Performance

Report

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| Name: | Goodhew Gardens |
| Commission ID: | 0697 |
| Address: | 2 - 28 Alexander Avenue, TAREN POINT, New South Wales, 2229 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 6 August 2024 to 7 August 2024 |
| Performance report date: | 11 September 2024 |
| Service included in this assessment: | Provider: 585 Anglican Community Services  Service: 6153 Goodhew Gardens |

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 Goodhew Gardens (**the service**) has been prepared by Therese Solomon, 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 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 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 |
| 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

The service demonstrated consumers get safe and effective personal or clinical care tailored to their needs and preferences, and which is best practice. Consumers and/or representatives provided positive feedback about the care provided, and the staff’s knowledge of them, their preferences and needs. Consumers with wounds, falls, pressure injuries, restrictive practices, pain management, and complex care needs, the documentation reviewed showed that the care provided aligned with each consumer's care plan and best practice.

Consumers and/or representatives considered the care consumers receive is right for them and meets their needs. Consumers and/or representatives stated the staff and management were very good and they were very satisfied with the care provided.

Consumers who have a high risk of falls, or had experienced multiple falls, review of their files showed appropriate reviews and fall prevention plans in place. Staff assist and supervise the consumers with their personal care, mobilising and transfers. Strategies recommended by the physiotherapist are used to prevent or reduce the risk of falls, and include bed and chair sensors, hip protectors, crash mats, appropriate footwear, assistive mobility devices, regular toileting, exercise program participation, increased monitoring and welfare checks.

Documentation following a fall showed staff follow the required observations according to the service's post falls directive and consumers are reviewed by a medical officer and the physiotherapist. Consumers are also transferred to hospital for further review if the medical officer recommends this and the consumer and/or representative agrees. Care records show monitoring of neurological observations following any falls are attended and completed. Pain monitoring occurs after a fall or incident for any undiagnosed injury or change.

Consumers experiencing pain are managed effectively with appropriate pain assessments, monitoring and interventions as required. Consumers are reviewed by the clinical staff, medical officer, or multidisciplinary team to review their pain management and, when needed, new strategies are updated into the care plans and implemented. Clinical and care staff demonstrated knowledge of consumers who experience pain.

Consumers who have compromised skin integrity, chronic wounds and pressure injuries, their progress notes, wound monitoring charts, and pressure area care charts showed that staff provide appropriate wound and pressure area care according to the consumers' care plan. Equipment in use by consumers for pressure injury prevention includes air mattresses, pressure relieving booties, and foam cushions. Documentation for at risk consumers shows evidence of regular repositioning to relieve pressure, regular toileting, daily hygiene and skin care including cleansing, moisturising, skin checks, and wound care. Consumers with chronic or complex wounds are referred to an external wound care service for guidance about their wound care management.

Consumers who are receiving psychotropic medications for diagnosed mental disorders, physical illnesses or conditions, or end of life care needs, or as a chemical restrictive practice have consents obtained and are reviewed annually, or more frequently if there is a change in the restrictive practice. Consumers who receive chemical restrictive practices or psychotropic medications are reviewed regularly by their medical officer.

Regarding behaviour management and the use of restraints, consumers who experience behaviours of concern or have chemical restrictive practices showed that nonpharmacological strategies are considered prior to the use of a psychotropic medication or chemical restraint. Behaviours and triggers are recorded to monitor frequency, identify trends, and assess the effectiveness of strategies. Behaviour support plans are completed which document triggers and individual strategies for staff to follow. Records show involvement of Dementia Services Australia and/ or the geriatrician, dementia nurse consultant, and the consumer’s medical officer. Monitoring charts such as behaviour charts, pain charts and vital observations are utilised and completed when behaviours occur and used by staff to inform the effectiveness of the care provided.

The service demonstrated there are processes in place that facilitate recognition and response to changes or concerns about consumers’ mental, emotional cognitive or physical abilities. Care planning documents reflect the identification of, and response to deterioration or changes in function, capacity, or consumer condition. Staff and management stated they discuss any condition changes with the consumer and/or their representatives, medical officers, and other providers of care and services when appropriate.

Care and service documents reflected the identification of and timely response to deterioration or changes in condition. Care plans confirmed the identified deterioration in a consumer’s cognitive or physical health status is assessed by the registered nurses and the consumer is referred to their medical officer and/or an appropriate health specialist. Where appropriate, the consumer is transferred to the hospital for further investigation.

Consumers and/or their representatives gave positive feedback regarding the service’s effectiveness in responding to deterioration in consumer conditions and said the staff always kept them up to date and consulted with them regarding changes or the need for hospitalisation.

The service has governing policies and procedures to guide staff in relation to antimicrobial stewardship, infection control management and outbreak management. Consumers and/or representatives expressed satisfaction with how the services manages outbreaks, exposures and infections.

Staff described their induction and the ongoing education and training provided in infection prevention and control strategies such as hand hygiene, personal protective equipment, antimicrobial stewardship and managing outbreaks. Clinical staff demonstrated an understanding of precautions to prevent and control infections and the steps they could take to minimise the need for antibiotics.

Staff were observed wearing masks appropriately and practicing effective hand hygiene. Infection control supplies and personal protective equipment were observed to be available throughout the facility. Staff described some of the ways they minimise the risk of infection to consumers.

Staff confirmed they receive yearly influenza vaccination and receive ongoing education and training in infection control for residential aged care. The monthly education calendar in May 2024 showed refresher training and education was provided to staff regarding the organisation’s outbreak management plan and process, signs of antibiotic resistance, infection control standard precautions, and hydration and nutrition to help prevent infection.

The service demonstrated how they monitor infection trends and review prescribed antimicrobials monthly through the medication management system and clinical management system. The infection screening tool is audited every month and updated every week by the care manager, results are discussed by management and control strategies are monitored by the service’s quality and compliance manager. Management recently acquired a new online education resource for infection control that all staff can access. The resource educates and guides staff about certain infections and the action to be taken.

The Assessment Team observed hand sanitising stations, alcohol rub, masks and gloves to be accessible throughout the facility and in consumers’ rooms. Personal protective equipment stations are stocked and accessible by staff. The medication trolley when not in use is kept in a locked room.

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)