The Pines Lodge

Performance Report

342 Marion Road
NORTH PLYMPTON SA 5037
Phone number: 08 8297 7944

**Commission ID:** 6094

**Provider name:** Southern Cross Care (SA, NT & VIC) Inc.

**Assessment Contact - Site date:** 22 June 2020

**Date of Performance Report:** 17 July 2020

# 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 consumer representatives, staff and others
* the provider’s response to the Assessment Contact - Site report received 22 June 2020.

# STANDARD 3 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

The Quality Standard is assessed as Compliant as one of the seven specific Requirements has been assessed as Compliant. An overall assessment of all Requirements in this Standard was not completed.

The Assessment Team recommended Requirement (3)(b) in Standard 3 as met. I have considered the Assessment Team’s findings, the approved provider’s response and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 3 and find the service is Compliant with Requirement (3)(b).

Overall, consumer representatives sampled considered consumers receive personal and clinical care that is safe and right for them and were generally satisfied with management of high impact or high prevalence risks. The following examples were provided by representatives during interviews with the Assessment Team:

* staff are kind and assist the consumer whenever they can. The representative is kept well informed regarding the consumer’s well-being
* confident in the care provided by the service and satisfied staff had identified and were managing the consumer’s pressure injuries and weight loss.
* overall satisfied, however, feel staff should be monitoring and recording fluid intake rather than relying on encouragement of fluid. The representative stated they were satisfied with access to medical services and referrals to other specialists.

The service has initial and ongoing assessment processes, which includes a range of validated risk assessment tools. High impact or high prevalence risks considered through assessment processes include falls, skin, behaviours, nutrition and hydration and pain. Individualised care plans are developed and include strategies to minimise or mitigate identified risks. Care plan strategies are regularly monitored through care plan review processes, charting and reassessment.

Care files viewed by the Assessment Team demonstrated where high impact or high prevalence risks are identified, these are managed in line with the service’s processes. For example, where skin integrity issues occur, wound charting is commenced, risk assessments reviewed, and care plans updated. Additionally, documentation demonstrated referrals to Medical officers and/or allied health professionals are initiated where additional support and expertise is required.

Clinical and care staff interviewed by the Assessment Team demonstrated knowledge of high impact or high prevalence risks for consumers. Additionally, staff described strategies to minimise risks for individual consumers in line with their documented care plan.

There are processes to report and monitor high impact or high prevalence risks, including an incident management process. Incident data is monitored, collated and analysed for trends on a monthly basis.

### 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.*

# 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.