Performance

Report

**1800 951 822**

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| Name: | Hixson Gardens Aged Care Facility |
| Commission ID: | 1018 |
| Address: | 1A Hixson Street, BANKSTOWN, New South Wales, 2200 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 1 May 2024 to 2 May 2024 |
| Performance report date: | 22 June 2024 |
| Service included in this assessment: | Provider: 3146 Arete Health Care (Bankstown) Pty Ltd  Service: 6803 Hixson Gardens Aged Care Facility |

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 Hixson Gardens Aged Care Facility (**the service**) has been prepared by Katrina Platt, 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
* the provider’s response to the assessment team’s report received on 6 June 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Applicable as not all Requirements assessed |

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

# 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)(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 |

Findings

Five consumer representatives provided mixed feedback about satisfaction with clinical care provision for consumers with unplanned weight loss and swallowing difficulties. Clinical deterioration of consumers with swallowing difficulties was not consistently recognised and investigations into poor food and liquid tolerance were sometimes delayed. Referrals for medical officer review and hospitalisation were evidenced, however speech pathology reviews for swallowing difficulties and food texture modifications were not demonstrated. Policies and procedures for consumer deterioration were brief in content for safe and effective management of weight loss and swallowing difficulties. An education schedule for swallowing difficulties and resulting complications was being implemented, as was quality coordinator support.

In response to the Assessment Team report, the Approved Provider detailed the thorough investigations conducted to manage acute changes in consumer deterioration which included subcutaneous fluid replacement therapy for dehydration and reviews by Geriatric Outreach services and dieticians, with interventions subsequently meeting consumer care goals. Examination of the quality program and data collection model has been conducted to ensure sufficiency in incident detection and trending. System workflow automation of hospital updates and clinical parameters has occurred and an ‘Allied Health Referral Matrix’ is being developed to supplement related policies and procedures to ensure appropriate allied health referrals are considered by staff.

Evidence of clinical assessments being undertaken in accordance with incident management protocols was provided and reviews by a speech pathologist have been undertaken as required. Continuity of care and referral processes have been scrutinised by the registered nurse workforce and several improvement actions have been implemented. These include referral process mapping and streamlining, visual aid support to initiate specialist referrals, development of handover and continuity of care tools, improved ‘return from hospital’ reporting and recording, and education for management on clinical information extraction from consumer database to monitor clinical practice.

Consumers and consumer representatives have received education from a dietician and speech pathologist on food texture modification requirements, which included understanding dysphagia, food preparation, safe feeding strategies and risk vs choice. Dignity of risk discussions have also occurred with consumer representatives.

A training and quality monitoring initiative is being developed with the quality coordinator and educator to assess critical thinking, clinical decision-making and written communication. The project pilot is currently underway for refinement of the model. The majority of staff have received education in choking first aid in residential aged care and reducing the risk of choking in adults and toolbox training. A quality monitoring self-assessment tool has also been developed specific to choking and dysphagia, and includes a staff knowledge assessment. Monthly assessment of the effectiveness of the tool and associated processes will occur for further refinement and subsequent inclusion in the organisation’s quality program.

In making a decision on Requirement 3(3)(d), I have considered the intent of the Requirement and how organisations are expected to respond to deterioration or changes in consumer’s mental health, cognitive or physical function, capacity or condition. The response from the Approved Provider clearly demonstrates consumer deterioration is monitored and responded to in a timely manner, with appropriate referrals to medical officers, specialists and allied health professionals undertaken when required. Comprehensive clinical assessments are conducted to manage acute changes in consumers experiencing deterioration, and in accordance with incident management protocols. Continuity of care has been evidenced and consumers and consumer representatives have been supported and educated about deterioration and managing risks associated with swallowing difficulties.

A commitment to continuous improvement has also been demonstrated. Several systems and processes have been reviewed for effectiveness and improvements developed to enhance the responsiveness and monitoring of consumer deterioration, referral processes, and comprehensive education and training has been provided and assessed for effectiveness.

As such, I find that Requirement 3(3)(d) is compliant.

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)