Performance

Report

**1800 951 822**

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| Name: | Garden City Retirement Home |
| Commission ID: | 5136 |
| Address: | 33 Tryon Street, UPPER MOUNT GRAVATT, Queensland, 4122 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 14 November 2023 |
| Performance report date: | 13 December 2023 |
| Service included in this assessment: | Provider: 1308 Alzheimer's Association of Queensland Inc  Service: 3493 Garden City Retirement Home |

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 (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 assessment team’s report for the assessment contact conducted 4 July 2023.

# Assessment summary

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| 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 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. | Compliant |

Findings

The service has taken action to remediate deficits identified under the assessment contact conducted 4 July 2023.

Consumers and representatives were satisfied with the regular review of care and services. The service’s electronic care management system provides alerts to staff when consumer care plans are due for review. Registered staff evidenced how care plan reviews are allocated with management oversight and evaluation of the review process. Care plans identified regular review including when there is a change in the consumer’s circumstances, or when an incident has occurred. All care plans sampled evidenced they have been reviewed within the last 3 months.

The service was found to be non-compliant in the previous assessment contact due to not demonstrating consumers’ care and service needs were reviewed regularly; and not ensuring 3-monthly care plan reviews in accordance with the service’s policy. The service has implemented the following improvement actions to remediate these deficits:

* Recruitment of a Clinical nurse in July 2023 to support clinical oversight.
* A new Director of Care was appointed in November 2023 to ensure overall clinical oversight and management.
* All registered staff attended care plan review training in July 2023.
* Care plan reviews were completed for all consumers by November 2023.

Based on the information recorded above, it is now my decision this Requirement is 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

The service has taken action to remediate deficits as identified under the assessment contact conducted 4 July 2023.

Requirement 3(3)(a)

Consumers and representatives provided positive feedback on the personal and clinical care delivery by staff, confirming care provided is safe and effective. Consumers confirmed care is provided on time and as per their preferences.

Care documentation identified consumers with unplanned weight loss, diabetes, requiring time sensitive medication, and/or subject to restrictive practices are managed effectively with appropriate interventions documented to guide staff practice. Staff demonstrated sound knowledge of individualised strategies to manage each consumer’s personal and clinical care needs. For consumers subject to a restrictive practice, review of documentation identified appropriate consents, authorisations, ongoing monitoring, and review is in place.

Whilst some gaps were identified in behaviour charting and staff knowledge regarding where to locate behaviour support plans, management implemented an action plan to ensure training is provided to staff in relation to this.

The service was found to be non-compliant in the previous assessment contact due to not demonstrating personal care delivery as per consumers’ preferences; inconsistent blood glucose level and food intake monitoring; and not demonstrating appropriate authorisations, consent, behaviour support plans, monitoring, and review for consumers subject to restrictive practices. The service has implemented the following improvement actions to remediate these deficits:

* Recruitment of a Clinical nurse in July 2023 and a new Director of Care in November 2023 to ensure overall clinical oversight and management.
* Rollout of a new mobile application tool in November 2023 to enable staff access to charting and personal/clinical care information for each consumer via their mobile phones. Review of the service’s plan for continuous improvement demonstrated staff have been provided training in relation to the roll-out of this tool.
* Consultations for all consumers subject to restrictive practices have occurred to obtain informed consent, and regular monitoring and review processes established.

Based on the information recorded above, it is now my decision this Requirement is compliant.

Requirement 3(3)(b)

Consumers and representatives expressed satisfaction with how the service is managing high impact and high prevalence risks associated with consumers’ care. Review of documentation identified individualised strategies to guide staff practice in relation to managing risks such as wounds, pressure injuries, and falls. Staff demonstrated knowledge of strategies to manage consumers’ risks as outlined under care planning documentation. Wound care charting identified wound care is attended as per medical officer instructions and treatment plans. Clinical care documentation identified consumers are reviewed by registered staff and a physiotherapist following a fall.

Whilst some gaps were identified in consistent post-fall neurological observations and recording of repositioning, management provided an action plan to ensure these occur consistently.

The service was found to be non-compliant in the previous assessment contact due to not demonstrating regular repositioning occurs and is consistently documented for consumers that require this; and inconsistent monitoring of neurological observations and physiotherapist review following a fall. The service has implemented the following improvement actions to remediate these deficits:

* Recruitment of a Clinical nurse in July 2023 and a new Director of Care in November 2023 to ensure overall clinical oversight and management.
* Rollout of a new mobile application tool in November 2023 to enable staff access to charting and personal/clinical care information for each consumer via their mobile phones. Review of the service’s plan for continuous improvement demonstrated staff have been provided training in relation to the roll-out of this tool.
* Training scheduled for staff on advanced wound care, pressure area care, and monitoring of neurological observations.
* Implementation of paper-based pressure area care charting.
* Weekly monitoring processes for pressure area care charting and post-fall neurological observations.

Based on the information recorded above, it is now my decision this Requirement is 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)