Performance

Report

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| Name: | Glen Osmond Grove Care Community |
| Commission ID: | 6764 |
| Address: | 550 Portrush Road, GLEN OSMOND, South Australia, 5064 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 9 February 2024 |
| Performance report date: | 8 March 2024 |
| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 4236 Glen Osmond Grove Care Community |

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 Glen Osmond Grove Care Community (**the service**) has been prepared by T Wilson, 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 provider’s response to the assessment team’s report received 28 February 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | 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 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

As not all Requirements have been assessed the overall rating for this Standard is not applicable.

The Assessment Team recommended Requirement (3)(a) as met and (3)(d) as not met.

Requirement (3)(d)

The assessment team stated the service did not respond appropriately with two consumers, when their blood glucose levels (BGL) were out of reportable ranges and for a consumer with continued weight loss, the service did not take additional measures to prevent further weight loss.

The provider responded on the 28 February 2024 including commentary as to what occurred with each consumer and where they identified gaps a continuous improvement plan was commenced cover those gaps. This included a review of all consumers with diabetes to ensure instructions were correct and ensuring the systems for diabetes management are effective. The consumer with weight loss has been reviewed to ensure they are being managed correctly. The provider included information stating the consumer has a steady weight range and only went half a kilo below that whilst in hospital. Also due to the change of provider there has been a change in the supplements used which was overseen by a dietician. Other improvements have also been implemented, including but not limited to additional staff training, new systems implemented and audits undertaken.

I have come to a different view than the assessment team and explain my reasons below.

Whilst there were some deficits found by the assessment team in relation to diabetes management, they are now being addressed through the provider’s continuous improvement system. In relation to the consumers with out of range BGL readings, whilst I acknowledge the assessment teams findings, the additional commentary provided by the service, the acknowledgement of the deficits found and the continuous improvement activities that have already been undertaken give me confidence the service will continue to improve diabetes management for consumers.

This was also the case with the consumer with weight loss. Commentary included in the providers response explains whilst the consumer did lose weight they were not in the care of the service at that time. Evidence shows the consumer was receiving supplements with dietician involvement.

I also think the information provided for all consumers more aligns with Requirement (3)(a) so I have considered the information under that Requirement also.

In relation to deterioration of consumers I have also considered the information under Requirement (3)(a). The assessment team considered the clinical care provided to consumer in several areas including wounds, pain and falls which leads me to believe if a deterioration had occurred it was recognised and acted upon.

It is for these reasons I find Requirement (3)(d) compliant.

Requirement (3)(a)

Consumers and representatives confirmed they are satisfied with the care provided and the care and services are right for consumers. Staff could describe how they provide best practice care and how they attend to individual care for consumers. Care is documented and provides staff with guidance on how to provide individual care and what they need to complete to ensure it is effective.

I have also considered the information provided under Requirement (3)(d) in relation to diabetes and weight management and I am satisfied the deficits that were identified have been addressed.

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)