsychotic medication twice per day had this prescription halved to 25mg twice per day on 24 October 2022 following a review by a geriatrician and general practitioner. Progress notes document staff are utilising effective non-pharmacological strategies to manage the consumer’s responsive behaviour. An ‘as required’ (PRN) dose was also added when the regular dose was halved, however, this has not been required since the prescription.

* The consumer confirmed consultation regarding his medications had occurred with the service and the general practitioner.

I am satisfied the service is compliant with this requirement based on the evidence provided in the assessment report.

# 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

This requirement was assessed in response to complaints lodged with the Commission regarding the ability of staff to adequately complete personal and domestic care for consumers following the implementation of a new staffing model on 7 November 2022. The Assessment Team found the service was able to demonstrate that they can deliver safe and quality care and services to consumers within the staffing model. The new staffing model promotes a more person-centred approach to meet the consumer’s individualised needs. The service supports continuity of care by ensuring 2 consistent care staff work in the same household for 3 to 4 consecutive days.

Nine of the 11 consumers and representatives expressed satisfaction with the implementation of the new staffing model and the level of staffing at the service. One consumer described how they rely on staff assistance with mobility and activities of daily living. The consumer said the staff understand their preferences and ensure the required care is provided.

Eight of 10 clinical and care staff indicated confidence there are adequate numbers and mix of staff that enables them to perform their duties of delivering safe and quality care. Management described how existing staff are utilised to fill shifts where possible to minimise the use of agency staff when unplanned leave occurs and they ensure experienced staff are paired with new staff. Twenty-nine new staff have been recruited since September 2022 including 2 RNs.

Staff feel more confident in providing person-centred care because they feel they get the right support and resources.

Call bell analysis demonstrates that most call bells are answered within the service’s timeframe of under 10 minutes. The Assessment Team observed staff responding to call bells in a timely manner throughout the assessment contact and staff spending one on one time with the consumers.

I am satisfied the service is compliant with this requirement based on the evidence provided in the assessment report.

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)