Performance

Report

**1800 951 822**

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| Name of service: | Golden Oaks Nursing Home |
| Service address: | 11 Stoneham Street GOLDEN SQUARE VIC 3555 |
| Commission ID: | 4512 |
| Approved provider: | Bendigo Health Care Group |
| Activity type: | Assessment Contact - Site |
| Activity date: | 16 May 2023 |
| Performance report date: | 16 June 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 Golden Oaks Nursing Home (**the service**) has been prepared by S Byers, 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 1 June 2023

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **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

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)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |

Findings

The service was found Non-compliant in Standard 1 in relation to Requirement 1(3)(d) following a site audit in April 2022 where it was unable to demonstrate:

* effective management and minimisation of risk for each consumer who chooses to engage in activities with an element of risk.

At the May 2023 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

Consumers were satisfied they are supported to engage in activities that may involve an element of risk, to live their best lives. Consumers who use mobility scooters confirmed receiving regular assessments by the occupational therapist and this aligned with care documentation. Consumer care planning documentation identified risk, recorded discussion of benefits and potential harm to consumers and others, and informed consent of the consumers. Negotiated risk agreements were observed to be individualised and included risk minimisation strategies. The service has completed a review of all negotiated risk agreements, with input from allied health professionals, where appropriate. Staff have completed training in dignity and choice, and completing negotiated risks agreements.

The Approved Provider submitted a written response with additional clarifying information that further supports the deficits have been addressed.

I have considered the Assessment Team’s findings, the evidence in the assessment team report and the Approved Provider’s response. Based on the available evidence, I find Requirement 1(3)(d) is Compliant.

# Standard 3

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| Personal care and clinical care | |  |
| 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 |

Findings

The service was found Non-compliant in Standard 3 in relation to Requirements 3(3)(e) and 3(3)(f) following a site audit in April 2022 where it was unable to demonstrate:

* effective processes to document and communicate information about consumers’ conditions, needs, and preferences, including verbal and written handovers
* timely and appropriate referrals are made, particularly post falls.

At the May 2023 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

The service demonstrated it has systems and processes in place to ensure consumer needs and preferences are well documented and effectively communicated within the service, and with others where responsibility for care is shared. Consumers were satisfied staff understand their needs and preferences, and they do not have to repeat their preferences for care. Clinical staff described how all recent changes in consumers’ care needs are reflected in handover sheets and verbally communicated during the handover process. Consumer files, progress notes, and handover sheets reflected current information about the consumers' conditions, needs, and preferences, and communication with representatives, medical practitioners and other providers of care. The Assessment Team observed staff providing care in accordance with documented care interventions.

Consumers expressed satisfaction with the referral processes in place and confirmed prompt access to medical practitioners and other providers of care including physiotherapists after a fall. Care planning documents and referral documentation demonstrated timely and appropriate referrals to individual health professionals, other organisations and providers of other care and services. The service has developed and implemented a new referrals policy. All referrals are sent electronically, with senior clinical staff providing oversight to ensure timely scheduled review of consumers. Staff described referral processes and demonstrated understanding of the new referral policy in practice. Staff feedback and documentation review confirmed all consumers requiring a review were referred to allied health providers in line with the new referral policy.

Based on the available evidence, I find Requirements 3(3)(e) and 3(3)(f) are Compliant.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

The service was found Non-compliant in Standard 5 in relation to Requirement 5(3)(b) following a site audit in April 2022 where it was unable to demonstrate:

* a safe, clean and well maintained service environment.

At the May 2023 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

Consumers and representatives said they felt safe, and were satisfied with the cleanliness of the service environment. Consumers and representatives provided positive feedback about being assisted to mobilise freely, both indoors and outdoors throughout the service. Staff described the processes for cleaning and maintenance, including reporting and documenting hazards. Staff reported maintenance is responded to promptly. The Assessment Team observed consumer rooms to be clean, and communal areas were newly renovated, well-lit, and well-appointed with comfortable furniture and private spaces. The service has recruited additional cleaning staff to ensure cleaning is completed in line with cleaning schedules. Daily and monthly cleaning schedules have been revised and a weekly audit introduced to monitor cleaning.

Based on the available evidence, I find Requirement 5(3)(b) is Compliant.

1. The preparation of the performance report is in accordance with section 68A the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)