Parkrose Village

Performance Report

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**Commission ID:** 6884

**Provider name:** Churches of Christ Life Care Incorporated

**Site Audit date:** 22 March 2021 to 24 March 2021

**Date of Performance Report:** 26 May 2021

# 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 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | 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 Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and others
* the provider’s response to the Site Audit report received 30 April 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect and can maintain my identity. I can make informed choices about my care and services and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Quality Standard is assessed as Compliant as six of the six specific Requirements have been assessed as Compliant.

The Assessment Team found overall, sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. The following examples were provided by consumers during interviews with the Assessment Team:

* are comfortable they can exercise choice and independence with the care and service delivered.
* can live their life according to their preferences and are supported by staff to do so.
* their privacy is respected and confidentiality of personal information is maintained.

The service demonstrated effective systems to ensure each consumer is treated with dignity and respect, with their culture and diversity valued. Policy and procedure documents reflect an inclusive and consumer centred approach to the provision of care and services. Consumers sampled described how staff seek to understand them as individuals and treat them as such. Additionally, consumers stated staff seek to understand their history and what is important to them and respect them and their experience. Staff sampled consistently spoke about consumers in a manner that demonstrated respect and understanding. Staff were knowledgeable about sampled consumers’ past and current circumstances and how these impact on the delivery of care.

Consumers are provided information through a range of mechanisms, including newsletters and meeting forums. Information provided is current, accurate and timely, is communicated in a way that is easy for consumers to understand and enables them to exercise choice. Consumers and representatives sampled indicated consumers feel comfortable to exercise choice and independence and are able to specify who they wish to involve in decisions about their care. Staff sampled described how they assist consumers to make choices about the care they receive, including discussing options available to them.

Consumers sampled described how staff respect their personal space and are mindful of their dignity when assisting with activities of daily living. Staff sampled described how they maintain confidentiality of consumer information and stated they sign privacy and confidentiality declarations on commencement of employment.

## Based on the evidence documented above, I find Churches of Christ Life Care Incorporated, in relation to Parkrose Village, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found that overall, consumers sampled confirmed they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers during interviews with the Assessment Team:

* staff are aware of their diabetes management and directives for monitoring.
* involved in care planning on entry, have discussed end of life wishes and feel confident staff will do what is right when the time comes.
* satisfied with consultation processes in developing and reviewing their care and services.
* are regularly asked if they wish to make any changes to their care plan and if they are happy with their care plan.
* are informed of outcomes of assessments and changes to care plan documents.

A range of clinical, personal and lifestyle assessments are completed on entry and on an ongoing basis, including when a change in consumers’ health and well-being is identified. Information gathered from consultation with consumers and/or representatives and assessment processes is used to develop detailed care plans which incorporate each consumer’s goals, needs and preferences. Additionally, a range of validated risk assessment tools are utilised, including for skin, falls, nutrition and hydration and mobility and consumer files sampled demonstrated individualised management strategies to minimise impact of risks are developed. Staff confirmed they have ready access to consumer care plans and described how they use the information to provide safe and effective care to consumers.

Consumer files sampled included detailed information relating to consumers’ goals, needs and preferences relating to advance care planning and end of life planning. Clinical staff described how they approach end of life planning discussions, including during care plan evaluation processes and where changes to consumers’ health and well-being are identified.

Care plans are made available to consumers and/or representatives on completion of the initial assessment process and following four monthly review. Consumers and representatives sampled described how staff involve them in discussions relating to outcomes of assessments and when changes to care plans occur. Care files sampled demonstrated regular input from Medical officers and allied health professionals occurs. Allied health staff sampled stated they have access to care plan documents and have input into consumer care.

The Assessment Team found the organisation has monitoring processes to ensure initial and ongoing assessment and planning is conducted in partnership with consumers and has a focus on optimising health and well-being in accordance with consumers’ needs, goals and preferences.

