Performance

Report

**1800 951 822**

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| Name: | Altona Gardens Care Community |
| Commission ID: | 3536 |
| Address: | 28-30 Rymill Court, ALTONA NORTH, Victoria, 3025 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 17 April 2024 |
| Performance report date: | 24 April 2024 |
| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 2285 Altona Gardens Care Community |

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 Altona Gardens Care Community (**the service**) has been prepared by Nicola Eastwood, 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.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response acknowledging the assessment team report received 23 April 2024.

# Assessment summary

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| Standard 8 Organisational governance | 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 8

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| Organisational governance | |  |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The service was previously found non-compliant with this requirement specifically related to minimising the use of restraint. At the Assessment Contact of 17 April 2024, the available evidence demonstrated implemented actions had resulted in sustained improvement related to this aspect of Requirement 8(3)(e).

The service has an effective clinical governance framework in place to deliver safe, quality clinical care, and demonstrated continuous improvement of services encompassing current and best practice policies. The service is in practice identifying, assessing, monitoring and reviewing environmental restraint for consumers respective of their cognitive and physical capacity. Consumers and representatives described discussions with medical practitioners or geriatricians have occurred and how they had been informed of risks associated with restrictive practice and signed associated authorisations. Clinical and care staff described and demonstrated initial and ongoing assessment, planning, monitoring and review processes related to environment restraint. Management demonstrated review and update of organisation policy and delivery of restrictive practice training.

There was evidence of consideration to principles of environmental restraint and supporting assessments for consumers unable to independently access codes for keypad restricted access points. Staff described how they monitor consumers and escalate concerns to inform assessment and planning processes. All staff described how the written and verbal handover, daily huddles, care plans and management rounds inform delivery of safe and effective care.

The organisation has reviewed and updated the ‘Promote a Restrictive Practice Free Environment’ policy and procedures in line with best practice principles and legislative responsibilities.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 8(3)(e).

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