Performance

Report

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| Name: | Johnson-Goodwin Memorial Homes |
| Commission ID: | 3292 |
| Address: | 22 Camp Street, DONALD, Victoria, 3480 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 30 July 2024 |
| Performance report date: | 21 August 2024 |
| Service included in this assessment: | Provider: 1396 Johnson-Goodwin Memorial Homes  Service: 2050 Johnson-Goodwin Memorial Homes |

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 Johnson-Goodwin Memorial Homes (**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 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **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)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Staff explained how they prevent and manage falls, skin injuries, changed behaviours and weight loss. Management demonstrated that they refer consumers to allied health professionals and specialist services to ensure best practice management of risks associated with consumer care.

There was evidence of monthly weight monitoring. Staff described the service’s protocols for unplanned weight loss including nurse-initiated supplements, weekly weigh ins, review of medications and referral to allied health professionals. The Assessment Team report indicated this process had not been consistently implemented and management committed to ensuring additional education for staff and actions for improvement.

Behaviour support plans are being developed where changed behaviours have been identified and additional clinical oversight of psychotropic medication and restrictive practice is conducted by a registered nurse. Care planning documentation confirmed the service is responding to changed behaviours by assessing unmet needs including pain, referring to general practitioners, geriatricians and Dementia Support Australia, and developing individualised behaviour support plans.

Incident reports, progress notes, care planning documents and charting indicated consumers who experience falls are assessed by a registered nurse for injury, monitored for deterioration, and reviewed by a general practitioner and allied health professional. The allied health professional evaluates the effectiveness of falls prevention strategies. Staff demonstrated understanding of the service’s post fall protocols including the assessment and monitoring of vital signs and pain.

Staff described how they protect consumers’ skin integrity through attention to personal hygiene. This includes application of moisturisers, regular repositioning, supporting adequate nutrition and hydration, and use of pressure relieving equipment.

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

# Standard 4

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| 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

Consumers and representatives confirmed that meals and snacks are varied and of suitable quality and quantity. Consumers explained how food for special occasions, celebrations, and cultural preferences are also accommodated. The service has processes in place to allow consumers to contribute to the menu. Opportunities to provide regular feedback on the food are available through consumer meetings, food focus groups, surveys, feedback forms and direct discussion with staff. The service has a dietitian approved 4-week rotating menu that includes additional choices if consumers prefer a different option than what is on the menu for the day.

Meeting minutes from the consumer advisory body meeting reflect that consumers have been encouraged to request additional servings as desired at mealtimes. The Plan for Continuous Improvement (PCI) included recommendations following dietitian review of the menu and dining experience.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 4(3)(f).

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |

Findings

Consumers and representatives were satisfied with the competency and sufficiency of staff. Staff confirmed they are supported in their roles and provided opportunities to develop further competencies. Rosters and staff allocations demonstrated the addition of newly employed clinical and care staff contributes to meeting targeted care minutes required by legislation.

The service maintains a daily organiser in which tasks are allocated to suitably qualified staff. The daily organiser informs the care staff schedule with clinical staff performing duties assigned to them. A detailed duty list outlines the roles and responsibilities of each staff member. There was evidence of position descriptions which also document roles and responsibilities related to staff supervision and clinical care.

Call bell response times greater than 4 minutes are analysed and investigated with a summary prepared and presented to the Board each month. Management confirmed they are responsive to staff feedback related to staffing levels and have implemented extra shifts to assist with the busier times of the day.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 7(3)(a).

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)