Based on the evidence documented above, I find Churches of Christ Life Care Incorporated, in relation to Parkrose Village, Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 NON-COMPLIANT 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 Quality Standard is assessed as Non-compliant as three of the seven specific Requirements have been assessed as Non-compliant.

The Assessment Team have recommended Requirements (3)(a), (3)(b) and (3)(e) not met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirements (3)(a), (3)(b) and (3)(e). I have provided reasons for my finding in the specific Requirements below.

In relation to Requirements (3)(c), (3)(d), (3)(f) and (3)(g), the Assessment Team found overall, sampled consumers considered that they receive personal care and clinical care that is safe and right for them. Consumers sampled stated they were satisfied staff deliver care and services in line with their needs and feel confident staff would identify and respond to any changes to their health and/or well-being. Additionally, consumers stated they have observed staff implementing infection control practices, such as using personal protective equipment and sanitising gel.

Care files sampled demonstrated the needs, goals and preferences of consumers nearing the end of life are identified. A care file sampled for a consumer receiving end of life care included a Palliative care plan outlining the consumer’s preferences for care. Documentation sampled demonstrated care is being provided to the consumer in a manner which maximises their comfort, preserves their dignity and addresses their needs. Additionally, referrals have been initiated resulting in changes to pain medications administered ensuring the consumer’s comfort is maintained.

Documentation viewed by the Assessment Team demonstrated deterioration and changes to a consumer’s health and/or condition had been recognised and responded to in a timely manner. Staff interviewed stated they raise concerns with consumers’ health and well-being to clinical staff. This was confirmed by consumers and representatives. Care files sampled demonstrated where changes to consumers’ condition, needs and preferences had occurred, assessments had been commenced, referrals to Medical officers and/or allied health professionals initiated and changes to care plans, including management strategies implemented.

Clinical staff described processes for referring consumers to Medical officers and allied health professionals and explained how recommendations are initiated, documented and communicated to the consumer, representative and staff. Consumer files sampled demonstrated consumers are referred to a range of allied health professionals. However, the Assessment Team were not satisfied referrals had consistently been initiated in a timely manner, specifically in relation to weight loss for six consumers.

The service demonstrated processes to minimise infection related risks through standard and transmission based precautions and practices to promote appropriate antibiotic prescribing. Staff sampled were familiar with the organisation’s policies and procedures relating to infection control and stated they have undertaken training in relation to infection control processes, including COVID-19. Clinical staff demonstrated knowledge of antimicrobial stewardship principles and described how they work with Medical officers to identify alternative treatment options prior to commencement of antibiotics.

Based on the evidence documented above, I find Churches of Christ Life Care Incorporated, in relation to Parkrose Village, Non-Compliant with Requirements (3)(a), (3)(b) and (3)(e) and Compliant with Requirements (3)(c), (3)(d), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care.

### 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 were not satisfied the service demonstrated each consumer receives safe and effective personal care and/or clinical care that is best practice, tailored to their needs and optimises their health and well-being. Issues identified related to management of diabetes and pain. Additionally, the Assessment Team provided evidence relating to wound management for one consumer, Consumer C, under Standard 3 Requirement (3)(b). I find the evidence relating to Consumer C’s wound management aligns with the intent of Requirement (3)(a), and as such, have considered it with my finding for this Requirement. The Assessment Team provided the following evidence:

