Performance

Report

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| Name of service: | Garden View Nursing Home |
| Service address: | 124 Paton Street MERRYLANDS NSW 2160 |
| Commission ID: | 2571 |
| Approved provider: | Garden View Aged Care Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 31 May 2023 to 1 June 2023 |
| Performance report date: | 3 July 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 View Nursing Home (**the service**) has been prepared by T Solomon, 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 22 June 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **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

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)(b)

* Ensure assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, especially related to behaviour management and pain management.

Requirement 2(3)(e)

* Ensure care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents occur.
* Ensure reviews identify current needs, goals and preferences and trigger interventions and strategies to support consumers.

Requirement 3(3)(a)

* Ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care that is best practice, tailored to their individual needs and optimises their health and well-being, specifically related to weight management, pain management and behaviour management.

Requirement 3(3)(d)

* Ensure the recognition and timely response to deterioration or a change in a consumer’s condition.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Non-compliant |
| 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

The service was unable to demonstrate that assessment and planning identifies and addresses the consumer’s current needs, goals, and preferences, including advance care planning and end of life planning if the consumer wishes.

The Assessment Team found while regular assessment is undertaken, the assessments do not always identify and address the consumer’s current needs, goals, and preferences impacting on the consumers health and well-being.

The Approved Provider responded with additional information and documentation, including but not limited to the following actions: engage a clinical nurse specialist to provide education and support to staff in relation to assessment and planning, care planning, documentation, and palliative care.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 2(3)(b) is found Non-compliant.

The service was unable to demonstrate that 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.

The Assessment Team found while care and services are reviewed regularly, re-assessments do not consistently reflect consumers’ current needs, goals, and preferences, and reviews do not trigger appropriate interventions to support consumers’ personal and clinical care needs and requirements.

The Approved Provider responded with additional information and documentation, including but not limited to the following actions: engage a clinical nurse specialist to provide education and support to staff in relation to care planning, re-assessment, and documentation.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 2(3)(e) is found 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. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Non-compliant |

Findings

The Assessment team identified that the service does not ensure each consumer gets safe and effective personal care and clinical care that is best practice, tailored to their needs and optimises health and wellbeing. This includes management of unplanned weight changes, pain management, bowel management, medication management, and mealtime assistance.

Gaps were identified with communication and relaying of information related to consumer needs and preferences within the service, as well as recommendations from health providers not being followed impacting on consumer health and well-being.

The Approved Provider responded with additional information and documentation, including but not limited to the following actions: engage a clinical nurse specialist to provide education and support to staff in relation to effective communication, documentation, pain management, behaviour management and service delivery.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 3(3)(a) is found Non-compliant.

Overall, the service was found to effectively manage high impact or high prevalence risks associated with the care of consumers. While the Assessment Team identified gaps in relation to falls management and catheter care, the gaps were limited and had minimal impact on the consumers.

Consumers and/or representatives reported satisfaction with the management of high impact and high prevalence risks associated with the care of consumers, this included in relation to incident management. The service demonstrated that incidents are investigated and measures to prevent future incidents are developed and implemented.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 3(3)(b) is found Compliant.

The Assessment team identified that the service does not always recognise and respond to changes in a consumer’s condition in a timely manner. Gaps were identified in relation to rapid changes occurring in a consumer’s weight as well as limited review of deterioration in a consumer’s condition. A review of documentation did not demonstrate that the service had considered deterioration of the consumer.

The Approved Provider responded with additional information and documentation, including but not limited to the following actions: engage a clinical nurse specialist to provide education and support to staff in relation to recognising the deterioration of consumers, timely response to consumer deterioration, as well as updated documentation processes and tools.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 2(3)(d) is found Non-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)