Performance

Report

**1800 951 822**

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| Name: | The Pines Lodge Residential Care |
| Commission ID: | 6094 |
| Address: | 342 Marion Road, NORTH PLYMPTON, South Australia, 5037 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 12 June 2024 |
| Performance report date: | 1 July 2024 |
| Service included in this assessment: | Provider: 870 Southern Cross Care (SA NT & VIC) Incorporated  Service: 4111 The Pines Lodge Residential Care |

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 The Pines Lodge Residential Care (**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 (performance assessment) – site, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management; and
* a performance report dated 12 January 2024 for a site audit undertaken from 4 December 2023 to 7 December 2023.

The provider did not submit a response to the assessment team’s report.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | 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 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 a site audit undertaken in December 2023 as assessment processes were not sufficient to identify whether consumers were subject to restrictive practice. The provider implemented a range of improvements to address the deficits identified, including, but not limited to, development of a decision tool to support the organisation’s promotion of restrictive practice free environments procedure which provides guidance on assessment and documentation processes relating to environmental restraint; and conducted a consumer forum to consult with consumers and representatives regarding the service’s front door, with discussions regarding restrictive practice and specifically environmental restraint.

At the assessment contact in June 2024, consumers and representatives were found to be satisfied with assessment and care planning processes, stating they have confidence in staffs’ abilities to identify risks to consumers’ health and well-being and develop strategies to mitigate them. Initial and ongoing assessment and review processes are conducted in line with an admission checklist and clinical guideline, with the admission process undertaken by an experienced registered nurse and allied health professionals. Validated assessment tools are used to identify risks to consumers’ health and well-being, such as risks associated with restrictive practice, behaviour, falls, oxygen use, skin integrity, nutrition and swallowing. Information gathered through assessment processes is used to develop tailored care plans to meet consumers’ specific needs, goals, and preferences, and include strategies to mitigate identified risks. Staff interviewed are aware of assessment and planning processes, including identifying risk, as well as escalation pathways for further assessment when required.

Based on the assessment team’s report, I find requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers 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)