* Progress notes and charting over a 23 day period indicate Consumer A’s blood glucose level was outside of desired range on two consecutive days. Medical officer directives were not followed in response to the readings.
* A message was left for the Medical officer on one occasion, however, follow-up to ensure the Medical officer had received the message did not occur.
* Progress notes and charting over a 51 day period indicate Consumer B’s blood glucose level was outside of desired range on three occasions. Medical officer directives were not followed in response to the readings on all three occasions.
* Clinical staff stated they are aware Consumer B has unstable diabetes as they often experience high blood glucose levels. Additionally, Consumer B does not display any symptoms when readings are high.
* The service was unable to demonstrate what monitoring occurs following initial high blood glucose level readings or what actions to take if the Medical officer is unavailable and Consumer B experiences adverse effects.
* The Diabetic management plan does not include information to guide staff when Consumer B is experiencing or is showing signs of high blood glucose levels.
* Consumer C stated they have constant pain which is not managed effectively and prevents them from resting and joining activities. The consumer was noted to have returned to the service from hospital two weeks preceding the Site Audit.
* Clinical staff stated pain charting had not been initiated since Consumer C returned to the service and no alternative treatments had been trialled.
* Consumer C was reviewed by the Medical officer in response to the Assessment Team’s feedback to management. Pain medications were reviewed and changes to pain relief implemented.
* Consumer C’s last pain assessment occurred six months prior to the Site Audit. Pain charting was commenced during the Site Audit in response to the Assessment Team’s feedback.
* Specific dressings recommended by a Specialist for Consumer C’s wounds have not been available with the service using alternative dressings. Consumer C stated this worries them as they do not wish the wound to deteriorate.
* Clinical staff confirmed alternative dressings have been applied on two occasions in the past ‘two to three weeks’ as the specific dressings were not available.
* During the Site Audit, management implemented measures to ensure sufficient stock of the dressings were maintained.

The provider’s response included information and supporting documentation directly addressing information in the Assessment Team’s report. The provider’s response includes, but is not limited to:

* In relation to Consumer A, a case conference has been conducted with Consumer A’s representatives and assessments and management protocols have been reviewed.
* Review of medication orders has been completed by the Medical officer. The response indicates the consumer’s blood glucose levels have stabilised and are now within prescribed range.
* In relation to Consumer B, the response confirms the consumer has unstable diabetes and experiences episodes of high blood glucose levels.
* The provider’s response indicates management of high blood glucose levels is outlined in the procedure and the consumer’s Diabetes management plan. The consumer’s care plan includes signs and symptoms to observe for in relation to high blood glucose levels. These documents were included as part of the provider’s response.
* In relation to Consumer C, the provider’s response indicates pain management was an ongoing issue. Progress notes provided demonstrated long term and ongoing involvement by staff to address pain management and demonstrated multiple referrals to the Medical officer for review.
* The provider’s response also included documentation demonstrating a pain chart was completed early March 2021 as part of the assessment and management of the Consumer C’s pain.
* In relation to Consumer C’s wound dressings, complex wound management was attended daily in line with the Specialist’s regime. Where the specific product was unavailable, an appropriate substitute was used.

I acknowledge the provider’s response, the supporting documentation provided and the actions taken in response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service did not ensure each consumer received safe and effective personal care and/or clinical care that was best practice, tailored to their needs and optimised their health and well-being, specifically in relation to diabetes and pain management.

In relation to Consumers A and B, in coming to my finding, I have considered that whilst staff had information available to them describing actions to take in response to blood glucose levels outside of range, these directives were not followed. I have also considered information provided to the Assessment Team by clinical staff indicating Consumer B has unstable diabetes and does not display and symptoms when blood glucose readings are high. I find it reasonable for consumers to expect that where they experience blood glucose levels out of range, staff implement all required actions in line with Medical officer directives. Such actions would ensure consumers’ blood glucose levels are closely monitored and variations in blood glucose levels and consumers’ condition are identified in a timely manner.

In relation to Consumer C, I acknowledge supporting information included as part of the provider’s response demonstrates Consumer C’s pain management was ongoing. I also acknowledge documentation indicates staff had monitored pain, initiated referrals to the Medical officer for review of pain management and completed an evaluation of pain charting, initiated prior to the Site Audit, in response to a change in medication. However, I have placed weight on information provided to the Assessment Team by Consumer C indicating they experience constant pain which is not effectively managed. Additionally, the consumer described how the pain has impacted their health and well-being, including stopping them from resting and joining in activities.

