Tanunda Lutheran Home

Performance Report

27 Bridge Street
TANUNDA SA 5352
Phone number: 08 8563 7777

**Commission ID:** 6098

**Provider name:** Tanunda Lutheran Home Inc

**Assessment Contact - Site date:** 1 February 2021

**Date of Performance Report:** 3 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 3 Personal care and clinical care** | **Compliant** |
| 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 provider did not provide a response to the Assessment Contact - Site report.

# 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 compliance of the Quality Standard has not been assessed as only one requirement was assessed. The assessed requirement was found Compliant.

### 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.*

I am of the view that the Approved Provider does comply with this Requirement because the Assessment Team have provided examples in their report which describe how the service has identified consumers’ high impact and high prevalence risks through assessment processes and incident monitoring including consumers with falls and challenging behaviours (which has the potential to put themselves and other at risks). Care plans are developed to inform staff of strategies to manage consumers’ high impact and high prevalence risk. Staff interviewed were aware of strategies to manage consumers in line with documented care plans. Consumers and representatives interviewed were satisfied the service effectively manages their high impact risk.

The Assessment Team viewed the Plan for Continuous Improvement updated on 22 January 2021 with actions implemented by the service in response to the non-compliance identified.

# 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.