Performance

Report

**1800 951 822**

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| Name: | Greenway Gardens |
| Commission ID: | 3686 |
| Address: | 27-29 The Greenway, HEATHMONT, Victoria, 3135 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 15 April 2024 |
| Performance report date: | 6 May 2024 |
| Service included in this assessment: | Provider: 6076 Menarock Aged Care Services (Victoria) Pty Ltd  Service: 5805 Greenway 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 Greenway Gardens (**the service**) has been prepared by N Eastwood, 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 |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **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)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Consumers and representatives provided positive feedback related to the provision of both personal and clinical care. Care documentation reflected individualised strategies to manage and minimise restrictive practices, and effectively manage skin integrity and pain. Clinical and care staff demonstrated knowledge of individual consumer care needs, choices, preferences, and interventions to provide safe and effective care.

The service has processes to manage restrictive practices safely consistent with legislation and risk assessment and dignity of risk authorisation were in place for relevant consumers. Care documentation demonstrated wound care was provided in line with care plan documentation and regular review with measurement and photography. There was evidence of collaboration with general practitioner and allied health professionals to ensure optimal consumer outcomes.

Falls and weight loss related to physical and cognitive functional decline were identified as high-impact and high-prevalence risks associated with consumer care. Care documentation demonstrated assessments completed with validated assessment tools and included preventative strategies to minimise identified risks. Referral processes were evident for prompt review of consumers with changed behaviours, swallowing difficulties, and unplanned weight loss, as well as assessment of consumers at risk falls or following a fall. The service has a suite of policies and procedures available to guide staff in the management of high-impact or high-prevalence risks.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirements 3(3)(a) and 3(3)(b).

# 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

Consumers and representatives confirmed the service is safe, clean and well maintained. The service has indoor and outdoor areas accessible for consumers to enjoy the company of others or sit and enjoy the gardens. There was evidence of cleaning, preventative and ad hoc maintenance schedules. There is onsite maintenance staff and the Assessment Contact report indicates both indoor and outdoor areas were clean, well maintained and easily accessible by consumers.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 5(3)(b).

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |

Findings

Consumers and representatives were satisfied complaints were appropriately addressed and described the process of open disclosure throughout. They described follow up conversations with the service and were satisfied with outcomes. Management explained all feedback and complaints are entered into the feedback or complaints register within the electronic management system. A review of documentation demonstrated policies outlining the open disclosure process. Monthly reports contain information related to the number of complaints, investigation process, complaints resolution, timeframe and consumer satisfaction with results.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 6(3)(c).

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)