Performance

Report

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| Name: | Janoah Gardens |
| Commission ID: | 5759 |
| Address: | 11 Audell Street, Manly West, Queensland, 4179 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 10 April 2024 |
| Performance report date: | 7 May 2024 |
| Service included in this assessment: | Provider: 357 Bethany Christian Care  Service: 3764 Janoah 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 Janoah Gardens (**the service**) has been prepared by Tara Wurf, 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, and
* the provider’s responses to the assessment team’s report received 29 April 2024 and 2 May 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not assessed 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

Having considered the Assessment Contact Report and approved provider’s response, I have decided this requirement is compliant.

I have made this decision based on the following analysis.

The Assessment Contact Report found this requirement not met. Whilst consumers interviewed were satisfied with the clinical and personal care they receive, the Assessment Team identified evidence that care related to environmental restraint, behaviour support and wound management were not safe and effective.

The approved provider’s response included both clarifying information, and evidence of improved processes, documentation and outcomes for consumers.

Environmental restraint

The Assessment Contact Report identified evidence that the service had policies and procedures related to restrictive practices that aligned with current legislative requirements, and staff receive education on restrictive practices. However, the service had failed to identify that most consumers at the service were subject to environmental restraint due to their inability to freely enter and exit the service, and therefore manage this in line with legislative requirements. Doors to each area of the service were permanently locked, with a swipe card security access system on the entry door to each level. Most consumers did not have a swipe card to exit when they wanted.

The approved provider’s response acknowledged the findings in the Assessment Contact Report and advised it had remediated deficiencies with the management of environmental restraint. Actions included:

* Consulted with consumers and their representatives about the environmental restraint and advised about the option to have a swipe card. The response included evidence of a risk assessment and care plan for a sample of consumers.
  + For those consumers who requested and received a swipe card, a risk assessment was completed, risks discussed, and risk mitigation strategies documented in a care plan, which will be monitored and reviewed.
  + Those consumers who do not have a swipe card were advised (or their representative) about the environmental restraint and signed a restraint authorisation form. The restrictive practice will be monitored and reviewed.
* Updated the admission procedure to offer swipe cards to all new consumers and manage environmental restraint.
* Educated staff on restrictive practices, including environmental restraint.

Additionally, the provider’s response included a plan for continuous improvement that included consideration of alternate exit mechanisms to enhance consumers’ ability to safely exit the service.

I acknowledge the provider has acted promptly to address deficiencies with environmental restraint (outlined above) and that actions have been completed. I am satisfied that processes are now in place to ensure environmental restraint is identified and managed.

Behaviour support

The Assessment Contact Report identified that staff interviewed by the Assessment Team knew individual strategies, interventions and care preferences for consumers, and behaviour support plans (BSPs) were in place for sampled consumers. However, triggers and strategies to manage consumers’ changed behaviours in BSPs were not clearly defined, individualised or sufficiently detailed to guide staff in effectively supporting those consumers.

The approved provider’s response acknowledged the findings in the Assessment Contact Report and identified actions completed to remediate deficiencies with BSPs:

* Reviewed and updated consumers’ BSPs to include triggers, interests, and personalised strategies. The response included evidence of updated BSPs for two named consumers.
* Staff education on the updated BSPs and documenting changes in behaviour.

I have placed weight on information in the Assessment Contact Report that despite deficiencies in BSP documentation, staff knew individual strategies, interventions and preference of consumers to support them. I am also satisfied that the provider has improved and updated BSP documentation and educated staff on this.

Wound Management

The Assessment Contact Report found:

* the service’s wound care policy did not identify a clear escalation and review process and registered staff were not familiar with an escalation or referral process, and
* a named consumers’ pressure injury had deteriorated and ongoing management of this had not included regular medical officer review, a specialist review, or changes to the type of dressings used.

The approved provider’s response refuted some aspects of the Assessment Team’s findings related to the named consumer and provided evidence that:

* the medical officer reviewed the wounds regularly (weekly) and had engaged with the consumer’s representative and a dietitian,
* changes to the type of dressing were made on two occasions following medical officer recommendations, and
* a wound care specialist reviewed the wound following the assessment contact and updated the dressing regime.

The response also evidenced that the service’s wound care policy had been updated to clarify escalation and review processes and registered staff have been provided education on this.

I accept the provider’s additional clarifying evidence relevant to the named consumer and am satisfied the service has improved its processes for escalation and referral of wounds.

Pain and falls management

The Assessment Contact Report included evidence of effective clinical care related to the management of pain and falls. Care documentation evidenced that consumers experiencing pain have regular pain assessments completed and pharmacological and non-pharmacological interventions are used and monitored for effectiveness. Care documentation and clinical data identified falls as a risk to consumers and reflected effective management of consumers at risk of falls.

Based on the Assessment Contact Report and the approved provider’s response, I am satisfied that:

* The service effectively manages aspects of clinical care such as pain and falls.
* Whilst the Assessment Team identified the service’s management of environmental restraint, changed behaviours and wounds were not effective, the provider acted promptly and has addressed deficiencies and improved processes and documentation in these areas.

For these reasons, I have decided this requirement 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)