Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Guilford Young Grove |
| Service address: | 13 St Canice Avenue SANDY BAY TAS 7005 |
| Commission ID: | 8816 |
| Approved provider: | Southern Cross Care (Tas) Inc |
| Activity type: | Assessment Contact - Site |
| Activity date: | 5 July 2023 |
| Performance report date: | 10 August 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 Guilford Young Grove (**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

# Assessment summary

|  |  |
| --- | --- |
| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **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

|  |  |  |
| --- | --- | --- |
| 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 |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |

Findings

All consumers and representatives sampled were satisfied the service effectively identifies and manages high impact and high prevalence risks for each consumer, including risks associated with weight loss, nutrition and hydration. The assessment and planning of risk associated with the care of each consumer is completed upon the consumer’s entry to the service. Subsequent review of clinical risk indicators are completed as part of the monthly care review process, and as required. Weight parameters and validated risk assessment tools are used for the screening and assessment of consumers’ nutritional status and malnutrition risk. Management and staff described how risks are addressed holistically in consultation with the consumer, their representatives, general practitioner, dietitian, and other allied health practitioners, as necessary. Consumer care files demonstrated identification, management and implementation of preventative strategies to mitigate the risk of consumer malnutrition and/or dehydration, including the involvement and input from a multi-disciplinary team. Staff demonstrated understanding of individual consumer risks including those related to nutrition, hydration and weight loss and the personalised mitigation strategies in place to manage the risk. The Assessment Team observed consumers receiving care in line with documented interventions. The organisation has work instructions, flowcharts, policies and procedures in place to guide staff in the provision of safe and effective nutrition and hydration management.

All consumers and representatives sampled were satisfied with access and referral to general practitioners, hospital outreach services and external specialist services including the service’s preferred dietitian, where appropriate. Consumer care files reflected timely and appropriate referrals to the dietitian. Management and clinical staff demonstrated understanding of the referral process for the speech pathologist and dietitian. The frequency of a consumer’s dietitian review is based on the consumer’s assessed needs and the dietitian’s recommendations. Clinical staff described the dietitian’s services as readily available for the review of consumers either onsite or virtually and referrals including follow up reviews can be requested by email or by phone for urgent referrals. Consumer care documentation reflected regular and ongoing review and follow up by the dietitian with outcomes of referrals and recommendations recorded. The organisation has referral policy and procedures in place to guide staff in the timely completion of internal and external referrals where appropriate.

Based on the available evidence, I am satisfied Requirements 3(3)(b) and 3(3)(f) are Compliant.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

While most consumers and representatives provided positive feedback about meal choices, menu options and consultation about preferences, not all consumers and representatives were satisfied with the meal choices available, or that dietary needs and preferences were consistently met. However, all consumers and representatives were satisfied the commencement of the onsite kitchen and in-house chef has improved meal provision. Management explained the service reopened the onsite kitchen for fresh-cooked meal preparation in May 2023. In addition to feedback about the improvement in the quality, quantity and freshness of the meals prepared, consumers provided positive feedback about the improvements to the dining experience, with many confirming they enjoy being able to serve themselves from the servery and socialise with other consumers. The Assessment Team observed consumers attending the dining room for lunch, morning and afternoon tea, and receiving meals and staff assistance in line with their care documentation. Policies and procedures are available to guide staff in the provision of quality meals and food services.

The service has implemented several improvements to improve meal choice and to meet the dietary and nutritional needs of consumers including ongoing consultation, and the development of daily menu plans and ingredient lists to be provided to consumers, upon request. Where a consumer has complex or specific dietary requirements or intolerances, care documents reflected extensive input from the service’s preferred dietitian. Meal provision and personalised strategies to meet consumer needs and preferences are in consultation with the consumer, their representative, staff, chef, dietitian and other providers of care the consumer chooses to involve. Staff demonstrated knowledge of individual consumers’ specific food allergies, intolerances, meal choices and preferences in line with consumer documentation. The dietitian described their ongoing involvement in the assessment, planning and management of consumer dietary requirements to meet nutritional needs. For consumers who choose to store food in their own personal fridge, and prepare and reheat food independently, the service demonstrated risks have been discussed and documented. The service has developed a new proposed menu incorporating consumer feedback and preferences which once reviewed and approved by the dietitian and multi-disciplinary team will be implemented. Food focus meeting minutes and feedback from consumers confirmed consumers have been consulted and given the opportunity to provide input into the new menu.

Based on the available evidence, I am satisfied Requirement 4(3)(f) is Compliant. I encourage the service to continue to evaluate and embed the improvements into usual practice.

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)