Performance

Report

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| Name: | Noble Gardens Residential Aged Care |
| Commission ID: | 3566 |
| Address: | 55 Thomas Street, NOBLE PARK, Victoria, 3174 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 28 May 2024 |
| Performance report date: | 20 June 2024 |
| Service included in this assessment: | Provider: 1122 Great Oaks Pty Ltd  Service: 2313 Noble Gardens Residential Aged Care |

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 Noble Gardens Residential Aged Care (**the service**) has been prepared by Gai-Maree Cain, 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 7 Human resources** | **Not applicable as not all requirements have been assessed** |
| **Standard 8 Organisational governance** | **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

Consumers and representatives provided positive feedback on how the service effectively manages risks to consumer’s wellbeing. Staff described individual consumers’ care requirements and demonstrated knowledge relevant to risks associated with consumers. Management and staff demonstrated understanding of organisational systems and processes implemented to effectively identify, assess and manage high impact and high prevalence risks associated with consumers including management of falls, diabetes, wound care, and clinical deterioration. Care documentation evidenced staff are effectively monitoring, assessing, and managing consumers clinical needs including fall, wound care, diabetes and when a consumer experiences a change in health and/or wellbeing. The assessment contact report time sensitive medications for consumers were not always administered within the required time. In response to this feedback, the service implemented immediate actions as outlined in the service’s plan for continuous improvement including:

* The commencement of monthly reviews of time sensitive medications to determine appropriate administration timing.
* The implementation of an alert system to all electronic medication charts to prompt staff when a time sensitive medication is due for administration.
* A review of medication administration policy to provide clear guidance to staff on the specific timeframe of when to administer time sensitive medications.

I have considered the information within the assessment contact team report, and I have placed weight on the positive feedback from consumers, staff knowledge of individual consumers risks, and the demonstrated effective management of high impact high prevalence risks. In relation to the identified deficiencies in time sensitive medications, I am satisfied that the strategies as evidenced in the Assessment Contact report effectively describes how the service will address these deficiencies and I am satisfied that Requirement 3(3)(b) will be complaint through the implementation of these proposed actions.

It is my decision that Requirement 3(3)(b) is Compliant.

# 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 provided positive feedback in relation to consumer care and services, said there is always adequate staff on duty and that staff are aware of consumers’ individual needs and preferences. Staff described the support they receive from senior clinical staff at the service to enable them to complete their duties in line with consumers’ individual preferences; and confirmed the service has systems and processes in place to fill vacant shifts to ensure sufficient staffing to enable safe and quality consumer care. The service utilises a master roster to ensure sufficient planning of the workforce, and a review of the service’s roster evidenced a mix of qualified staff including registered nurses (RNs), endorsed enrolled nurses (EENs), and personal care workers (PCWs). The service demonstrated strategies to replace staff on planned and unplanned leave including the use of casual staff, extension of hours, and discussions with existing staff for additional shifts.

In relation to the workforce responsibilities (including the 24/7 RN requirement and mandatory care minutes), the service’s roster and interview with staff, management, and consumers evidenced there is a RN rostered on site and on duty at the service 24 hours per day across 7 days of the week. Management described their availability in an on-call capacity for escalation of consumer’s clinical care and other staff concerns. Service documentation evidenced staff are provided with regular education and training to ensure knowledge, skills and competence in key clinical areas. Staff confirmed they receive ongoing support from senior staff and RNs 24/7; and RNs advised the medical officer is available during and after business hours.

In relation to meeting the mandatory care minutes requirements, interviews with management and review of service documentation identified the service is currently not meeting its mandatory care minutes targets. However, the service demonstrated a range of strategies to ensure the delivery of safe and effective care, including the consideration of consumers’ holistic care when determining the support provided to consumers, the implementation of one to one group exercise and hydrotherapy and providing additional allied health services with regular dietitian reviews and a full-time dementia specialist service.

I have considered the information within the assessment contact report, and I have placed weight on the information including the positive feedback from consumers and representatives interviewed, staff knowledge of the consumers’ care needs and escalation processes, and the additional support and engagement of other allied health professionals in consumers’ clinical care.

It is my decision Requirement 7(3)(a) is Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The organisation demonstrated a robust clinical governance system in place which provides guidance to staff and the service to ensure the delivery of quality care and services to consumers. The organisation demonstrated systems and processes including a clinical governance committee who is responsible in the development and implementation of legislative requirements and operational responsibilities to ensure a strong safety culture.

In relation to the key elements of antimicrobial stewardship, minimising the use of restraint, and open disclosure, staff described understanding of the organisation’s policies and procedures and were able to provide examples of relevance to their work.

In relation to workforce responsibilities, I have considered information contained in the assessment contact report under this and other assessed Requirements which evidenced the service had a suite of policies and procedures to guide staff including in regard to clinical escalations and consumer clinical care.

I have considered the information within the assessment contact team report, and I have placed weight on the information within the assessment contact team report including the evidence of effective implementation of the clinical governance framework at the service through the monitoring and management of high impact and high prevalence consumer risks, a competent and qualified workforce, and ongoing and continuous improvement actions.

It is my decision Requirement 8(3)(e) is Compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)