In relation to Consumer C’s wound dressings, I find the service did not ensure sufficient stock of specific wound dressings recommended by a Specialist were maintained. I acknowledge the Assessment Team’s report does not indicate Consumer C’s wounds have been impacted as a result. However, I have placed weight on information in the Assessment Team’s report indicating Consumer C had spent time in hospital for management of the wounds and feedback from Consumer C indicating the use of alternate dressings worries them as they do not wish the wound to deteriorate. Additionally, whilst the provider’s response indicates appropriate substitute dressings were used, in response to feedback from the Assessment Team during the Site Audit, measures were implemented to ensure sufficient stock of the dressings were maintained.

For the reasons detailed above, I find the Churches of Christ Life Care Incorporated, in relation to Parkrose Village, Non-compliant with Requirement (3)(a) in Standard 3.

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

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

The Assessment Team were not satisfied the service demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer. Issues identified related to management of weight loss, behaviour and wounds. This was evidenced by the following:

* Weight loss for six consumers was not managed in line with the service’s policy and process with referrals to a Dietitian not initiated. Additionally, reassessments were not initiated or food and fluid intake monitored in response to weight loss.
* Weight loss for five consumers ranged from 2.2kg to 3.9kg over a three month period.
* Records indicate Consumer D lost more than one kilogram for three consecutive months. A total weight loss of 10.3kg is recorded over a five month period.
* A 6.42kg loss was recorded for Consumer D in a one month period with a further 1.2kg loss in a two day period. The Medical officer was not notified, a Dietitian review was not initiated and no reassessment or monitoring of food and fluid intake implemented.
* A nutritional supplement was commenced and Consumer D’s representative was notified following feedback to management by the Assessment Team.
* Management said reassessments were not conducted to determine cause of weight loss, food and fluid charting was not commenced or dietary supplements initiated when consumers refused their meals.
* The service’s Nutrition and hydration policy and procedure documents do not guide staff to complete reassessment or to monitor consumers’ food and fluid intake in response to unplanned weight loss.
* Documentation indicates Consumer E continued to show signs of agitation following completion of antibiotics for a urinary tract infection. Progress notes indicate episodes of increased confusion, agitation, anxiousness and repetitive behaviour continued over a period of four weeks.
* Behaviour charting or a behaviour reassessment were not initiated to identify cause and triggers for the behaviours.
* Medical officer reviews occurred during this period and Consumer E was commenced on a short term daily psychotropic medication.
* Management confirmed a behaviour chart was not commenced to monitor the effects of the medication and the care plan was not amended to reflect the new medication prescribed.
* No information is documented to indicate alternative actions trialled by staff in response to the behaviours in line with Consumer E’s care plan or if the actions were effective.
* Concerns relating to Consumer E’s increased behaviours were raised at a Multi-disciplinary meeting, however, no consideration of a reassessment and/or commencement for behaviour charting is noted.
* Four weeks after staff reported increased behaviours and following a Medical officer review of Consumer E’s condition and medications, a behaviour chart was commenced.

The Assessment Team were not satisfied the service ensured appropriate wound dressings were available in line with Specialist’s directives for Consumer C. The Assessment Team’s report did not indicate Consumer C’s wounds had deteriorated as a result. I find the evidence provided aligns to the intent of Requirement (3)(a) and, as such, have considered the information relating to Consumer C in my finding for Requirement (3)(a) in Standard 3.

The provider’s response included information and supporting documentation directly addressing information in the Assessment Team’s report. The provider’s response includes, but is not limited to:

* Documentation demonstrating appropriate weight monitoring and management for four consumers.
* Weight has remained stable for two consumers.
* Two consumers have experienced health related issues which have contributed to weight loss. For these consumers, documentation provided indicates increased monitoring has occurred and referrals to allied health professionals, including Speech pathologists and Dietitians have been initiated.
* Acknowledge one consumer had a weight loss of 2.2kg in on month. Following feedback from the Assessment Team, a referral to a Dietitian was initiated.
* In relation to Consumer D, the consumer has been undertaking a planned weight loss since entry. Documentation provided indicates following a hospital admission prior to the Site Audit, food charting was commenced and a Dietitian referral initiated.
* Provided a progress note extracts relating to Consumer E indicating an escalation in the consumer’s behaviour 32 days prior to the Site Audit.
* Provided progress notes to demonstrate monitoring of Consumer E’s behaviours in response to commencement of a two week short term medications.

