Performance

Report

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| Name of service: | Garden Village |
| Service address: | 7 Garden Crescent PORT MACQUARIE NSW 2444 |
| Commission ID: | 2720 |
| Approved provider: | Garden Village Port Macquarie |
| Activity type: | Site Audit |
| Activity date: | 17 January 2023 to 19 January 2023 |
| Performance report date: | 28 February 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 Village (**the service**) has been prepared by G.Hope‑Simpson, 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 Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* Other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Care provided to consumers was dignified, respectful and empowered consumers to be independent. Consumers said they were treated with dignity and respect, and their individual needs and preferences were identified upon admission to the service. Care planning documentation evidenced information on consumers’ identity, culture, and diversity.

Consumers said they received culturally safe care. Care and services delivered by staff considered consumers’ cultural preferences and needs, including respecting consumers’ choices of staff for personal care. Management advised staff undertook cultural awareness training to ensure delivery of culturally safe care.

Care planning documentation identified key decisions consumers had made in relation to their care and services, and who was involved in their care. The service supported married consumers to maintain their relationship and respected their choice of individual rooms.

Consumers said they were supported to take risks which enabled them to live their best lives The service undertook risk assessments for consumers who wished to take risks. Care planning documentation evidenced the service supported consumers to make informed choices about their care and any accompanying risks.

Consumers said information provided to them was clear and easy to understand. Staff described how information was provided to consumers. For example, changes and upcoming events were communicated to consumers in the service’s newsletter. The Assessment Team observed lifestyle calendars in consumers’ rooms, activities of the day and various aged care sector brochures, including the Charter of Aged Care Rights displayed on noticeboards throughout the service.

Consumers felt their privacy was respected, expressed confidence in the service to protect their personal information, and described staff practices such as knocking on doors prior to entry. The service’s privacy policy guided staff with maintaining and respecting the privacy of personal and health information for consumers.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| 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)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | 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

Consumer care plans established assessment and care planning occurred to identify the needs, goals, and preferences of consumers. Risk management strategies relevant to high impact and high prevalence risks such as falls, weight loss, and responsive behaviours were included, along with advance care and end of life planning if the consumer wished.

Consumers and representatives mostly said they were actively involved in the assessment, planning and review of their care and services. Care planning documentation reflected the involvement of consumers, representatives, individuals, and service providers. Consumers and representatives were offered a copy of the consumer’s care and service plan, and if representatives were not able to attend the service, a copy would be emailed.

Care planning documents were mostly reviewed regularly, or earlier if changes to a consumer’s condition were recognised or incidents occurred. Management advised clinical incidents were reviewed monthly at service and organisational levels to identify strategies to minimise the risk of reoccurrence, and improvements implemented. However, some gaps were found in post-fall neurological observations, which were inconsistent with the service’s falls management policy. Upon raising with management, the deficit finding was included in the service’s plan for continuous improvement (PCI) for review of the policy and process.

# 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 |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | 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 |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers received personal and clinical care that was right for them and met their needs and preferences. The service had processes in place to guide staff on restrictive practices, skin integrity and pain management. A care plan audit identified consents and behaviour support plans were in place. The Assessment Team found however, restraint consent forms for five consumers were not in accordance with the service’s relevant policy. Management and the quality team immediately reviewed and updated the service’s policy to reflect necessary changes and undertook a review of all consent forms.

Care planning documentation identified high impact and high prevalence risks were effectively managed by the service, and strategies were implemented to minimise risks. Consumers and representatives were satisfied risks were well managed.

Consumers felt confident the service would support them to be free from pain, have those important to them with them, and have their social, cultural, and religious preferences taken into account with their end of life journey. Staff described the end of life care process at the service. The service’s PCI tracked and identified areas of improvements associated with end of life care, including pain management, pressure area care and comfort.

Care planning documentation reflected the identification of, and response to, deterioration or changes in consumers’ condition and health status. Staff recognised and responded to deterioration or changes through a range of systems and processes. This was consistent with consumer and representative feedback.

Consumers said staff effectively communicated consumers’ care needs and preferences, and they benefited from multiple agencies working together and sharing information about them. Care documentation including care plan summaries and progress notes, provided information to support effective and share sharing of information about consumers’ condition, preferences, and care needs.

The service had a network of approved individuals, organisations and/or providers they referred consumers to. Care planning documentation reflected referrals to other health professionals were timely and staff understood the process to refer matters to other providers.

Consumers and representatives were satisfied with the management of COVID-19, and the service’s infection control practices. The service had an Infection Prevention Control (IPC) lead and IPC assistant who worked with senior management to oversee infection control. The service’s Outbreak Management Plan was reflective of local information, and explained how the service and organisation would prepare for, identify, and manage outbreaks.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Services and supports for daily living met consumers’ needs, goals and preferences and optimised their independence and quality of life. Care planning documents were strength based, included information about what was important to consumers, and supports needed to do the things they liked to do.

Consumers said they engaged in meaningful activities, celebrated and observed cultural, and religious practices, and were supported in their spiritual, emotional, and psychological wellbeing. Staff said activities were tailored to consumers’ needs, preferences and levels of functional ability.

Consumers participated in the community within and outside the service, had social and personal relationships, did things of interest to them, and kept in touch with people important to them. Staff confirmed they used external volunteer organisations to connect consumers to their community. This corroborated with consumer feedback.

Consumers considered information was adequately communicated between staff. Staff said information, changes, and other requirements for consumers were shared at shift handovers, through care plans and via the service’s electronic care management system.

