Linsell Lodge Aged Care Facility

Performance Report

2-16 Cardigan Street
ANGLE PARK SA 5010
Phone number: 08 8300 1700

**Commission ID:** 6084

**Provider name:** The Salvation Army (South Australia) Property Trust

**Assessment Contact - Site date:** 2 June 2021

**Date of Performance Report:** 2 July 2021

# Publication of report

This Performance Report **will 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 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| 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
* the Performance Assessment Report dated 23 October 2020 for Assessment Contact dated 11 August 2020
* the provider did not submit a response to the Assessment Team’s report.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team assessed Requirement (3)(a) in relation to Standard 2 Ongoing assessment and planning with consumers. All other Requirements in this Standard were not assessed and, therefore, a rating of the Standard is not provided.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s reports and come to a view of compliance with Requirement (3)(a) in this Standard and find the service Compliant with Requirement (3)(a). I have provided reasons for my decision in the specific Requirement below.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

The Assessment Team were satisfied assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

Consumers interviewed were able to describe being involved in the assessment process and how their individual risk profile was being incorporated in care planning. This included risks associated with smoking and electric mobility aids.

Staff described how they identify risk when assessing consumers and use this to inform care planning. This includes using the electronic care management system and validated risk assessment tools. Staff are informed of consumer choices, individual risks and any changes in care needs through the handover process and electronic care management system. Policies and procedures guide staff to ensure relevant assessments are completed when a consumer first enters the service and ongoing.

Care files sampled showed consumers have a range of assessments, charting and risk screening tools completed to inform care planning and delivery. Care files sampled showed the service considered risks impacting the needs of consumers associated with falls, nutrition and hydration, use of an electric mobility aid, smoking, pain and behaviours of concern.

Monitoring processes include scheduled care and service plan reviews, handover processes and incident analysis reports.

For the reasons detailed above, I find The Salvation Army (South Australia) Property Trust, in relation to Linsell Lodge Aged Care Facility, Compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

# 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. All other Requirements in this Standard were not assessed and, therefore, a rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(b) in this Standard. This Requirement was found Non-compliant following an Assessment Contact conduced on 11 August 2020. The service has implemented a range of actions to address the deficiencies identified which are detailed in the specific Requirement below.

The Assessment Team have recommended Requirement (3)(b) as met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and come to a view of compliance with Requirement (3)(b) in this Standard and find the service Compliant with Requirement (3)(b). The reasons for the findings are detailed in the specific Requirement below.

### 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.*

This Requirement was found Non-compliant following an Assessment Contact conducted on 11 August 2020 where it was found the service was unable to demonstrate effective management practices for high-impact or high-prevalence risks associated with behaviour management for two consumers. In particular, in relation to identifying behaviours and implementing strategies to ensure consumers are safe.

The Assessment Team’s report dated 2 June 2021 provided evidence of actions taken to address the Non-compliance, including, but not limited to:

* Implemented an electronic care management system which supports the identification of triggers and development of strategies.
* All consumers had their behaviour management strategies reviewed for effectiveness.
* Monitoring processes have been reviewed, including the incident management process. In addition, multi-disciplinary meetings have been incorporated into the clinical risk meeting to ensure better oversight and additional audits have been implemented.

In relation to Standard 3 Requirement (3)(b), information provided to the Assessment Team by consumers and management through interviews and documentation sampled demonstrated:

Consumers were satisfied with the care and services they receive and how their clinical risks are managed.

Consumer files sampled showed a range of assessments are completed to inform the care and service plan addressing a range of high-impact or high-prevalence risks. This includes risks associated with diabetes, behaviours of concern, medication management, falls and pressure injuries. Sampled documentation showed consumers who display ongoing behaviours of concern are referred to other health and service providers for specialised clinical input. Where recommendations are made, these are incorporated into care and service plans and communicated to staff.

Staff interviewed described how to they manage clinical risks for individual consumers. Staff provided examples of completing training on behaviour management and were able to provide relevant information about triggers and interventions used by staff to manage individual behaviours of consumers. The Assessment Team observed the environment in the memory support unit to be calm and consumers were engaged in meaningful activities.

A range of policies and procedures are available to guide staff in the management of high-impact or high-prevalence risks. Monitoring processes include regular care and service plan reviews, meetings and incident analysis reports.

For the reasons detailed above, I find The Salvation Army (South Australia) Property Trust, in relation to Linsell Lodge Aged Care Facility, Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# 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.