I acknowledge the provider’s response, the supporting documentation provided and the actions taken in response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service did not ensure high impact or high prevalence risks were effectively managed for each consumer, specifically Consumer E.

In coming to my finding, I have placed weight on evidence provided in the Assessment Team’s report indicating Consumer E exhibited an escalation in behaviours which were not recognised or responded to in a timely manner. This was further demonstrated through information included in the provider’s response. A progress note entry recognises the consumer’s escalating behaviour and requests ‘staff obtain a U/A (urinalysis) to exclude further UTI (urinary tract infection). However, subsequent progress notes do not indicate this occurred. Additionally, the provider’s response indicates progress notes were used to document behaviours and Consumer E’s response to short term medications. However, in the two week period the medication is to have been administered, the efficacy of and the consumer’s response to the medication has only been documented on five occasions.

In relation to weight management, I find the service’s processes are initiated where issues are identified. Documentation included as part of the provider’s response demonstrates consumer weights are monitored. Additionally, where weight loss has been identified, additional monitoring processes and management strategies have been implemented and referrals to allied health professionals initiated.

For the reasons detailed above, I find the Churches of Christ Life Care Incorporated, in relation to Parkrose Village, Non-compliant with Requirement (3)(b) in Standard 3.

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

The Assessment Team were not satisfied the service demonstrated care planning documentation for two consumers was reflective of current care needs and/or did not provide clear strategies for the provision of care. This was evidenced by the following:

* A representative indicated Consumer F is hearing impaired and there are persistent problems with the ability of some staff to communicate to ensure the consumer’s needs and preferences are being met.
* There are some staff who do not know Consumer F’s communication strategies and agency staff are not informed of the consumer’s communication needs.
* Staff and other providers of care come into the consumer’s room, speak to them from a distance and do not provide Consumer F the opportunity to comprehend what they are saying or asking. The staff leave when they get no response or a negative response.
* In the week prior to the Site Audit, Consumer F requested the see the Medical officer. The Medical officer did not fully enter the room or communicate with the consumer to enable them to see or understand why they were there. As a result, the consumer told the Medical officer to go away.
* Management stated they had advised the Medical officer of times the consumer is “at (their) best”. This information was not recorded in Consumer F’s care planning documents.
* Staff stated Consumer F is unable to understand them when they are wearing face masks and they use a white board to communicate.
* Staff were not aware of any other communication strategies for Consumer F.
* Care planning documents do not indicate the consumer has severe deafness or other strategies to enhance communication.
* Progress notes and a care plan summary for Consumer G contained conflicting information relating to the consumer’s changing care needs, specifically relating to nutrition and hydration.
* The Summary care plan does not provide clear information or instruction indicating Consumer G requires full assistance with meals, requires a pureed diet and is a high risk of choking.
* Three care staff were aware the consumer required assistance with meals and is a choking risk.

The provider’s response included information and supporting documentation directly addressing information in the Assessment Team’s report. The provider’s response includes, but is not limited to:

* The organisation produced and distributed a flyer ‘Connecting when wearing a mask’. The provider acknowledges these strategies were not specifically stated in Consumer F’s care plan, however, had been circulated for use for all consumers.
* Reinforced best strategies for communication with Consumer F with the Medical officer.
* Updated Consumer F’s Speech and comprehension assessment to identify specific communication instructions.
* Acknowledged Consumer G’s care plan had not been updated. The provider’s response asserts the organisation has processes in place to ensure consumers are given the correct diet.
* Consumer G’s Nutrition assessment and care plan have been updated to reflect current nutrition and hydration requirements.

