Performance

Report

**1800 951 822**

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| Name: | Huntingdon Gardens Aged Care Facility |
| Commission ID: | 2590 |
| Address: | 1-11 Connemarra Street, BEXLEY, New South Wales, 2207 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 18 October 2023 to 19 October 2023 |
| Performance report date: | 22 November 2023 |
| Service included in this assessment: | Provider: 1531 Huntingdon Nursing Home Pty Ltd  Service: 960 Huntingdon 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 Huntingdon Gardens Aged Care Facility (**the service**) has been prepared by G Cherry, 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 were 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 |

Findings

Management explained the recent restructure resulted in employing a new general manager and clinical care manager, plus creation of additional positions such as a second clinical care coordinator and new role of customer relations manager. An organisational decision to change the service’s electronic care system is in progress with staff being trained in readiness for implementation in November 2023. The organisation’s quality and governance managers explained because of new overarching provider acquisition in June 2023, extensive review/monitoring of policies, procedures and staff practices occurred using evidence-based tools to realign current processes with best practice standards. The service’s plan for continuous improvement (PCI) is being used to manage this process.

Sampled consumers/representatives consider consumers receive safe effective personal/clinical care appropriate to their needs and preferences, optimising health and well-being. A review of sampled consumer documentation demonstrates safe, individualised care tailored to consumer’s specific needs, aligning with best practice principles. A process ensures documentation currency reflective of consumer’s current condition. Interviewed management and staff demonstrate knowledge of methods to tailor individualised care ensuring high care/complex clinical needs are identified and effectively managed. Via document review, consumer/representative and staff interview, examples of appropriate clinical care were demonstrated relating to personal/hygiene needs, skin integrity/wound management, diabetes and pain management, nutritional needs/weight management, complex clinical care, falls management, psychotropic mediation, changed/unmet behavioural needs, and restrictive practices. Regular monitoring processes identify changes, medical officers/specialist referral occurs, subsequent directives implemented, clinical staff assess/manage/conduct appropriate observations, escalate incidents post fall, and timely transfer to hospital occurs when needed. Root cause analysis is conducted regarding incidents.

A recent residential medication management review was completed, leading to reassessment and deprescribing of psychotropic medications and a decrease in the number of consumers receiving medications deemed as chemical restrictive practice. Processes ensure consumers subject to a restrictive practise have appropriate documentation, including personalised behavioural management plans, risk management assessments and informed consent. Consumers living with responsive/challenging/changing behaviours are assessed, reviewed, and monitored to identify triggers, and trial strategies to manage these. Care documentation and behaviour management plans detail individualised strategies to guide staff in care delivery aimed to reduce behaviours of concern. Staff were observed assisting consumers in a calm, supportive manner, in line with documented strategies. Management advises a process of auditing trends to identify key areas where deficits require staff upskilling, resulting in presentation to the board of directors for authorisation/approval, noting training had commenced.

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)