Gaynes Park Manor

Performance Report

251 Payneham Road   
JOSLIN SA 5070  
Phone number: 08 8362 8974

**Commission ID:** 6955

**Provider name:** Churches of Christ Life Care Incorporated

**Assessment Contact - Site date:** 17 July 2020

**Date of Performance Report:** 28 August 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(b) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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.

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Quality Standard is assessed as Compliant as one of the seven specific Requirements has been assessed as Compliant.

The purpose of the Assessment Contact on 17 July 2020 was to assess the performance of the service in relation to Requirement (3)(b) in this Standard. All other Requirements in this Standard were not assessed.

The Assessment Team assessed Requirement (3)(b) as met. I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 3 and find the service is Compliant with Requirement (3)(b).

Overall consumers and representatives sampled said consumers receive personal and clinical care which is safe and right for them and are satisfied with the management of high impact or high prevalence risks. The following examples were provided during interviews with the Assessment Team:

* Consumer representatives said they are able to access medical professionals, including specialists and allied health, as they need.
* Consumers and representatives said the care and services provided are very good. Consumers confirmed they feel safe in the service and staff respond promptly when they raise issues or ring their call bells.

Consumer files viewed by the Assessment Team demonstrated the appropriate management of wounds, including pressure wounds, bruising and skin tears. All wounds have been attended to as per the service’s wound management record and treatment had been effective. If required, meetings have been held with specialists, including discussions regarding pain management. The service’s Clinical Management Committee action plan showed wound management is discussed regularly to ensure wounds are attended correctly and staff are completing wound charting as per the service’s policies and procedures.

In relation to diabetic management, the Assessment Team viewed diabetic care plans, care plan evaluations, monitoring charting and medication charting for two consumers. The Assessment Team discussed with management the following inconsistencies in the documentation for monitoring of their blood glucose levels.

* The Assessment Team noted directives for monitoring one consumer were not documented in relation to frequency Management contacted the Medical Officer who advised the monitoring of blood glucose levels had previously been ceased. Staff said they monitor the consumer’s blood glucose daily post the administration of insulin and record this on the medication computer system. It was noted, however, that no reportable ranges are documented on the medication chart to complete the monitoring.
* The Assessment Team noted that for one consumer the blood glucose levels remain within the Medical Officer’s suggested range and that current diabetes management remains effective. The monitoring blood glucose level charting showed that on at least 13 occasions between May and July 2020 blood glucose levels were not documented.

In relation to falls management, the Assessment Team viewed documentation which confirmed the service has been working with consumers and families on strategies to reduce consumers’ falls.

Staff said they have been provided with education on the ‘Signs and Symptoms of Deteriorating Consumers’. Following this education, there has been an increase in the identification of urinary tract infections. Care staff described the falls prevention strategies in relation to a consumer at high risk of falls. Staff said they have had training on the thickening of consumers’ fluids.

There are processes for monitoring high impact or high prevalence risks, including consumer incidents in relation to falls, skin, medications, weights, challenging behaviours and infections.

For the reasons detailed above, I find the approved provider, in relation to Gaynes Park Manor, does comply with Requirement (3)(b) of Standard 3.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.