Performance

Report

**1800 951 822**

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| Name: | Ashmore Gardens Care Community |
| Commission ID: | 5262 |
| Address: | 100 Wardoo Street, ASHMORE, Queensland, 4214 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 19 December 2023 |
| Performance report date: | 18 January 2024 |
| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 3619 Ashmore 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 Ashmore Gardens Care Community (**the service**) has been prepared by S Turner, 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 responses to the Assessment Team’s report received 4 January 2024 and 12 January 2024
* information about the service that is held by the Commission

# Assessment summary

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| 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 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |

Findings

Consumers and representatives spoke highly of staff and the personal and clinical care delivered. They provided examples of how staff attended consumers following an incident such as a fall and said the consumers’ pain was reviewed and where required, referral occurred. Consumers who were prescribed time-sensitive medication confirmed they received their medications on time and consumers with chronic health conditions such as diabetes said they received care in accordance with their diabetes management plan.

The service demonstrated effective assessment and management of consumers’ pain, wound care, complex care needs, and changes in the consumer’s condition or deterioration.

Care documentation demonstrated consumers at risk of falls had documented strategies in place to minimise falls including detailed information about the consumers’ mobility status, level of independence and staff assistance required. Additionally, specialised equipment was available to support consumers’ mobility needs and falls reduction and included sensor mats and mobility aids.

Wound care documentation demonstrated there was compliance with prescribed wound care and adherence to the organisation’s policies and procedures. Consumers and representatives reported satisfaction with the management of consumers’ wounds and photographic evidence demonstrated wounds were healing.

Staff were familiar with consumers’ needs including complex care needs and consumers reported staff were well trained. Registered staff described their responsibilities and the processes that related to assessment, management and monitoring of a consumer following an incident.

The Assessment Team’s report identified that of the consumers who reside in a secured environment, referred to as the Memory Care Neighbourhood (MCN), only one consumer was recognised as being environmentally restrained. The approved provider’s response to the Assessment Team’s report demonstrated a commitment to improve the recognition and assessment of environmental restraint. The service’s plan for continuous improvement includes additional training for nursing staff on person-centred assessment, environmental restraint and monitoring processes. Re-assessments of consumers within the MCN has occurred with valid informed consent received and documented for consumers now recognised by the service as environmentally restrained.

I note that one consumer specifically identified in the Assessment Team’s report who resides in the MCN to promote the consumer’s dignity and other care requirements remains assessed as not environmentally restrained despite being unable to leave the MCN freely. While discussions with the consumer’s representative and the medical officer have occurred, the approved provider should reconsider this assessment against the *Quality-of-Care Principles 2014* on restrictive practices.

Having considered the Assessment Team report and the approved provider’s response I am satisfied the service is meeting the consumer’s personal and clinical care needs and that overall, consumers are receiving safe, and effective care that optimises their health and well-being.

I find Requirement 3(3)(a) Compliant.

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