Pines Living

Performance Report

272 Beasley Street
FARRER ACT 2607
Phone number: 02 6196 8000

**Commission ID:** 2950

**Provider name:** Pines Living Pty Ltd

**Assessment Contact - Site date:** 14 January 2021

**Date of Performance Report:** 9 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** |  **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(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.
* the provider’s response to the Assessment Contact - Site report received 4 February 2021.

# STANDARD 3 NON-COMPLIANTPersonal 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

#### The Assessment Team found that the service has processes in place to undertake assessments and management of consumers who have had a change in their condition. Staff were generally able to identify consumers who had recent changes in condition and could demonstrate how they would recognise and report any changes. Feedback from consumers and representatives generally demonstrated that the service responds to changes or deterioration in condition in a timely manner.

However, the service was not able to demonstrate that they effectively manage high impact or high prevalence risks, with particular concerns around the consent, assessment, monitoring, and review of chemical restraints.

The Assessment team did not assess all requirements for this Quality Standard. However, a decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Non-compliant

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

The Assessment Team interviewed a sample of staff whom were able to describe high impact and high prevalence risk for consumers within the service including most significant clinical/ personal care risks. Management staff interviewed were able to identify the high impact and high prevalence risks for consumers within the service as skin tears and bruising, which they have identified through their clinical trends audit.

However, the Assessment Team reviewed a sample of consumers’ care planning documents and identified that the service does not effectively manage high impact or high prevalence risks associated with their care. For example, the team identified consumers where chemical restraint is not always used as a last resort, restraints were not assessed, monitored and review in accordance with policy and procedures, and medication consent was not always sought. The service also did not demonstrate that care planning documents are appropriately reviewed following significant incidents or changes in a consumer’s condition such as behaviour and falls with injury following hospitalisation.

The provider has responded acknowledging these gaps and have added improvements on their Continuous Improvement Plan to address these findings.

I find this requirement Non-compliant.

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

### Requirement 3(3)(b)

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

Provider to progress with the actions in their Continuous Improvement Plan to ensure that high impact or high prevalence risks for each consumer is effectively managed.