Performance

Report

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| Name of service: | Goodhew Gardens |
| Service address: | 2 - 28 Alexander Avenue TAREN POINT NSW 2229 |
| Commission ID: | 0697 |
| Approved provider: | Anglican Community Services |
| Activity type: | Assessment Contact - Site |
| Activity date: | 7 September 2023 |
| Performance report date: | 12 October 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 Goodhew Gardens (**the service**) has been prepared by Gill Jones, 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.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 8** **Organisational governance** | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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

This Requirement was found non-compliant following a Site Audit on 24 April 2023 to 28 April 2023. The organisation was able unable to demonstrate effective medication management which impacted on the consumer’s care and wellbeing. The organisation has undertaken a range of improvement activities including staff education, made changes to the supply of medications and have transitioned to a new pharmacy provider. These changes have been effective.

The service was able to demonstrate how they are effectively managing high-impact and high-prevalent risks associated with the care of each consumer. Consumers and representatives gave positive feedback about how their high-risk clinical care needs are managed. Observations and documentation showed these risks are being managed. The service has developed and maintains a high-impact and high-prevalence risk register. It contains information on consumers and their risks. It is regularly reviewed and updated. Staff demonstrated knowledge of pain assessment and management, pressure injury prevention and treatment, strategies to minimise risk of falls, and medication management. The service has policies, procedures and clinical protocols that guide the management of high-impact and high-prevalence risks associated with the care of consumers.

The provider did not provide a response to the Assessment Team’s report.

Having considered the information in the Assessment Team’s report I find Requirement 3(3)(b) compliant.

# 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

This Requirement was found non-compliant following a Site Audit on 24 April 2023 to 28 April 2023. The service was not able to demonstrate effective implementation of risk management practices, in relation to managing high-impact or high-prevalence risks associated with medication management. The service conducted a range of measures including staff education in relation to serious incident reporting, made changes to medication management and increased numbers of clinical staff and care staff. These changes have been effective.

There are organisational policies and procedures to support risk management. There is internal and external support for the risk management function across the organisation, such as the quality safety and risk team. Quality assurance processes are used to monitor compliance with policy and procedure and related outcomes for consumers. Quality data and information is reported on regularly, to the quality risk and safety team, clinical governance committee and to the governing board. This includes analysis, trending and benchmarking results such as in relation to consumer incidents and complaints, quality auditing and performance indicator monitoring.

The provider did not provide a response to the Assessment Team’s report.

Having considered the information in the Assessment Team’s report I find Requirement 8(3)(d) compliant.

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)