Performance

Report

**1800 951 822**

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| Name: | Uniting Edinglassie Lodge Penrith |
| Commission ID: | 0488 |
| Address: | 40 Village Crescent, PENRITH, New South Wales, 2750 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 7 February 2024 |
| Performance report date: | 6 March 2024 |
| Service included in this assessment: | Provider: 1352 The Uniting Church in Australia Property Trust (NSW)  Service: 504 Uniting Edinglassie Lodge Penrith |

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 Uniting Edinglassie Lodge Penrith (**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 |

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

Consumers and representatives advised of their satisfaction with the care and services provided at the service. They advised consumers receive personal and clinical care that is safe and right for them. The service demonstrated provision of effective clinical care that is tailored to individual consumer needs and preferences, is best practice and optimises consumer health and well-being. Staff demonstrated appropriate knowledge of individual consumer needs, goals and preferences and highlighted ways in which they provide personal and clinical care that optimises the health and wellbeing of consumers.

The service has implemented continuous improvement measures in an efforts to remediate previous non-compliance, including review of the consumer falls management system and introducing sensor mats and updating the nurse call system. Staff have received training to use the updated system, and the service has introduced a falls committee, run by the physiotherapist, to review and evaluate all falls and to ensure appropriate interventions are implemented for consumers. The service has ensured greater consistency in monitoring consumer pressure injuries, and this includes consumers at risk of pressure injuries, which has resulted in early identification of pressure injuries and improved outcomes for consumers. The service has implemented procedures to ensure that communication with families about consumer care is improved with regular and scheduled case conferences and a better focus on contact if circumstances change. Consumer representatives are engaged in the consumer assessment process and when a consumer’s care is being reviewed. The service has provided training to staff in relation to the referral process with a focus on timely referrals. Staff and management participate in daily huddles to discuss consumer incidents and changes to consumer condition and any identified referral requirements.

In addition, the service has updated authorisation and consent documentation for consumers whose care includes restrictive practices or use of psychotropic medications. Consumers with changed behaviours are discussed at daily huddles to highlight risks associated with their care. The service has reviewed and updated behaviour support plans for relevant consumers to better reflect their current needs, triggers and interventions to manage behaviours. Clinical and care staff have undertaken relevant education on consumer behaviour management, and registered nursing staff now complete daily shift reports that highlight consumers at risk and these reports are reviewed by service management.

The Assessment Team reported that the service has demonstrated delivery of effective, safe personal and clinical care that is appropriate for individual consumer needs. Consumers and representatives highlighted their satisfaction with the personal and clinical care they receive at the service, and the service has demonstrated successful continuous improvement actions that promotes best practice care that is tailored and focused on optimising health and well-being for consumers.

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

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)