

**Performance Report**

**1800 951 822**

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| Name: | Aegis Parkview |
| Commission ID: | 7307 |
| Address: | 6 Drummond Street, REDCLIFFE, Western Australia, 6104 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 7 January 2025 |
| Performance report date: | 3 February 2025 |
| Service included in this assessment: | Provider: 1263 Lakeside Hostel Pty Ltd Service: 6567 Aegis Parkview |

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 Aegis Parkview (**the service**) has been prepared by M Glenn, 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.

# 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, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others; and
* the provider’s response received 23 January 2025 which includes commentary, supporting documentation and continuous improvement plans relating to the deficits identified in the Assessment Team’s report.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not fully assessed |
| **Standard 3** Personal care and clinical care | **Not fully assessed** |
| **Standard 8** Organisational governance | **Not fully 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 2

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| Ongoing assessment and planning with consumers |  |
| Requirement 2(3)(a) | 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. | Compliant |

Findings

Care files show risks to consumers’ health and wellbeing are identified through assessment and planning processes on entry and ongoing. Care files sampled include harm minimisation and prevention strategies for a range of identified risks. However, strategies to minimise pressure injury risks have not been included in care plans for 2 consumers. Staff described assessment and care planning processes, including how this contributes to safe and effective care and services. Consumers and representatives interviewed are satisfied staff plan care that is safe and meets consumers’ health and wellbeing needs, with one representative stating strategies to manage risks have been beneficial to one consumer’s wellbeing.

Based on the Assessment Team’s report, I find requirement 2(3)(a) compliant.

# 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

There are processes to identify, assess, plan for, manage and review high impact or high prevalence risks relating to each consumer’s care. Care files sampled evidence effective management of risks relating to skin integrity, mobility, continence, nutrition and hydration and falls. Care files and interviews also evidence involvement of allied health professionals in the assessment and management of identified risks. Consumers and representatives are satisfied with how risks are managed, including those relating to pressure injuries, stating care provided is safe, and preventative or harm minimisation strategies are reviewed following incidents.

Based on the Assessment Team’s report, I find requirement 3(3)(b) compliant.

# Standard 8

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| Organisational governance |  |
| Requirement 8(3)(d) | 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.
 | Compliant |

**Findings**

The Assessment Team recommended requirement 8(3)(d) not met and provided the following evidence identified through interviews, document review and observations.

Seventeen staff interviewed do not understand the serious incident response scheme (SIRS) and relevant incidents. While some staff are aware of some specific SIRS categories, they cannot describe the type of incidents which constitute neglect. Some staff said they completed SIRS training during induction, however, have not been included in recent SIRS training.

A plan for continuous improvement (PCI) entry in July 2024 states international dysphagia diet standardisation initiative (IDDSI) level 6 meals provided to consumers on a ‘few occasions’ were non-compliant with IDDSI standards. These instances have not been recorded as incidents in the incident register or reported in line with regulatory obligations. On observation, foods for IDDSI level 6 diet were non-compliant with the bite size portion of level 6. A hospitality staff member could not describe compliance requirements for texture modified diets, including IDDSI level 6. Seven care and registered staff could not describe compliance requirements for IDDSI levels 6, 5 and 4 diets. Two consumers prescribed modified diets were observed receiving foods that did not comply with their dietary requirements. Five consumers and representatives said meals and drinks that meet consumers’ texture modification requirements are not always provided. A staff member said a consumer received thin fluids on at least one occasion in the last month, despite requiring thickened fluids, with the consumer alerting staff to the error. While the consumer consumed some of the fluids before they were replaced with the correct consistency, a record was not made in the consumer’s progress notes nor an incident recorded. Seven staff interviewed said food and fluids identified as not meeting a consumer’s prescribed texture requirements would not be recorded as an incident unless the consumer suffered an adverse clinical outcome.

The provider disputes the Assessment Team’s recommendation.

Based on the Assessment Team’s report and provider’s response, I have come to a different finding to the Assessment Team’s recommendation of not met and find this requirement compliant. The provider’s response includes actions implemented in response to the deficits identified in the Assessment Team’s report. Subsequent to the assessment contact, education and training has been provided to staff on compulsory reporting, IDDSI diet levels and SIRS reporting requirements. In response to a consumer receiving incorrect consistency of fluids, all measuring jugs have been replaced, and training and communication has been provided to staff on preparation of thickened fluids and IDDSI diets. Additionally, fluid thickening guidelines have been attached to drink trolleys to guide staff. I would encourage the provider to continue to monitor the effectiveness of the improvements implemented, as well as staff competency and consumer outcomes.

In relation to the PCI entry in July 2024 referenced in the Assessment Team’s report, the provider states this was initiated in response to a complaint from a family member, with an investigation resulting in a SIRS submission. The provider’s response also includes documentation for one consumer to show an initial episode, a coughing fit, was recorded as an incident, and a general practitioner referral initiated. The provider’s response states a subsequent episode 13 days later was also a coughing episode, with documentation showing a speech pathologist was initiated in response.

For the reasons detailed above, I find requirement 8(3)(d) 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)