Performance

Report

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| Name: | Porter Lodge |
| Commission ID: | 1116 |
| Address: | 2 Sark Grove, MINTO, New South Wales, 2566 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 26 June 2024 |
| Performance report date: | 2 August 2024 |
| Service included in this assessment: | Provider: 585 Anglican Community Services  Service: 26602 Porter Lodge |

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 Porter Lodge (**the service**) has been prepared by M.Wyborn, 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 as not all requirements were assessed |
| **Standard 8** Organisational governance | **Not applicable as not all requirements were 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

Consumers and representatives provided feedback that personal and clinical care delivered by the service supports consumer health and wellbeing. The service demonstrated safe and effective care delivery in relation to minimisation of restrictive practices, pain management, falls prevention and management, personal care, skin care and wound management, catheter management, diabetes management and bowel management. Staff demonstrated appropriate knowledge to ensure consumers receive effective clinical and personal care tailored to their needs. Management maintain responsibility for clinical oversight and of care processes at the service. The organisation administers a restrictive practice policy which reflects regulatory obligations and best practice in accordance with legislative obligations including the Aged Care Act 1997 and the Quality of Care Principles 2014 (the Principles). The policy aims to avoid the use of restrictive practice, ensuring that restrictive practices are considered only after all reasonable alternative strategies have been exhausted. This includes discussing and trialling alternative strategies prior to the use of the restrictive practice, gaining informed consent and ensuring regular reviews are being undertaken. The service does not have a dementia support unit. All consumers identified as needing behaviour support have up to date behaviour support plans (BSP). Consumer documentation demonstrates effective management of consumers who have experienced falls where consumers are reviewed by clinical staff and the physiotherapist post falls, and falls are discussed at regular falls meeting and strategies are established to mitigate the risk of further falls. The service administers relevant policies and procedures in relation to pain assessment and management, and consumer files demonstrated pain assessments, charting and interventions are attended to in a consistent manner and reflective of the organisation’s policies and procedures. Consumer care plans and progress notes demonstrate that non-pharmacological interventions are utilised when appropriate, and referrals for medical assessments are arranged when PRN usage of pain medication, or changed behaviours indicate a more comprehensive pain assessment was required. The service administers relevant policies and procedures related to management of skin integrity, pressure injuries and wound management.

The service demonstrated that consumer care planning documentation and progress notes appropriately reflect identification and response to deterioration or changes in consumer health condition. Care staff demonstrated appropriate knowledge of their reporting responsibilities in relation to changes in consumer condition to the registered nurse by using an assessment tool to identify deterioration and to monitor observations. Registered nursing staff demonstrated effective management and review of consumers in case of deterioration and the service demonstrated appropriate provision of consumer assessments such as attending head-to-toe assessments, attending a delirium screening, monitoring consumer’s vital observations, and referring consumers to allied health or hospital if required.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |

Findings

The service demonstrated effective risk management systems and practices including identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents through the use of an effective incident management system. The service demonstrated a robust complaint register and incident register which evidenced that consumer incidents are recorded and reported in line with the service's policy. The service demonstrated that relevant consumer incidents are consistently registered and reported to the serious incident response scheme (SIRS) if required. The general manager of quality, safety and risk is responsible for clinical governance oversight and to undertake trend and analysis of consumer clinical data for reporting to the organisation's executive general manager who reports and escalates information to the care and clinical governance sub-committee and to the Board of Directors. The service administers a relevant and up to date incident management policy which guides staff to respond to all witnessed, alleged, or suspected incidents or near misses and to take immediate action to ensure the safety and security of consumers. The service also administers a dignity of risk policy and capacity and consent policy which provides focus on the service’s commitment to promote, protect, and support decisions with consumers to enable them to maintain independence and live the best life they can.

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)