Performance

Report

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| Name: | Southport Lodge |
| Commission ID: | 5295 |
| Address: | 37 Jimmieson Avenue, SOUTHPORT, Queensland, 4215 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 24 October 2023 |
| Performance report date: | 23 November 2023 |
| Service included in this assessment: | Provider: 743 Planlow Pty Ltd  Service: 3652 Southport 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 Southport Lodge (**the service**) has been prepared by B Bassett, 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 1 Consumer dignity and choice | Not Applicable as not all Requirements assessed. |
| **Standard 3** Personal care and clinical care | **Not Applicable as not all Requirements assessed.** |
| **Standard 5** Organisation’s service environment | **Not Applicable as not all Requirements assessed.** |
| **Standard 7** Human resources | **Not Applicable as not all Requirements 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 1

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| --- | --- | --- |
| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |

Findings

Consumers and representatives said staff know the preferences of consumers and their interests and culture and are respectful of these. They provided examples of staff engaging with consumers regarding personal relationships, cultural activities, and companion animals.

Staff described and demonstrated understanding of individual consumers’ choices, interests and culture and provided examples of respectful care delivery to enable and maintain consumers’ dignity. For example, adapting activities to enable the participation of consumers with sight impairment.

Care documentation of sampled consumers contained information to assist staff to understand the culture and diversity of consumers. Care documentation included consumers’ life history, culture, religious beliefs, personal interests, relationships of importance and preferences for care delivery to guide the interactions of staff with consumers.

The Assessment Team observed staff interacting with consumers positively, speaking in a kind and respectful manner and using consumers’ preferred names. Staff were also observed confirming preferences with consumers regarding service delivery and seeking feedback from them.

After considering the information above, I have decided this Requirement is Compliant.

# 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

Consumers and representatives said consumers at the service receive safe and effective care from staff who know who to support their individual needs. For example, consumers spoke highly of the clinical management of conditions such as diabetes, chronic pain, and catheters.

Care documentation identified personal care and clinical care considerations meet consumers’ individual needs relating to care and services. Care documentation recorded the personal and clinical care provided to consumers including information regarding consumers’ wound, medication, pain, behaviour, and diabetes management. Care documentation aligned with care information described by consumers and representatives.

Consumers subject to restrictive practices were assessed regarding the need for the restraint and consent authorisations were completed by their medical officer and the consumer and/or their representative. Behaviour Support Plans were in place to ensure alternative strategies are used to manage behavioural issues and to minimise the use of chemical restraint.

Review of care plans indicated they are reviewed every three months or when the circumstances of consumers change and contained current and recently updated information regarding the care needs and conditions of consumers.

After considering the above information, I have decided the Requirement is Compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |

Findings

The service environment was observed to be safe, clean, and well maintained, allowing consumers to move freely both indoors and outdoors. Communal areas were free from clutter and obstacles and furniture in communal areas was functional and well maintained.

Consumers said they were happy with cleaning at the service, repairs were dealt with promptly and garden areas were well looked after. Consumers said they enjoyed spending time in the outdoor areas of the service.

Maintenance staff described a preventative maintenance schedule for regular servicing of equipment and fixtures as well as processes to manage repairs as required. Staff were familiar with how to lodge a maintenance request and review of documentation confirmed requests were actioned in a timely manner.

Management described processes for service building upgrades and room refurbishment, such as carpet repair and painting during vacancies to ensure rooms remain in good condition.

After considering the information above I have decided this Requirement is Compliant.

# 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

Consumers and representatives interviewed said there were enough staff to answer consumers’ calls promptly and provide care and services in a timely manner. Consumers said they feel safe during care provided by staff and felt the service had an adequate number of staff.

Management demonstrated staffing is planned to meet consumer needs with a mix of staff and skills. Review of rosters evidenced there were no unfilled shifts at the service in the fortnight prior to the Assessment Contact. Registered nurses are on site 24 hours a day and the service maintains a casual staffing pool to fill any unplanned leave.

Staff interviewed said there are adequate staff to complete their duties during shifts and provide cares and services in line with consumers’ preferences.

The Assessment Team observed staff responding to consumer call bells, serving meals, engaged in conversation with consumers and providing cares in a calm, considered and patient manner.

After consideration of the above information, I have decided this Requirement is Compliant.

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)