Performance

Report

**1800 951 822**

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| Name of service: | Gaynes Park Manor |
| Service address: | 251 Payneham Road JOSLIN SA 5070 |
| Commission ID: | 6955 |
| Approved provider: | Churches of Christ Life Care Incorporated |
| Activity type: | Assessment Contact - Site |
| Activity date: | 6 September 2022 |
| Performance report date: | 27 September 2022 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Gaynes Park Manor (**the service**) has been prepared by M Glenn, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

# Material relied on

The following information has been considered in preparing the performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others;
* the provider’s response to the Assessment Team’s report received 13 September 2022; and
* a Performance Report dated 23 June 2022 for an Assessment Contact – Site undertaken from 18 May 2022 to 19 May 2022.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |

Findings

The Assessment Team observed consumers to be treated with dignity and respect, including during activities of daily living, mealtimes and through day-to-day interactions. All eight consumers and five representatives confirmed staff are always respectful and felt consumers’ identity, culture and diverse needs are understood and valued. Staff demonstrated familiarity and respect for consumers’ specific cultural backgrounds and values and the service demonstrated how feedback is monitored to ensure consumers are satisfied.

For the reasons detailed above, I find Requirement (3)(a) in Standard 1 Consumer dignity and choice Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |

Findings

Requirement (3)(a) was found Non-compliant following an Assessment Contact undertaken from 18 May 2022 to 19 May 2022 where it was found assessment and planning, including consideration of risks to the consumer’s health and well-being, did not inform the delivery of safe and effective care and services. The Assessment Team’s report provided evidence of actions taken to address deficiencies for two named consumers, including, but not limited to:

* In relation to Consumer A, an acute assessment and referral to specialist services was undertaken; depression scale completed; weekly visits by a Chaplain are conducted; teeth extraction undertaken resulting in cessation of oral pain; and a case conference held with the consumer and multidisciplinary team resulting in development of an agreed upon plan of care.
* In relation to Consumer B, transfer to a different house to reduce interactions with another consumer; a comprehensive behaviour review was undertaken by specialist services with recommendations initiated; and staff provided training on management of dementia and specific strategies for the consumer.

At the Assessment Contact, the Assessment Team found risks to consumers health and well-being are identified through assessments on entry, at scheduled care plan reviews and when needs change. Care plans identified risks to consumers’ mental and physical health and well-being, including in relation to suicidal ideation, behaviours, falls and wounds, and included personalised strategies to minimise risk of harm. Monitoring processes, such as daily progress note reviews and care plan reviews, ensure risks are captured. A Consumer outcome summary for one consumer demonstrated appropriate and timely actions had been implemented following a fall and on return from hospital, a range of assessments had been implemented and the care plan updated to reflect the consumer’s changed care and service needs. The provider’s response included additional information and supporting documentation to demonstrate actions initiated to support the consumer’s emotional well-being. Staff demonstrated familiarity with assessment processes and confirmed care plans contained sufficient information to inform care. Consumers and representatives confirmed staff were knowledgeable of consumers’ individual risks and expressed satisfaction with care and services received.

For the reasons detailed above, I find Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers Compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(d) | 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. | Compliant |

Findings

Requirement (3)(d) was found Non-compliant following an Assessment Contact undertaken from 18 May 2022 to 19 May 2022 where it was found deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition was not recognised and responded to in a timely manner. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Mental health first aid training completed by senior clinical staff and management.
* Reviewed the Recognising and responding to clinical deterioration guideline which now includes signs, symptoms and action for mental health deterioration.
* Developed a competency-based assessment for mental health deterioration identification and response which has been completed by all clinical staff and incorporated into induction and the annual training matrix.
* Implemented Risk identification analysis management software to improve monitoring of risk.

At the Assessment Contact, the Assessment Team found for three sampled consumers, deterioration and/or changes to their physical condition had been recognised and responded to in a timely manner. Staff described escalation processes in line with organisational guidelines. Consumers and representatives confirmed staff had responded appropriately and promptly following changes in and deterioration of consumers’ condition.

For the reasons detailed above, I find Requirement (3)(d) in Standard 3 Personal care and clinical care Compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)