Performance

Report

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| Name of service: | Garden City Retirement Home |
| Service address: | 33 Tryon Street UPPER MOUNT GRAVATT QLD 4122 |
| Commission ID: | 5136 |
| Approved provider: | Alzheimer's Association of Queensland Inc |
| Activity type: | Assessment Contact - Site |
| Activity date: | 4 July 2023 to 5 July 2023 |
| Performance report date: | 4 August 2023 |

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 Garden City Retirement Home (**the service**) has been prepared by P. Sherin, 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 - Site; the Assessment Contact - 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 to the assessment team’s report received 25 July 2023 acknowledging the assessment team’s findings and providing additional information.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Non-compliant |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **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

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 2(3)(e) – Ensure care and services are reviewed regularly for effectiveness, and when circumstances change or incidents occur.
* Requirement 3(3)(a) – Ensure safe and effective personal and clinical care delivery that is best practice, tailored to consumer needs, and optimises their health and wellbeing, including in relation to restrictive practices.
* Requirement 3(3)(b) – Ensure effective management of high impact or high prevalence risks such as pressure injuries and falls.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Non-compliant |

Findings

Having considered the Assessment contact report and the Provider's response, I find the service non-compliant with this Requirement. The non-compliance is related to the following:

* The service is not ensuring care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents occur.

I have made this decision based on the following analysis.

**Assessment contact report**. The assessment team provided information in the Assessment contact report evidencing the service not consistently conducting a regular review and update of care plans in response to a change in circumstances or when incidents occur.

* For one consumer who chooses to sleep in the communal lounge chair rather than in the bedroom, care documentation does not identify this preference. The consumer was reviewed by an external dementia service and the representative advised they had not been made aware of the recommended strategies to assist in managing the consumer’s changed behaviours.
* A second consumer’s representative said the consumer is not monitored well for changes in their care needs. Care documentation identified a 4-kilogram weight loss in a 3-month period with a referral initiated to a dietician. The consumer’s nutrition and hydration care plan had not been reviewed since September 2022, charting of food and fluid intake had not been commenced as per the service’s nutrition policy, and a dietician review had not occurred.
* Management acknowledged regular review and update of consumers’ care plans had not occurred 3-monthly as per the service’s care plan review policy. Forty-two care plans were outstanding for an overall review and management advised a schedule had been developed to complete these.

**Approved Provider’s response**. The Provider acknowledged the assessment team’s findings and provided information regarding actions implemented and underway at the service to strengthen clinical care delivery, oversight, and management. This includes but is not limited to, appointment of new management and clinical staff, increased staff education and training, and review of quality and compliance processes.

**Assessment**. Having considered the Assessment contact report and the Provider's response, I find deficiencies in regular review and update of care plans remain. I have based this decision on improvement actions not having been fully completed, requiring time to be embedded within the service’s processes, and testing to ensure their effectiveness and sustainability.

I, therefore, find this Requirement non-compliant.

# 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. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |

Findings

Having considered the Assessment contact report and the Provider's response, I find the service non-compliant with Requirements 3(3)(a) and 3(3)(b). The non-compliance is related to the following:

* The service is not ensuring safe and effective personal and clinical care delivery that is best practice, tailored to consumer needs, and optimises their health and wellbeing, including in relation to restrictive practices.
* The service is not ensuring effective management of high impact or high prevalence risks such as pressure injuries and falls.

I have made this decision based on the following analysis.

Requirement 3(3)(a).

**Assessment contact report**. The assessment team's report identified deficiencies in the management of the following for some consumers:

* **Personal care**. For 2 consumers, review of care documentation and interviews with the consumer or representative identified a shower or bath is not provided consistently as per the consumer’s preferences. Staff were observed delivering care in a manner inconsistent with best practice such as sliding one consumer up a pressure relieving chair to reposition them and checking the consumer’s continence aid in a communal area.
* **Diabetes management**.For one consumer, care documentation identified 3 occasions where blood glucose levels were outside the recommended ranges and staff had not completed blood glucose level monitoring as care plan directives.
* **Nutrition and hydration management**. For one consumer who has experienced weight loss, food intake monitoring had only been completed for one meal on 3 days over a 2-month period. Staff were unaware they were to offer a supplement drink as per the dietician’s recommendation if the consumer does not complete their meal.
* **Restrictive practices**.Management advised the service has not been monitoring the use of restrictive practices and review of documentation identified several consumers subject to chemical and environmental restraint without appropriate assessment, authorisation, consent, monitoring and review. For 2 consumers, care documentation identified occasions where non-pharmacological strategies were not trialled prior to administration of psychotropic medication. Behaviour support plans for some consumers were generic in nature with no individualised behaviour management strategies in place. Staff did not demonstrate a shared understanding of restrictive practices.

**Approved Provider’s response**. The Provider acknowledged the assessment team’s findings and provided information regarding actions implemented and underway at the service to strengthen clinical care delivery, oversight, and management. This includes, but is not limited to, appointment of new management and clinical staff, increased staff education and training, and review of quality and compliance processes.

**Assessment**: Having considered the Assessment contact report and the Provider's response, I find deficiencies in personal and clinical care delivery remain. I have based this decision on improvement actions not having been fully completed, requiring time to be embedded within the service’s processes, and testing to ensure their effectiveness and sustainability.

I, therefore, find this Requirement non-compliant.

Requirement 3(3)(b)

**Assessment contact report**. The assessment team's report identified deficiencies in the management of the following for some consumers:

* **Pressure injury management.** For 3 named consumers, including one with a pressure injury that had deteriorated and another at high risk for pressure injuries, regular repositioning is not occurring. One consumer who is immobile was observed with their call bell out of reach calling out requesting to be repositioned as she was ‘hurting’ with no staff attending for over 2 hours.
* **Falls management.** The service was unable to demonstrate staff consistently follow its post-fall management procedure. For one consumer who has fallen from a pressure relieving chair, there was no incident form, assessment for injury, and post-fall observations documented. Neurological observations and physiotherapist review had not occurred following a second unwitnessed fall for the same consumer.

**Approved Provider’s response**. The Provider acknowledged the assessment team’s findings and provided information regarding actions implemented and underway at the service to strengthen clinical care delivery, oversight, and management. This includes, but is not limited to, appointment of new management and clinical staff, increased staff education and training, and review of quality and compliance processes.

**Assessment**: Having considered the Assessment contact report and the Provider's response, I find deficiencies in the management of high impact and high prevalence risks specifically in pressure injury and falls management remain. I have based this decision on improvement actions not having been fully completed, requiring time to be embedded within the service’s processes, and testing to ensure their effectiveness and sustainability.

I, therefore, find this Requirement non-compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives said furniture, fittings, and equipment are suitable to their needs and kept in good working order.

Review of documentation identified the service conducts audits of equipment, maintenance and cleaning logs are maintained, and processes are in place for preventative maintenance including pest control.

Maintenance staff are available to attend to any maintenance issues in a timely manner. Cleaning staff follow cleaning schedules and consumers’ rooms are cleaned daily. Staff advised they have adequate equipment to meet consumer needs and described the reporting process for any identified maintenance issues or hazards.

The Assessment Team observed shared equipment such as shower chairs and hoists in good condition and stored securely. Mobility aids were observed to be within reach of consumers. Furniture in the service’s lounge areas was observed to be clean and suitable for purpose, and equipment in the serveries appeared well-maintained.

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)