Regular, timely and appropriate referrals were made to other individuals, organisations, and providers of care to maximise consumers’ health and well-being, including a library service and the service’s physiotherapists and hairdresser.

Consumers expressed satisfaction with the variety, quality, and quantity of food. Consumers contributed to the menu development and were supported to provide feedback. Staff were aware of consumers’ nutrition and hydration needs and preferences. Observations of the consumer dining experience showed consumers who needed assistance with eating and drinking were receiving appropriate assistance in a dignified manner. Review of documentation confirmed food safety requirements were met.

Equipment for daily living and lifestyle supports were safe, suitable, clean and well maintained. Consumers and staff said they had access to equipment to assist with daily living activities, and knew how to report maintenance concerns. Equipment was used, stored, and maintained in line with manufacturers’ instructions.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The service was warm and welcoming with multiple areas for consumers to socially interact. Consumers said they were encouraged to personalise their room with memorabilia and furniture. Staff described how consumers were supported to make the service feel like home and maintain independence. The Assessment Team observed pot plants on windowsills throughout the service for consumers to look at and take care of.

Consumers and representatives felt the service environment was safe, clean and well maintained, and allowed them to move around freely. The Assessment Team observed consumers spending private time in their rooms, enjoying the garden and participating in activities in the common areas. The service had spacious outdoor areas with flowers, café, and bird cages.

Consumers said the equipment was well maintained, cleaned, and they could report any concerns to maintenance. Staff said they had access to equipment for consumer care. Furniture and equipment were maintained under a schedule maintenance plan with specialist contractors in place as required.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The service had multiple methods for consumers to provide feedback and make complaints including feedback forms, speaking with management and raising any issues of concerns at consumer meetings. Consumers confirmed they were encouraged and supported to provide feedback and make complaints and would have no issue talking with staff or management should they have a concern. Feedback forms and suggestion boxes were located throughout the service.

Consumers and representatives said although they were aware of other avenues for raising a complaint, they were comfortable raising concerns with management and staff in the first instance. Staff described the internal and external complaints and feedback systems, and were aware of advocacy and translation services available for consumers and representatives. Observations of brochures and posters available for advocacy services were in languages that reflected consumers’ cultural and linguistical backgrounds.

Staff and management described the process followed when feedback or a complaint were received and knew what open disclosure and its’ underlying principles were. Documentation and consumer feedback confirmed the service acted in response to complaints and an open disclosure process was applied.

The service had systems in place to record and trend complaints, feedback, compliments, and suggestions. Management said all feedback and complaints were reviewed and used to improve the quality of care and services. The Assessment Team reviewed the Quality Improvement Register and found evidence of improvements made recently.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The workforce was planned to enable a suitable number and mix of staff to support the delivery of safe and quality, care and services. Members of the workforce said the service had enough staff, and they had enough time to complete their duties. Management said the organisation had a state-wide partnership with TAFE who provided students on work placement, which often saw students gaining employment at the service. Care delivery was observed to be calm, professional and planned. Review of recent rosters showed 24/7 RN coverage.

Consumers and representatives said staff engaged in a respectful, kind and caring manner. The Assessment Team observed kind and respectful interactions between staff and consumers. The recruitment process ensured staff were recruited in line with the values of the organisation, and staff received training and support to deliver care in accordance with the organisation’s diversity and inclusion policy and procedures.

Consumers felt staff were competent, and confident they were skilled to meet their care needs. Staff said they had the necessary skills to perform their role and were supported by senior staff. Role descriptions set out relevant competencies, qualifications, and registration requirements. The service monitored professional registrations, and criminal history.

The workforce had the qualifications and knowledge to effectively perform their roles. Consumers felt staff were competent in providing care and knew what they were doing. Training completion was monitored and reviewed, and documentation identified completion rates of required training by staff.

Performance of staff was reviewed every two years. Staff confirmed the process and said assessments were held yearly to discuss areas where they would like to develop their skills and knowledge.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers partnered in improving the delivery of care and services by participating in meetings, surveys and care plan reviews. Feedback from consumer surveys was provided to the governing body for review. Management advised, a future event will be held with the service and the Board to discuss a 5-year Strategic Plan. Planned discussions on staffing, financial stability, government financial support programs will drive the Strategic Plan. Industry experts in aged care will be available to guide discussions with members of the Board to provide insight into sector related concerns.

The service had systems and processes to monitor the performance of the service. Various reports were generated and consolidated and received by the governing body on a regular basis who then used this information to assess compliance with the Quality Standards and to initiate improvements to enhance performance or monitor care.

The service had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. For example: the organisation’s whistle-blower policy statement outlined the governing body was committed to fostering a culture of integrity and accountability where high standards of good governance and ethical behaviour were observed, and consumers were supported to safely disclose matters of concern. Access to the organisation wide governance systems was available to the governing body, executive group, management and staff, according to delegation and need.

The organisation had an effective risk management system to monitor and assess high impact or high prevalence risks associated with the care of consumers. Risks were reported, escalated and reviewed at the service level and by the governing body. Staff had been trained in their obligations to identify and respond to abuse and neglect, under the Serious Incident Reporting Scheme.

The service had a documented clinical governance framework, which included policies and guidelines relating to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Documentation reviewed identified the service’s pharmacy antibiotic prescribing report and was reviewed by medical practitioners for effects on minimising antibiotics prescribing. Staff used examples to demonstrate their understanding of open disclosure, antimicrobial stewardship and ways to minimise restrictive practices.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)