I acknowledge the provider’s response, the supporting documentation and the actions taken in response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service did not ensure information about two consumers’ condition, needs and preferences were documented to ensure care and services were consistently delivered in line with the consumers’ assessed needs.

In coming to my finding, I have placed weight on information documented in the Assessment Team’s report indicating care strategies relating to communication and nutrition and hydration were not documented in Consumers F and G’s care plan to assist staff, specifically new or agency staff, and allied health professionals to deliver care in line with the consumers’ needs.

For Consumer F, I have considered information provided by the consumer’s representative indicating there are persistent problems with the ability of some staff to communicate with the consumer. I have also considered that staff sampled were not aware of strategies, other than using a white board, to enhance communication with Consumer F and the consumer’s care plan did not include sufficient strategies to guide staff to communicate with Consumer F.

In relation to Consumer G, changes to nutrition and hydration requirements, including that the consumer was at risk of choking, had not been reflected in the consumer’s care plan. I acknowledge three care staff sampled were aware of the changes and risk of choking and information in the provider’s response indicating the consumer was receiving the correct diet consistency. However, I have considered that care planning documents, used by staff, including new and agency staff, were not up-to-date and reflective of the consumer’s assessed needs.

For the reasons detailed above, I find the Churches of Christ Life Care Incorporated, in relation to Parkrose Village, Non-compliant with Requirement (3)(e) in Standard 3.

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Quality Standard is assessed as Compliant as seven of the seven specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers considered that they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers during interviews with the Assessment Team:

* feel supported to do the things they like to do.
* feel comfortable talking to staff when they are feeling low.
* described how the service supports them to maintain relationships with those important to them and participate in the wider community.
* are referred to specialists for sensory deficits to allow them to continue to enjoy daily living activities.

Initial and ongoing assessment processes assist to identify each consumer’s goals, needs and preferences. Information relating to consumers’ childhood memories, achievements, memories, previous occupation, social preferences, cultural aspects and persons of special significance were noted to be reflected in care plans sampled.

Lifestyle staff described how assessment processes identify consumers’ needs, goals and preferences and how this information is used to optimise their health and well-being. The activities calendar is based on consumer preferences; consumers are regularly consulted in relation to activities of interest to them and their satisfaction with the lifestyle program.

Consumer files sampled included a Well-being care plan outlining consumers’ emotional, spiritual and psychological needs and preferences and support strategies. Church services are held regularly at the service and the Chaplain visits consumers on a one-to-one basis where additional emotional and/or spiritual support is required. One consumer sampled stated they find comfort in the visits from the Chaplain who sometimes just sits and chats with them.

Care planning documentation sampled identified relationships important to the consumer and staff sampled described how they support consumers to participate in the community both within and outside of the service. Care files demonstrated involvement of other organisations and providers in the provision of care and services. Additionally, care files included information about consumers’ conditions, needs and preferences and there are processes to communicate this information within the service and with others where responsibility is shared.

Most consumers sampled were satisfied meals service were of suitable quality, quantity and variety. Additionally, consumers stated meals had improved since the appointment of an Executive chef and review of the hospitality services was undertaken. Consumer dietary preferences are identified and documented and are used by catering staff to ensure meals provided are in line with consumers’ preferences and assessed needs. A summer and winter menu is in place and consumers are involved in trialling new dishes prior to the menu being reviewed by a Dietitian. Staff sampled stated they had received training in relation to serving meals in a way that enhances consumers’ experience of the meal. The Assessment Team observed the meal service to be a positive dining experience for consumers and dining tables were set with cutlery, napkins and condiments.

Equipment provided was observed to be safe, suitable and well maintained. Equipment is monitored through a reactive and preventative maintenance program with maintenance processes being undertaken by service and contracted staff. There are processes to ensure new equipment, not previously used by staff, is trialled.

