Peacehaven Nursing Home

Performance Report

185 Penquite Road
NORWOOD TAS 7250
Phone number: 03 6345 7200

**Commission ID:** 8824

**Provider name:** Masonic Care Tasmania Incorporated

**Assessment Contact - Site date:** 23 March 2021

**Date of Performance Report:** 15 April 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 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(e) | 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
* infection control monitoring checklist.

# 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 one of five requirements under Standard 2 and found one specific requirement was met.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

Overall, consumers expressed satisfaction regarding on-going assessment and support and assistance when their care goals, needs and preferences change. Representatives explained they are kept informed of changes to consumers goals, needs and preferences. Clinical staff described how incidents and the outcomes of care assessment and planning are communicated to consumers and representatives. The Assessment Team observed care plans and associated documentation reflect changes, when required, to consumers goals, needs and preferences.

In making my decision I have considered the findings in the Assessment Team report and based on the evidence available I consider the service has demonstrated compliance with the requirement. I therefore find the requirement met.

# 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.