Parkrose Village

Performance Report

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Phone number: 08 8292 7100

**Commission ID:** 6884

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

**Assessment Contact - Site date:** 20 October 2021

**Date of Performance Report:** 01 December 2021

# Performance report prepared by

Michelle Glenn, 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** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(e) | 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 consumers, representatives, staff and management
* the provider did not respond to the Assessment Contact - Site report
* the Performance Report dated 26 May 2021 for the Site Audit conducted 22 March 2021 to 24 March 2021.

# 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 Requirements (3)(a), (3)(b) and (3)(e) in Standard 3 Personal care and clinical care as part of the Assessment Contact. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirements (3)(a), (3)(b) and (3)(e) in Standard 3. These Requirements were found Non-compliant following a Site Audit conducted 22 March 2021 to 24 March 2021 where it was found the service did not ensure:

* each consumer received safe and effective personal 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;
* high impact or high prevalence risks were effectively managed for each consumer, specifically in relation to management of behaviours; and
* 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.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirements (3)(a), (3)(b) and (3)(e) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find Churches of Christ Life Care Incorporated, in relation to Parkrose Village, Compliant with Requirements (3)(a), (3)(b) and (3)(e) in Standard 3 Personal care and clinical care. I have provided reasons for my findings in the specific Requirements below.

### 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.*

The service was found Non-compliant with Requirement (3)(a) following a Site Audit conducted 22 March 2021 to 24 March 2021 where it was found the service did not ensure each consumer received safe and effective personal 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. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Completed a system wide review of diabetes management in conjunction with the organisation’s Clinical monitoring group and Diabetes SA.
* Updated the Diabetes management plan to include target range of blood glucose levels and when notification to Medical officers is to occur and management of hyperglycaemia and hypoglycaemia.
* Training provided to staff by a diabetes educator.
* Reviewed the Pain policy to include guidance on commencement of pain charting and changed review of pain charts from five to three days to meet best practice guidelines.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* There are processes to ensure each consumer gets safe and effective personal and clinical care that is best practice, is tailored to their needs and optimises their health and well-being.
* Most consumers sampled considered that they receive personal care and clinical care that is safe and right for them.
* Care files sampled demonstrated appropriate assessment and provision of care related to restrictive practices, diabetes, wound management and pain.
* Staff sampled were aware of changes made to the service’s processes relating to diabetes and pain.
* The organisation has written materials to guide staff practice and support best practice care delivery. The service’s approach was noted to be consistent with best practice care.

For the reasons detailed above, I find Churches of Christ Life Care Incorporated, in relation to Parkrose Village, Compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

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

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

The service was found Non-compliant with Requirement (3)(b) following a Site Audit conducted 22 March 2021 to 24 March 2021 where it was found the service did not ensure high impact or high prevalence risks were effectively managed for each consumer, specifically in relation to management of behaviours. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Implemented a new behaviour management procedure flow chart which includes actions to take in response to an episode of aggression, including when to escalate, review of clinical care needs and completion of documentation relating to the situation and issues identified.
* For a consumer identified at the Site Audit, there have been no further episodes of identified behaviours. The consumer’s care plan has been reviewed and specific personal care needs have been addressed.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* There are processes to ensure effective management of high impact or high prevalence risks associated with the care of each consumer.
* Two representatives sampled were satisfied with management of consumers’ weight.
* A sample of consumer files demonstrated high impact or high prevalence risks are identified, planned for and addressed. Documentation demonstrated appropriate management of weight, behaviours and falls. Where issues are identified, referrals to allied health specialists and/or Medical officers had occurred.
* Staff could describe the most significant clinical and personal care risks for consumers sampled which was noted to be consistent with information documented in consumers’ care plans.
* High impact or high prevalence clinical and personal risks are recorded, including incidents, such as falls, weight loss, infections and pressure injuries. Data is analysed to identify trends. High impact or high prevalence risks are monitored, including through weekly reporting processes.

For the reasons detailed above, I find Churches of Christ Life Care Incorporated, in relation to Parkrose Village, Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

### Requirement 3(3)(e) 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 service was found Non-compliant with Requirement (3)(e) following a Site Audit conducted 22 March 2021 to 24 March 2021 where it was found 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. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* For the two consumers identified at the Site Audit, care plans have been updated to reflect current care needs.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* There are processes to ensure information about consumers’ condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.
* One consumer stated staff know their care needs and provide the support they need. However, one representative was not satisfied with some aspects of care and access to information. Management are aware of the representative’s concerns.
* Care files sampled for two consumers included information relating to current goals, needs and preferences and demonstrated involvement of the consumer and allied health specialists and Medical officers.
* Staff described how they are notified of changes to consumers’ care and service needs, including through handover processes and communication diaries.
* Clinical staff described processes for referral to allied health specialists and Medical officers.

For the reasons detailed above, I find Churches of Christ Life Care Incorporated, in relation to Parkrose Village, Compliant with Requirement (3)(e) in Standard 3 Personal care and clinical care.

# 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.