Based on the evidence documented above, I find Churches of Christ Life Care Incorporated, in relation to Parkrose Village, Compliant with all Requirements in Standard 4 Services and supports for daily living.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Quality Standard is assessed as Compliant as three of the three specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers considered that they feel at home in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers during interviews with the Assessment Team:

* felt the service environment was safe, welcoming and easy to navigate.
* felt at home in the service and the service feels safe and comfortable.
* the environment is safe, clean and well maintained and they can access outdoor areas when they want to.
* equipment is safe, clean and well maintained and appropriate to their needs.

The Assessment Team observed the environment to be welcoming, easy to navigate and had a home like feel. The service has multiple dining and activity areas, equipped with contemporary furnishings, with ample room for consumers to mobilise safely and socialise. Consumer rooms were observed to be decorated with personal belongings. There are a number of garden and courtyard areas and consumers were observed to be utilising these areas throughout the Site Audit. Additionally, consumers were observed to be able to move freely both indoors and outdoors.

Furniture, fittings and equipment were noted to be safe, clean, well maintained and suitable for consumers. Staff sampled stated training is provided in relation to new equipment and confirmed there is sufficient equipment to support delivery of care and services to consumers.

There are preventative and reactive maintenance processes and staff described how they identify and report maintenance tasks and confirmed maintenance issues are investigated, actioned and resolved. Cleaning processes are guided by schedules ensuring all areas of the service are regularly cleaned. Cleaning staff sampled demonstrated an awareness of their responsibilities in relation to cleaning and infection control processes. Contracted services are utilised to maintain and inspect the environment and equipment, including fire safety equipment.

The Assessment Team found the organisation has monitoring processes in place to ensure a safe and comfortable service environment is provided that promotes consumers’ independence, function and enjoyment.

## Based on the evidence documented above, I find Churches of Christ Life Care Incorporated, in relation to Parkrose Village, Compliant with all Requirements in Standard 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Quality Standard is assessed as Compliant as four of the four specific Requirements have been assessed as Compliant.

The Assessment Team found that overall, consumers considered that they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* feel supported to provide feedback and make complaints when they need to.
* feel comfortable to raise issues with staff or management and have used the available mechanisms to provide feedback.
* following a complaint, the service worked with the consumer and family member to resolve identified issues.
* management work closely with them to ensure feedback is actioned promptly and service improvements are identified and implemented in response to feedback.

Consumers are provided with information in relation to internal and external complaint avenues, language services and advocacy services on entry. Information in relation to complaints processes and advocacy was also observed displayed around the service, readily accessible to consumers, representatives, staff and others. Staff sampled described how they support consumers and representatives to provide feedback and how they would respond when an issue is raised.

Consumers and representatives are encouraged to provide feedback through a range of avenues, including feedback forms, surveys, care plan review processes and meeting forums. Management described processes for resolving complaints and stated they work closely with all parties to achieve resolution in a timely manner. A Complaints register is maintained, however, the Assessment Team noted actions taken in response to feedback were not consistently documented. The provider’s response to the Assessment Team’s report provided further clarification relating to the complaints system which has been considered when coming to my finding.

The service has policies and procedures to support staff to identify and action feedback and procedural instruction for open disclosure. Clinical staff described occasions where an open disclosure approach had been initiated.

The service demonstrated how feedback and complaints are reviewed and used to improve the quality of care and services. Management discussed the extensive work the service has undertaken to improve meal service and the consumers’ dining experience. Complaints data is monitored and discussed through a range of site and organisational meeting forums and reported to the Board.

The Assessment Team found the organisation has monitoring processes to ensure input and feedback from consumers, carers, the workforce and others is sought by the service and used to inform continuous improvements for individual consumers and the organisation.

## Based on the evidence documented above, I find Churches of Christ Life Care Incorporated, in relation to Parkrose Village, Compliant with all Requirements in Standard 6 Feedback and complaints.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT 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 Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The following examples were provided by consumers during interviews with the Assessment Team:

* staff are kind, caring and respectful of their identify.
* there are generally sufficient staff and they are adequately trained to meet clinical and care needs.
* staff are responsive to their needs and understand their preferences and interests.
* satisfied with the level of training provided to staff.

