Performance Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Prunus Lodge |
| Commission ID: | 0300 |
| Address: | 12 Bells Lane, MOLONG, New South Wales, 2866 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 17 January 2024 |
| Performance report date: | 11 February 2024 |
| Service included in this assessment: | Provider: 1233 United Protestant Association of NSW Limited  Service: 316 Prunus 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 Prunus Lodge (**the service**) has been prepared by G-M Cain, 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

|  |  |
| --- | --- |
| Standard 3 Personal care and clinical care | 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

|  |  |  |
| --- | --- | --- |
| 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)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |

Findings

The performance report dated 14 December 2022 found the service non-compliant in four Requirements under Standard 3:

* Requirement 3(3)(a)
* Requirement 3(3)(b)
* Requirement 3(3)(c)
* Requirement 3(3)(e)

Deficiencies related to clinical monitoring of consumers, medication management and mechanical restraint management; the ineffective management of high impact or high prevalence consumer risks including falls; pain management for consumers at end of life as a result of an Registered Nurse not being rostered on-site and on-duty at the service 24 hours, 7 days a week; and information about consumers clinical and personal care not consistently being communicated between the workforce including escalation to the medical officer.

Consumers provided positive feedback about the care they received, advising their care needs are met. One consumer spoke of receiving good care, their wounds are healing, and the medical officer visits each week. Staff described consumers’ individual needs, preferences, and these aligned to information contained in consumers’ care documentation and was confirmed on observations of care delivery. In relation to restrictive practices, the service demonstrated consumers who are or may be subject to a restrictive practice have been assessed and appropriate consents completed in consultation with the medical officer and with the consumer/representative.

Consumers with identified high-impact and high-prevalence risks have been reviewed and reassessed with care documenting reflecting strategies for monitoring and management of each consumer. The Assessment Team reviewed care planning documentation including for consumers with choking risk, pain, falls and changed behaviours. There was evidence of the effective management of high impact and high prevalence risks associated with the care of consumers including involvement of other health professionals, and pharmacological and non-pharmacological interventions in place.

Care planning documentation evidenced advance care planning discussions with consumers and representatives if they chose to engage in this. Staff described how they approached conversations regarding end-of-life care and how palliative care was provided to maximise the comfort of consumers.

Consumers and representatives advised consumers’ care needs and preferences are effectively communicated between staff, and consumers receive the care they need. Staff spoke of, and care documentation reviewed confirmed, staff consistently notify the consumer’s medical officer and representatives regarding changes in a consumer’s condition or needs, and if there is a clinical incident.

The Assessment Contact record contained information that the service had taken action to improve performance under these Requirements:

* For the periods when the service does not have a Registered Nurse rostered on-site and on-duty, the organisation developed guidance materials for registered and care staff to follow in the event of a consumers’ deterioration. Staff demonstrated understanding of service documentation and processes to follow in regard to escalation. The service demonstrated they have actively sought to recruit Registered Nurses, including through labour high companies.
* In alignment with the review and reassessment of consumers with high-impact and high- prevalence risks, further education in these areas has been provided and this was evidence in staff training records. The workforce has been provided education in a range of clinical care areas including behaviour management, delirium, diabetes management, and deterioration or change in a consumer’s health, including falls and skin tears.
* Review and update of a suite of policies and procedures related to consumers' clinical and personal care to guide staff, which reflected best practices, including changes in legislation, for example, relating to restrictive practices and the requirement for behaviour support plans.
* Strategies to mitigate risks for consumers have been implemented in accordance with directives in care documentation, and the service reviews trends, and analyses clinical incidents which is reported within the organisation.
* The implementation of an additional shift handover for all staff, which includes verbal and written information to ensure all staff are aware of changes in consumers’ condition.

It is my decision that the service is compliant in the assessed Requirements:

* Requirement 3(3)(a)
* Requirement 3(3)(b)
* Requirement 3(3)(c)
* Requirement 3(3)(e)

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)