Performance

Report

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| Name of service: | Performance report date: |
| Onkaparinga Lodge | 30 August 2022 |
| Commission ID: | Activity type: |
| 6222 | Assessment Contact |
| Approved provider: | Activity date: |
| Southern Cross Care (SA, NT & VIC) Incorporated | 4 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 Onkaparinga Lodge (**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.

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, 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; and
* the provider did not submit a response to the Assessment Team’s report for the Assessment Contact.

# 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** |
| **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 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. 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 was satisfied the service demonstrated 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. The Assessment Team provided the following evidence relevant to my finding:

* Consumers and representatives were satisfied with the care and services consumers receive.
* Staff demonstrated clear knowledge of entry assessment processes and ongoing assessment reviews undertaken when consumers’ needs change or further risks are identified.
* Care plans for sampled consumers identified their needs, goals and preferences, including risks associated with their health and well-being. Risks associated with pain, mobility, safety, skin integrity, nutrition and hydration, restrictive practices and falls were evident and included mitigation strategies to guide staff in the delivery of safe and effective care and services.

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. 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 was satisfied the service demonstrated high impact or high prevalence risks associated with the care of consumers were effectively managed. The Assessment Team provided the following evidence relevant to my finding:

* Consumers and representatives confirmed wounds are being managed in line with the service’s procedures and were satisfied that consumers’ wounds were improving.
* Processes are in place to manage high impact or high prevalence risks associated with the care of consumers.
* Consumer files demonstrated identification and appropriate management of weight loss, falls and complex needs, including wounds.
* Three consumers’ wounds, that were active at the time of the Assessment Contact, were effectively managed and improving. The Organisational wound specialist monitors and reviews wounds regularly to ensure mitigation strategies are effective. Staff were observed providing care to sampled consumers in line with their skin integrity needs.
* Two consumers at risk of falls were reviewed at high risk meetings and it was identified that medications were contributing to additional falls. One consumer’s medication has since been reduced and the have experienced less falls and increased mobility.
* Staff were knowledgeable about sampled consumers’ high risk clinical care needs, including associated management strategies that were consistent with their care plans.

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)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |

## Findings

The Assessment Team assessed Requirement (3)(c) in Standard 7 Human resources as part of the Assessment Contact. 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 was satisfied the service demonstrated the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. The Assessment Team provided the following evidence relevant to my finding:

* Consumers and representatives confirmed staff are suitably qualified and capable in their roles, and provided care and services in line with consumers’ preferences.
* A range of mandatory training sessions, including in relation to wound care, skin integrity and pressure area care is planned on an ongoing basis. Competencies to maintain professional development of all staff are conducted.
* The organisation monitors compliance with training and competencies, and where staff are identified as having skill deficiencies, extra training is provided, or performance management processes are commenced.
* Staff felt supported in their training needs and confirmed their competency is regularly assessed.

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

**Standard 8**

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| Organisational governance | | Not-applicable |
| 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 Assessment Team assessed Requirement (3)(e) in Standard 8 Organisational governance as part of the Assessment Contact. 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 was satisfied the service demonstrated there is an effective clinical governance framework to support the delivery of quality care and services for consumers, including in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure. The Assessment Team provided the following evidence relevant to my finding:

* Clinical data and incidents are monitored and analysed through various mechanisms, identified issues are escalated, and policies and procedures are updated based on learnings to promote best practice and effective management of clinical risks.
* Processes are in place to provide staff with information and training in relation to clinical incidents, trends and legislative changes.
* Yearly internal audits are undertaken, and outcomes are reported to the Board and Chief executive officer.
* Rates, types and trends in relation to infections are discussed at staff meetings and tabled at clinical governance meetings as part of ongoing monitoring and reporting.
* Restrictive practices are reviewed quarterly via internal audits and as part of six-monthly consumer care plan reviews. Psychotropic medication usage is reviewed with the Medical officer, consumer and representative every 12 weeks.
* Staff were knowledgeable about management of clinical risks and confirmed they recently underwent training and competency assessment in relation to restrictive practices and wound management. Staff described a range and application of standard and transmission-based precautions to minimise the risk and spread of infection. Staff described principles of open disclosure and provided examples of where this had occurred.

Based on the above evidence, I find the service compliant with Requirement (3)(e) in Standard 8 Organisational governance.

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)