Germanus Kent House

Performance Report

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**Commission ID:** 7159

**Provider name:** Southern Cross Care (WA) Inc

**Assessment Contact - Site date:** 8 December 2020

**Date of Performance Report:** 23 February 2021

# 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** |  |
| Requirement 3(3)(b) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | 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 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 Assessment Team assessed Requirement (3)(b) in relation to Standard 3 Personal care and clinical care. Based on the Assessment Team’s report I find the service Compliant in Requirement (3)(b) and have provided reasons below.

The Assessment Team did not assess all requirements of this Standard and therefore an overall compliance rating for the Quality Standard is not provided*.*

### 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.*

Consumers interviewed by the Assessment Team said they received the personal and clinical care that was safe and right for them. They said they had access to appropriate clinical and other specialists to manage their complex health needs. Consumers advised they were involved in assessing and managing their individual risks and were educated by staff on how to reduce the risks of such incidents as falls, choking and infections.

The organisation had policies and procedures to support staff to deliver safe and effective personal care and clinical care.

Documentation evidenced regular assessments and planning of consumers’ clinical and personal care. Care plans were updated following an incident or decline in health. Documentation established that high impact and high prevalent risks such as falls, weight loss, infections, behaviours, pain and swallowing were assessed using validated assessment tools, and were recorded and managed in accordance with the organisation’s policies and procedures. Incidents of challenging behaviour, falls, skin tears and wounds were documented, monitored and responded to appropriately. Consumer care plans evidenced assessments by registered nurses and allied health staff. Recommendations by external service providers, such as specialist teams and the hospital were included in care plans. The Assessment Team sighted referrals to speech therapists, general practitioners, podiatry, physiotherapy, occupational therapy and specialist orthopaedic telehealth at Royal Perth Hospital.

Clinical and care staff described individual consumer’s needs and preferences and the high prevalence risks for consumers as well as the strategies in place to manage the risks.

#### Care staff advised that handover sessions at the beginning of each shift were used to share information and update care staff on any changes to a consumer’s condition and risk.

#### Registered nurses advised staff handover and handover sheets included instructions to staff to monitor consumers’ dietary intake, behaviour or falls risk.

#### The service collated data monthly on incidents such as falls, behaviours and infections.

Based on the information in the Assessment Contact Report summarised above, I find the service Compliant in this requirement.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment Team assessed Requirement (3)(d) in relation to Standard 8 Organisational governance. Based on the Assessment Team’s report I find the service Compliant in Requirement (3)(d) and have provided reasons below.

The Assessment Team did not assess all requirements of this Standard and therefore an overall compliance rating for the Quality Standard is not provided*.*

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

#### Consumers advised they were supported to live the best life they could and the service supported them to take risks as safely as possible. They said there were no restrictions imposed by the service on what they wanted to do. Consumers stated they were treated with dignity and respect by staff.

#### The service had policies and procedures relating to the management of high impact and high prevalence risks associated with the care of consumers, and policies and procedures relating to the identification and response to abuse and neglect of consumers and supporting consumers to live the best life they could.

#### Staff said they had received training and were aware of the organisation’s policies and procedures for managing risk, identifying and escalating reports of abuse and completing incident forms.

#### The Assessment Team sighted policies and procedures on incident reporting and escalation, compulsory reporting, recognising and responding to risks for consumers, promoting independence and a restraint free environment. Staff said education, support and guidance on the policies had been provided. Clinical staff explained the key risks to individual consumers, how risks were assessed, documented and communicated to staff at each handover shift and in consumers’ care plans.

#### Registered Nurses described how they promoted consumer independence and supported them to take risks by supporting consumers to make informed decisions.

#### Risks assessments and documents acknowledging the risks involved with some activities signed by consumers or their representatives and their medical officers were sighted by the Assessment Team.

Based on the information in the Assessment Contact Report summarised above, I find the service Compliant in this requirement.

# 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.