Southern Cross Care Taroom - Leichhardt Villa

Performance Report

1 McCorley Court   
TAROOM QLD 4420  
Phone number: 07 4628 6166

**Commission ID:** 5040

**Provider name:** Southern Cross Care (Qld) Ltd

**Assessment Contact - Desk date:** 13 July 2021

**Date of Performance Report:** 23 August 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)(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 - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff.
* the provider’s response to the Assessment Contact - Desk report received 12 July 2021.

# 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

As the Assessment Team did not conduct an assessment of performance for all Requirements, no overall rating for the Standard is provided.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

The Assessment Team provided information that the Approved Provider advised at the time of the site audit in November 2020, the electronic care system had been in place for a short space of time and not all consumer’s information had been transferred across. This has since been completed. The Approved Provider advised and provided documentation that demonstrated since November 2020 extensive training has occurred with staff to ensure the electronic system is utilised and staff have a good understanding of the system.

The Assessment Team provided information that the Approved Provider has undertaken a range of improvement activities to address the noncompliance with this requirement. These improvements include:

* Each consumer at the service has an electronic care plan and a summary care plan. A summary care plan is available in each consumer’s room which assists staff to provide informed care and services to the consumer.
* The care plan includes the consumer’s identified needs, goals and preferences and strategies to meet these. Copies of care plan summaries are available in the main kitchen and the kitchenette in the memory support unit, to ensure consumers receive meals that are appropriate for their assessed needs. The electronic care plan is available to all staff and other providers of care and services, for example allied health professionals.
* The service communicates with the consumer and/or their representative if changes have occurred and an updated care plan is offered.
* The electronic clinical care systems is accessible by all clinical staff and copies of care plans can be generated when requested by consumers and/or their representative.
* Management advised any changes to consumer care plans were discussed at clinical handover and communicated by electronic messaging on the clinical care system.
* Prior to the care plan review date becoming due, an electronic copy of the current care plan is sent to the consumer and/or their representative for review and feedback. Once received back at the service, the consumer and/or their representative, management and staff involved in the care for the consumer meet and discuss if any further changes are required. The care plan is updated to reflect any changes and a copy is made available to the consumer and/or their representative.
* Management advised consumers, and/or their representatives are informed on entry to the service that a copy of assessments and care plans are available to them if they choose.
* Management advised and provided documentation to demonstrate reports are generated from the electronic clinical care system that identify when assessment and planning is due for review.
* The Assessment Team were provided with a copy of the services plan for continuous improvement that included information in relation to care plan reviews being completed for all consumers at the service, staff training in the electronic clinical care system and registered staff being appointed regular assessment and planning responsibilities for a number of consumers.

I have considered the information provided by the Assessment Team and I find this Requirement is compliant.

# 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.