Performance

Report

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| Name: | Garden View Nursing Home |
| Commission ID: | 2571 |
| Address: | 124 Paton Street, MERRYLANDS, New South Wales, 2160 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 23 January 2024 |
| Performance report date: | 29 February 2024 |
| Service included in this assessment: | Provider: 1480 Garden View Aged Care Pty Ltd  Service: 942 Garden View Nursing 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 View Nursing Home (**the service**) has been prepared by M.Wyborn, 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.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements were assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements were 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)(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. | 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. | Compliant |

Findings

The service demonstrated that consumer care and service documentation consistently and adequately addressed all areas of care and services and contains relevant information to highlight individual consumer preferences or current needs, including palliative care needs. Consumers and representatives provided positive feedback in relation to their needs, goals and preferences being met at the service, and consumers and representatives advised that they are given the opportunity to discuss end of life care. Staff demonstrated an appropriate knowledge of individual consumer’s current needs or preferences.

To remediate previous non-compliance, the service has undertaken continuous improvement actions including implementing a documentation coordinator role who has the responsibility to review all care and service documentation including consumer care plans, assessments and behaviour support plans. The service embedded a process to ensure that all consumers have an individualised care plan which identifies their current needs, goals and preferences, and the service engaged a clinical educator to provide targeted education for all staff on consumer pain management, and management of changed behaviours.

With these considerations, I find the service compliant in Requirement 2(3)(b).

The service demonstrated suitable processes to ensure regular review of consumer care and services. This included review to ensure effectiveness when a consumer’s circumstances change or an incident impacts upon a consumers care needs. Consumers and representatives advised they are satisfied with the care provided and are kept informed when changes to care occur. Management highlighted the service’s schedule that supports regular review of consumer care plans, and advised that this is overseen by management. The Assessment Team reported that consumer care plan reviews were up to date, and that care and services are routinely reviewed when a consumer’s circumstances change, such as following an incident, deterioration of condition, or hospitalisation.

Consumer incidents are recorded by the registered nursing staff on an incident form and reviewed management. Family or representatives are contacted and an analysis of the incident is conducted, and the consumer’s care plan is updated with relevant interventions. When consumers return from hospital they are reviewed by the registered nursing staff and a return from hospital checklist is actioned to ensure any changes are noted and the appropriate care is delivered. This checklist includes clinical observations, contact with the consumer’s family and medical officer, records in the progress notes and update of the care plan, notification of relevant staff (care staff and kitchen staff) and ensures that relevant appointments are actioned.

Management supervise the process of clinical review through daily handover with the registered nursing staff, regular meetings, collection and analysis of clinical data, and via an effective audit program which includes clinical care review and clinical documentation.

With these considerations, I find the service compliant in Requirement 2(3)(e).

# 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)(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. | Compliant |

Findings

The service demonstrated provision of safe and effective personal and clinical care. Consumers and representatives advised that they are satisfied with their personal and clinical care and highlighted that the service is effectively communicating with them. Staff demonstrated relevant knowledge and understanding of individual consumers’ preferences and clinical care needs and were able to confirm relevant details as noted in individual consumer care plans. The Assessment Team reported that consumers with wounds or pressure injuries, experiencing pain, engaging in restrictive practices, had experienced falls, managing diabetes, unplanned weight loss, or had complex care or bowel management needs, that their documentation showcased care that is appropriately evaluated, individualised and is considered best practice.

The service has implemented continuous improvement actions to remediate previous non-compliance. The Assessment Team reported that these actions were effective and include, engaging a clinical educator to provide targeted education on consumer weight management, pain management, bowel management, medication management and mealtime assistance. Service management developed and administered a comprehensive consumer survey to ensure consumers had involvement and a say in system changes at the service. Catering and care staff were provided access to clipboards to view each consumer’s diet summary, and handover sheets now include information on consumer supplements. The service implemented a document coordinator role who provides a focus on developing individualised consumer pain assessments, a neurological observation workflow was developed by management and the service provided all staff with relevant education. Management reviewed and updated the organisation’s bowel management policy.

With these considerations, I find the service compliant in Requirement 3(3)(a).

The service demonstrated that changes in a consumer’s condition are recognised and actioned in a timely manner. Consumers and representatives provided positive feedback about the care they receive at the service, and staff demonstrated appropriate knowledge regarding the service’s escalation processes. The Assessment Team’s observations and review of consumer documentation highlighted that changes in consumer condition are routinely recognised and addressed in a timely manner. Consumers and representatives advised that they have access to a medical officer when needed and were satisfied with how the service manages any relevant changes in their care. Registered nursing staff advised that any changes in a consumer’s condition are reported to them by the care staff, and that they report to management and escalate to the medical officer for further review. The registered nursing staff advised that in an emergency situation they will call triple zero and transfer the consumer to hospital if it is their wish to be transferred.

In response to previous non-compliance, the service has implemented effective continuous improvement actions including developing and embedding a palliative care workflow in the service’s electronic care management system and providing all staff with education on this procedure. The service developed a tool for their electronic care management system to identify consumer deterioration and provided all staff with relevant education. The service has also arranged palliative care education for all staff via an external service.

With these considerations, I find the service compliant in Requirement 3(3)(d).

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)