There are processes to ensure the workforce is planned and the number and mix of staff deployed enables delivery of quality care and services. Management described how the roster has flexibility to increase or decrease shifts, dependent on occupancy and consumer acuity. There are processes to manage planned and unplanned leave. Most consumers and representatives sampled confirmed there are sufficient numbers of staff. Additionally, most staff sampled indicated they have sufficient time to undertake their duties, and whilst they were sometimes busy, this did not result in negative outcomes for consumers.

Staff were observed interacting with consumers in a calm, caring and positive manner and were not observed to be rushing consumers. Staff discussed what they would do if they observed a member of staff being disrespectful or unkind to consumers, including reporting the behaviour to management.

The service has site specific and corporate induction processes. New staff are required to complete mandatory training components and a buddy shift process. An annual training program is in place for all staff, including volunteers, and includes mandatory training topics. Reports are generated and assist management to ensure completion of mandatory training within allocated timeframes.

A staff performance appraisal and development process is in place, including probationary and annual reviews. Management described how staff performance is monitored, including through observation, clinical indicators, call bell response times and feedback mechanisms. Staff described participating in performance review processes and stated they can discuss their performance and identify areas they would like further support in. Management also described the service’s performance management processes, implemented where poor staff performance is identified.

The Assessment Team found the organisation has monitoring processes in place to ensure the workforce is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Based on the evidence documented above, I find Churches of Christ Life Care Incorporated, in relation to Parkrose Village, Compliant with all Requirements in Standard 7 Human resources.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

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

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

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found that overall, sampled consumers considered the organisation is well run and they can partner in improving the delivery of care and services. Consumers sampled stated they are supported to provide feedback on the way care and services are delivered. Additionally, consumers stated they can participate in meetings and focus groups to have greater input into their delivery if they wish. Improvement initiatives are communicated to consumers verbally and through meeting forums.

The organisation demonstrated how the governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. A range or reporting mechanisms are in place to ensure the Board is aware and accountable for the delivery of services.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and reported at various service and organisational meeting forums and to the Board.

The organisation has a documented risk management framework which includes managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers and supporting consumers to live their best life. The organisation’s current Strategic plan has a focus on loneliness, boredom and depression. To assist in delivery of this focus, two Psychologists have been employed to bring a wellness focus at a holistic level to the service delivery model to support consumers to live their best life.

The organisation has policies and procedures to guide staff practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Staff sampled demonstrated an awareness of these policies and described how they implement these within the scope of their roles.

The Assessment Team found the organisation has monitoring processes in place to ensure the organisation’s governing body is accountable for the delivery of safe and quality care and services.

Based on the evidence documented above, I find Churches of Christ Life Care Incorporated, in relation to Parkrose Village, Compliant with all Requirements in Standard 8 Organisational governance.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

### Requirement 8(3)(e) Compliant

*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.*

# 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.

**Standard 3 Requirements (3)(a), (3)(b) and (3)(e)**

* Ensure staff have the skills and knowledge to:
* monitor consumers’ blood glucose levels in line with Medical officer directives and implement appropriate monitoring strategies where readings are outside of acceptable ranges.
* appropriately manage, assess, review and monitor consumers who are experiencing pain.
* ensure sufficient stock of wound dressings are maintained, especially where specific dressings have been recommended by a Specialist.
* where behavioural changes are identified and/or medications are commenced to manage behaviours, implement appropriate monitoring processes, initiate assessments, develop appropriate management strategies and monitor effectiveness of strategies.
* ensure care plans are accurate and reflective of each consumer’s current care and service needs.
* Ensure policies, procedures and guidelines in relation to management of high impact or high prevalence clinical risks, diabetes, pain and behaviour are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to management high impact or high prevalence clinical risks, diabetes, pain and behaviour.