Park Lane Croydon

Performance Report

295 - 299 Maroondah Highway   
CROYDON VIC 3136  
Phone number: 03 9726 1100

**Commission ID:** 3834

**Provider name:** Norsan Pty Ltd

**Assessment Contact - Site date:** 6 April 2021

**Date of Performance Report:** 19 May 2021

# Publication of report

This Performance Report **may 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** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(d) | Compliant |

# Detailed assessment

This performance report details the Commission’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.

# STANDARD 3 Personal 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

The Assessment Team assessed two of the seven requirements under Standard 3 and found both met.

The Assessment Team did not assess all requirements and therefore an overall rating for this Quality Standard is not provided.

Overall consumers and representatives interviewed described in various ways they get personal and clinical care that is safe and effective. Consumers’ care files evidence effective management of consumers’ skin integrity, pain and the use of restraint. The Assessment Team identified an opportunity to better align the service’s categorisation of chemical restraint with the legislation. Staff follow the service’s protocols in relation to dementia related behaviours, falls and weight loss and these aspects are being managed to the satisfaction of consumers and their representatives.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team assessed one of the five requirements under Standard 7 and found the requirement met.

The Assessment Team did not assess all requirements and therefore an overall compliance rating for this Quality Standard is not provided.

Staff expressed satisfaction with the quality of training provided both face to face and in on-line modules available through the organisation’s education programme.

All consumers interviewed indicated that they were satisfied with staff knowledge saying staff know what they were doing and the care they receive is appropriate.

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.