Performance

Report

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| Name: | Garrawarra Centre |
| Commission ID: | 1456 |
| Address: | 1810 Old Princes Highway, WATERFALL, New South Wales, 2233 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 26 June 2024 |
| Performance report date: | 23 July 2024 |
| Service included in this assessment: | Provider: 1640 NSW State Government (NSW Ministry of Health)  Service: 556 Garrawarra Centre |

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 Garrawarra Centre (**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 3 Personal care and clinical care | Not applicable as not all requirements were assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements were assessed** |
| **Standard 8** Organisational governance | **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 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

The service demonstrated appropriate systems and procedures to identify and manage high-impact and high-prevalence risks for consumers. The service identifies their high-impact high-prevalence risks for consumers as being behaviours and falls. The service ensures oversight and guidance by a clinical nurse consultant for behaviour and restrictive practices, and improvements undertaken by the clinical nurse consultant include staff education regarding dementia, behaviour support plans, behaviour documentation and incident management, and a greater focus on identifying and addressing consumer’s unmet needs as a factor in behaviour incidents. The service demonstrated effective quality improvement projects to best support staff knowledge in restrictive practices and consumer behaviour support planning. Clinical staff undertake education regarding behaviour support planning before they can prepare a behaviour support plan, and the service has enhanced their behaviour support plan documentation to better capture information after an audit of practices, identification of deficiencies, and the introduction of a robust electronic care management system (ECMS). The service also established a restrictive practices committee who meet regularly with a focus to provide governance, minimise use of restrictive practices, and develop strategies for improvements where deficiencies are identified. The service demonstrated effective processes to guide staff and management in providing care to consumers following consumer falls, and staff demonstrated appropriate post fall observations and assessments. The service demonstrated that consumers have undertaken relevant falls risk assessments and interventions are clearly documented. A physiotherapist is available to work with consumers regarding nonpharmacological pain management, mobility and strength, exercise programs, and to undertake baseline assessments for mobility, falls, and pain. Falls risk assessments following falls are completed by registered nursing staff unless the consumer is referred to the physiotherapist for review, and consumer falls data is monitored and reviewed for improvements in managing overall risks at the service.

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

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

The organisation demonstrated appropriate recruitment processes that include police, registration and referee checks to ensure new staff have the qualifications and skills to perform their duties. Newly recruited staff are supported with an induction program consisting of mandatory education modules, ongoing supervision and mentoring, while existing staff are required to complete ongoing annual and role specific training. The organisation administers effective systems to identify additional training needs and to support staff with their professional development. Management demonstrated appropriate review and data analysis of serious incident response (SIRS) incidents, internal audits, and complaints and feedback, to determine how they can best support staff to manage the changing needs of consumers. Clinical and care staff demonstrated participation and benefits they receive from annual mandatory and role specific training. This includes infection control, SIRS, restrictive practice, and consumer incident management. The Assessment Team reported staff training records, sign-on sheets and materials used to deliver training were up to date. Consumers and representatives advised that staff perform their roles effectively and highlighted that they believe staff do not require additional training.

With these considerations, I find the service compliant in Requirement 7(3)(d).

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The organisation demonstrated risk management systems that support effective management of consumer risk(s). The organisation’s risk management framework includes relevant and up to date policies and procedures, and which outlines how high-impact or high-prevalence risks associated with consumer care is managed. The framework includes a risk matrix and incident management system, which guides staff to identify, report and escalate risk. The organisation advised the main high-impact high-prevalence risks areas for consumers at the service were unintended use of force and consumer falls. These risks are managed and minimised by ensuring that the service is reporting on all incidents and that this data is trended at service-level and reported to the executive leadership team for further review and oversight. The organisation has appointed specialist positions to support staff including a registered nursing staff (operations and safety), a dedicated after-hours on-site registered nurse (who has additional training in incident management) and a geriatrician and clinical nurse consultant. The organisation delivers on targeted training where there is an identified need in relation to consumer risk. Staff and management demonstrated their appropriate knowledge about managing risks, the incident management system, their reporting responsibilities, and providing consumers the opportunity to engage in risks to ensure they continue to live their best life. The Assessment Team reported that incidents at the service are routinely managed in accordance with regulatory requirements including investigation, open disclosure, review and reporting within required timeframes.

With these considerations, I find the service compliant in Requirement 8(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)