Performance

Report

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| Name of service: | Meadowbank Grove Care Community |
| Service address: | 8 Sherbrooke Road WEST RYDE NSW 2114 |
| Commission ID: | 2134 |
| Approved provider: | DPG Services Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 1 March 2023 |
| Performance report date: | 27 March 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 Meadowbank Grove Care Community (**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 - 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
* the performance report dated 12 May 2023 following a Site Audit undertaken from 7 April 2023 to 9 April 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |

A detailed assessment is provided later in this report for the 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

I have assessed this Quality Standard as compliant as I am satisfied requirement 3(3)(a) is compliant.

Requirement 3(3)(a) was found to be non-compliant at a site audit conducted from 7 April 2021 to 9 April 2021. An assessment contact occurred on 1 March 2023 and the Assessment Team found the service was providing safe and effective clinical care.

Consumers and consumer representatives interviewed were satisfied with the care provided, for both falls management and behaviour management. Review of clinical documentation supported falls were appropriately managed, with assessments completed, medical officer and next of kin notifications made and vital and neurological observations conducted in accordance with the policy and comprehensive falls management procedures. Staff interviewed understood their responsibilities when managing falls including incident escalation and demonstrated knowledge of falls management processes including pain assessment. Staff confirmed participation in falls management training.

Incidents reports were completed post-falls, with falls risk assessments reviewed and care plans updated. The physiotherapist confirmed consumers were reviewed post-fall and provision of pain relief for consumers through exercise, massage and heat packs. Falls prevention strategies included exercise programs for large groups, smalls groups and individual consumers to promote strength, mobility and balance.

For behaviour management, the Assessment Team reviewed the psychotropic medication register which indicated 10 consumers were receiving chemical restraint for the treatment of diagnosed medical conditions. Review of clinical documentation for 4 consumers confirmed completion of restrictive practice assessments and authorisations which included reasons for chemical restraint use, regular review by medical officers and informed consent by the consumer’s decision-maker. Behaviour support plans were evidenced and included consumer backgrounds, triggers and exacerbation of behaviours, referrals to specialists and specialist services including Dementia Support Australia, use of non-pharmacological strategies and achievable outcomes.

Staff interviewed described supporting consumers who exhibited challenging behaviours with non-pharmacological interventions in the first instance, including one-on-one attention and engagement with consumers in outdoor activities. These interventions were observed by the Assessment Team during the assessment contact.

I therefore find requirement 3(3)(a) 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)