Performance

Report

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| Name: | The Pioneers Lodge |
| Commission ID: | 0080 |
| Address: | 15 - 23 Sidlow Road, GRIFFITH, New South Wales, 2680 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 6 August 2024 |
| Performance report date: | 2 September 2024 |
| Service included in this assessment: | Provider: 1729 The Pioneers Lodge Limited  Service: 96 The Pioneers 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 The Pioneers 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 |

Findings

The service demonstrated provision of safe and effective personal and clinical care that is tailored to individual consumer needs that consistently optimises each consumer’s health and wellbeing. The service demonstrated effective identification, assessment, management and evaluation of consumers’ clinical care, pain management, wound management and restrictive practices. Where restrictive practices are used, consumer assessments and informed consent are established and up to date. The service has undertaken a review of consumers in collaboration with their general practitioners to identify consumers who require chemical restrictive practices. As part of their continuous improvement actions, the service has delivered training to staff regarding restrictive practices, reinstated code systems on all keypads and completed a comprehensive assessment and obtained consents for all consumers identified as being subject to restrictive practices due to the locking of doors after business hours. Registered nursing staff have received training on the service’s wound management policy and procedures, which included understanding effective techniques for capturing and documenting wound photographs. Routine discussions regarding wound care have been incorporated into handover discussions as well as during clinical meetings between registered nursing staff and the clinical care manager.

With these considerations, I find the service Compliant in Requirement 3(3)(a).

# Standard 8

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| Organisational governance | |  |
| 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 organisation demonstrated an effective clinical governance framework that ensures provision of quality and safe clinical care relating to antimicrobial stewardship, restrictive practices and open disclosure. The service administers relevant policies and guidelines on antimicrobial stewardship, restrictive practices and open disclosure, and management and staff effectively demonstrated how these policies and procedures are applied in the delivery of care and services. Clinical staff work closely with medical officers to minimise the use of antibiotics, and clinical staff demonstrated an appropriate understanding of antimicrobial stewardship practices, highlighting that pathology is undertaken before prescribing antibiotics. Management and staff demonstrated their effective application of the principles of open disclosure highlighting the importance of being open, transparent, and apologising when incidents occur or when mistakes are made. The service demonstrated that all staff have undertaken training around open disclosure.

Management and staff demonstrated that restrictive practices are only used after other alternatives have been considered, and the organisation demonstrated that regular data on restrictive practices is reported to the Board. The service’s policy regarding the use of restrictive practices aligns with the legislative definition. Consumer care documentation demonstrated that appropriate consents for the use of restrictive practices are in place and that a clinical review of consents for restrictive practices is achieved annually or as soon as practicable after a change in a consumer’s condition.

With these considerations, I find the service Compliant in Requirement 8(3)(e).

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)