Residential Gardens

Performance Report

420 Woodstock Avenue
ROOTY HILL NSW 2766
Phone number: 02 8887 5555

**Commission ID:** 0367

**Provider name:** Residential Gardens For Spanish Speaking Frail Aged Limited

**Assessment Contact - Site date:** 19 April 2022 to 20 April 2022

**Date of Performance Report:** 11 May 2022

# Performance report prepared by

E Woodley, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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 provider’s response to the Assessment Contact - Site report received 10 May 2022.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

To understand the consumer experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – consumers were asked about their experiences, their care and service records were reviewed, and staff were asked about how they ensure the delivery of safe and effective care to the consumers. The Assessment Team also examined other relevant documents and made observations.

Some consumers and representatives interviewed by the Assessment Team provided positive feedback regarding personal and clinical care provision. However, some issues regarding falls prevention, pain management, and lack of communication about consumer’s condition or care were identified by some representatives.

For some consumers reviewed, the Assessment Team found their wounds are healing, and behaviour and pain is managed well. However, for other consumers there were gaps in the provision of behaviour support and use of restrictive practice, falls prevention and management, pain management, and wound management. There are also gaps in consumer incident management and prevention.

Overall, the Assessment Team found that consumers are not receiving personal and clinical care that is best practice, tailored to their individual needs or which optimises their health and well-being.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*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.*

The Assessment Team found that not all consumers received safe and effective clinical care that was best practice, tailored to their needs, and optimised their health and well-being. The Assessment Team identified gaps in behaviour support and use of restrictive practices, falls prevention and management, pain management, and wound management. For one consumer, care documents did not demonstrate best practice clinical monitoring and identification of deterioration to optimise their health following a fall and change in condition. For another consumer, management and monitoring of their deteriorating wound or associated pain was inconsistent and did not optimise the consumer’s health and well-being. For two consumers prescribed psychotropic medication, behaviour charting and their behaviour support plan was not consistent with best practice to assist in identifying triggers for behaviours and effective interventions to manage behaviours. Some representatives interviewed by the Assessment Team raised concern about their consumer’s care including not being informed of their medications, falls prevention and management, and pain management.

The approved provider’s response details continuous improvement actions implemented since the Assessment Contact to improve clinical and personal care delivery for consumers. This includes review of consumers to ensure behaviour support plans are up-to-date and effective, review of restrictive practice processes to ensure they reflect best practice, improvements to pain and wound assessment and management, review of the falls management policy and procedure, and implementation of a streamlined falls management approach. The approved provider’s response also identifies a staff training plan encompassing various aspects of clinical and personal care delivery.

At the time of the Assessment Contact, the service did not demonstrate each consumer received safe and effective clinical care that was best practice, tailored to their needs, and optimised their health and well-being.

I find this requirement is Non-compliant.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

### 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.*

The approved provider must demonstrate:

* Consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being.
* Restrictive practice processes are best practice, including used as a last resort, and with informed consent from the consumer and/or representative.
* Consumer pain and skin integrity is appropriately assessed, managed, and monitored to optimise their health and well-being.
* The service has implemented all continuous improvement actions identified in their response.