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: | 3 January 2024 |
| Performance report date: | 2 February 2024 |
| 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 was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives and staff; and
* a performance report dated 15 August 2023 for a site audit undertaken from 20 June 2023 to 22 June 2023.

The provider did not submit a response to the assessment team’s report.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Applicable as not all requirements were assessed |
| **Standard 5** Organisation’s service environment | **Not Applicable as not all requirements were assessed** |
| **Standard 6** Feedback and complaints | **Not Applicable as not all requirements were assessed** |
| **Standard 8** Organisational governance | **Not Applicable as not all requirements were 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 3

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| Personal care and clinical care | |  |
| 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. | Compliant |

Findings

Requirement (3)(a) was found non-compliant following a site audit undertaken in June 2023 as informed consent for restrictive practices was not managed in line with best practice. The assessment team’s report included actions the service has taken to address the non-compliance, including conducting a review of consumers subject to restrictive practices, making any reasonable changes to tailor care and providing support to help consumers or their representatives understand and make informed decisions about their options, including informed consent; and ensured consumers subject to restrictive practices have relevant care plans developed with individualised interventions and strategies.

At the assessment contact in January 2024, consumers were found to be receiving personal and clinical care that was tailored and based on an assessment of consumers’ needs, goals and preferences. Care files were reflective of consumers’ individualised care needs and demonstrated appropriate management of specific aspects of care, including restrictive practices, diabetes, wounds and pain. There are processes to monitor and review care practices. The majority of consumers and representatives interviewed were satisfied consumers receive personal and clinical care that supports their health and well-being.

Based on the assessment team’s report, I find requirement (3)(a) in Standard 3 Personal care and clinical care compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |

Findings

Requirement (3)(b) was found non-compliant following a site audit undertaken in June 2023 as consumers were not free to move outdoors without intervention by staff. The assessment team’s report included actions the service has taken to address the non-compliance, including completing a review, including of environmental restraint, to ensure all consumers, who are safe to do so, can freely move within the service indoors and outdoors.

At the assessment contact in January 2024, the service environment was found to be safe, well maintained and comfortable. Daily, weekly and monthly maintenance schedules are maintained and include tasks required and completion dates. Cleaning of consumer rooms and common areas is undertaken in line with cleaning schedules, and there are processes to promptly address hazards. Monitoring processes, including cleaning and environmental audits are regularly undertaken. All courtyard doors were either unlocked or wedged open in all areas of the facility, including the memory support unit. Consumers interviewed were satisfied that they could leave the service and move freely indoors and outdoors, and considered the environment was clean.

Based on the assessment team’s report, I find requirement (3)(b) in Standard 5 Organisation’s service environment compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Requirement (3)(d) was found non-compliant following a site audit undertaken in June 2023 as feedback and complaints were not consistently being reviewed and used to improve the quality of care and services. The assessment team’s report included actions the service has taken to address the non-compliance, including ensuring all feedback and complaints are logged into the electronic feedback system to enable data to be monitored and trended.

At the assessment contact in January 2024, effective processes to ensure all feedback and complaints are captured, analysed and reviewed for areas of improvement were demonstrated. Improved procedures ensure all feedback and complaints received via email are being entered as soon as practicable into the comments and complaints register. Where relevant, this information is added to the continuous improvement plan for further actions to be taken.

Based on the assessment team’s report, I find requirement (3)(d) in Standard 6 Feedback and complaints compliant.

# Standard 8

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

Findings

Requirement (3)(c) was found non-compliant following a site audit undertaken in June 2023 as the organisation’s system for identifying and managing restrictive practices was ineffective to ensure regulatory compliance and systems to capture complaints data were ineffective and inconsistently completed. The assessment team’s report included actions the service has taken to address the non-compliance, including, but not limited to, undertaking a review of all consumers subject to restrictive practices and applied organisational policies and procedures linked to legislative requirements.

At the assessment contact in January 2024, effective organisational governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Staff have access to policies, procedures and processes to guide their work. A continuous improvement plan is maintained and includes improvement initiatives from various sources. The plan is driven by feedback from stakeholders, incidents and outcomes of internal audits conducted, as well as project initiatives. The organisation monitors the service’s performance and legislative changes to ensure it is meeting its obligations, and there are processes to identify and plan where spending is required to continue to meet consumers’ assessed needs. There are processes to ensure workforce arrangements are consistent with regulatory requirements, including care minutes and infection prevention control leads are in place. The manager reports monthly on the number of shifts not filled, resignations, agency staff usage and staff injuries. A complaints register, accessible to the organisation, is maintained, with actions identified and recorded in response to feedback and complaints lodged. Areas for improvement identified from feedback and complaints data are placed on a continuous improvement plan.

Based on the assessment team’s report, I find requirement (3)(c) in Standard 8 Organisational governance compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)