Performance

Report

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| Name of service: | Sheoak Lodge |
| Service address: | Towers Road MILLICENT SA 5280 |
| Commission ID: | 6510 |
| Approved provider: | Limestone Coast Local Health Network Incorporated |
| Activity type: | Assessment Contact - Site |
| Activity date: | 4 January 2023 |
| Performance report date: | 31 January 2023 |

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 Sheoak Lodge (**the service**) has been prepared by M Glenn, 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.

# 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; and
* the Performance Report dated 10 September 2021 for a Site Audit undertaken from 13 July 2021 to 15 July 2021.

The provider did not submit a response to the Assessment Team’s report.

# 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** |

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 | |  |
| 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 |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

**Requirement (3)(a)** was found non-compliant following a Site Audit undertaken from 13 July 2021 to 15 July 2021, where it was found the service was unable to demonstrate assessment and planning, including consideration of risks to consumers’ health and well-being, informed the delivery of safe and effective care and services. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including:

* Review of relevant policies to ensure staff have clear guidance.
* Electronic clinical management system training to ensure staff enter information relating to the correct documentation of strategies.
* Pain and behaviour management training for staff awareness on the use of non-pharmacological interventions.
* Upgrade of the electronic clinical management system to include improved pain assessments.

The Assessment Team were satisfied these improvements were effective, as evidence collected through interviews, documentation and observations showed effective assessment and care planning processes are in place to identify and mitigate risks.

Sampled care plans identified risks to consumers’ health and well-being, including in relation to behaviours, wounds and infection, and included personalised strategies to minimise risk of harm. However, for one consumer, pain charting and assessment had not been completed which management acknowledged. Consumers and representatives said staff are knowledgeable of consumers’ individual risks and expressed satisfaction with care and services received. For example, two consumers said their pain is regularly assessed and managed, including after an incident, and two consumers said staff had discussed risks associated with their choice to undertake an activity which includes an element of risk. Staff were familiar with assessment processes and said care plans contained sufficient information to inform how they deliver care; staff were able to describe specific assessment and management strategies for sampled consumers.

**Requirement (3)(e)** was found non-compliant following a Site Audit undertaken from 13 July 2021 to 15 July 2021, where it was found the service was unable to demonstrate care and services were regularly reviewed for effectiveness or when circumstances changed or incidents occurred, specifically in relation to pain, falls and weight loss. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including:

* Electronic clinical management system training to ensure staff are familiar with validated assessment tools and how to perform post incident reviews through charting and observations.
* Increase in the consumer review process to more frequently monitor indicators, such as weight loss, pain and falls.

The Assessment Team were satisfied these improvements were effective, as evidence collected through interviews, documentation review and observations showed care and services are reviewed regularly for effectiveness and when circumstances change, incorporating the needs, goals and preferences of consumers.

Consumers said they are involved in care plan reviews and felt supported by the service when their needs, goals or preferences change. For example, one consumer said they were satisfied with alternative strategies being implemented to manage their pain and one consumer said they were reassessed following an incident which included involvement from a health professional. Staff were knowledgeable of individual consumer health needs and were aware of recent changes to consumer care regimes. Staff said they were supported through ongoing training. Care plans are reviewed every six months, through resident of the day processes, following incidents, return from hospital or more frequently if required. There is a supporting framework that includes policies and procedures, documentation and incident review, high risk meetings and detailed handover information for staff.

Based on the information summarised above, I find the service compliant with Requirements (3)(a) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

**Requirement (3)(b)** was found non-compliant following a Site Audit undertaken from 13 July 2021 to 15 July 2021, where it was found the service was unable to demonstrate high impact or high prevalence risks, specifically in relation to falls and weight, were not effectively managed for each consumer. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including:

* Review of relevant policies to ensure staff have clear guidance.
* Electronic clinical management system training to ensure staff document information in to relevant checklists/charts and other monitoring tools.
* Implementing clinical and care staff handover sheets to ensure staff have the appropriate information to provide consumers with safe and effective care.

The Assessment Team were satisfied these improvements were effective, as evidence collected through interviews, documentation review and observations showed effective management of high impact and high prevalence risks for each consumer.

Care documentation demonstrated high impact or high prevalence risks are screened on entry, with interventions and recommendations from specialists incorporated into care plans. Ongoing management of risk is monitored through progress notes, clinical audits and high risk meetings, with deficiencies addressed through staff training. Consumers and representatives said staff identified risks and implemented strategies to minimise harm, for example, one consumer described how staff assessed their risk of skin integrity to reduce further deterioration. Staff could describe sampled consumers’ high impact or high prevalence risks, how management strategies are documented in care plans and information is relayed promptly. Minor deficiencies in the delivery of care were noted relating to neurological observations not occurring at the expected frequency and inconsistencies in wound documentation, however, there was no adverse outcome for consumers as a result.

Based on the information summarised above, I find the service compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)