Performance

Report

**1800 951 822**

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| Name of service: | Bossley Parkside Care Community |
| Service address: | 56 Quarry Rd BOSSLEY PARK NSW 2176 |
| Commission ID: | 2703 |
| Approved provider: | DPG Services Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 5 April 2023 |
| Performance report date: | 11 May 2023 |

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 Bossley Parkside Care Community (**the service**) has been prepared by T Solomon, 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.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the 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.
* the Performance Report dated 16 September 2022 following the Site Audit undertaken from 26 July 2022 to 28 July 2022, where four Requirements were found to be Non-compliant.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been 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)(g) | 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. | Compliant |

Findings

Requirement 3(3)(g) was found non-compliant following a site audit from 26 July 2022 to 28 July 2022. The Assessment Team identified the service was unable to demonstrate the identification of a possible infection outbreak occurring at the service. In response to the non-compliance identified at the site audit, the Approved Provider implemented a number of actions to address the non-compliance.

During the assessment contact undertaken on 5 April 2023, the Assessment Team found the service was able to demonstrate effective infection control policies and procedures are in place and that staff are well informed and compliant with the policies and procedures.

The Assessment Team observed suitable infection control signage at the entrance and throughout the service, as well as a clear process for ensuring visitors to the service are complying with rapid antigen testing instructions. Staff were observed to be wearing face masks correctly and using correct hand hygiene practices.

Mandatory training completion reports were reviewed and observed to reflect all staff have completed the required training in infection control procedures, hand hygiene and donning and doffing of personal protective equipment training competencies.

The service has two Infection Prevention Control leads which have supernumerary roles once a fortnight to monitor staff practices and carry out infection control and personal protective equipment spot checks and toolbox talks.

Staff indicated they have been provided with additional infection control training and have been assessed regarding their hand hygiene and donning and doffing competency. They described ways they minimise infection related risks, including in an exposure situation. Staff reported they have plenty of personal protective equipment available.

Consumers and/or representatives confirmed they have been kept informed of any exposures and any preventative practices that impact on them.

I find requirement 3(3)(g) is 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 5(3)(b) was found non-compliant following a site audit from 26 July 2022 to 28 July 2022. The Assessment Team identified the service was unable to demonstrate that there were processes in place to ensure the service environment was safe, clean, well maintained, and comfortable. In response to the non-compliance identified at the site audit, the Approved Provider implemented a number of actions to address the non-compliance.

During the assessment contact undertaken on 5 April 2023, the Assessment Team found the service was able to demonstrate that the service environment is safe, clean, well maintained, and comfortable.

The Assessment Team observed that the garden areas around the facility are clean and well maintained. Hedges are trimmed, lawns are maintained and there are new additions to the gardens including water features, a vegetable garden and fruit trees. All garden areas appeared clean and tidy with no signs of litter.

Consumers were observed to be entering the gardens via doors located around the facility. These consumers were observed to walk all garden paths with ease and had sitting areas located throughout the gardens.

The maintenance officer advised there are regular inspections and checks that take place, including daily checks of the hot water system, daily visual audits to identify new hazards and regular scheduled checks of various equipment throughout the facility. Documentation of schedules and remedial actions reflected inspections are conducted in a timely matter and actions for any outstanding issues occurred within an appropriate timeframe.

I find requirement 5(3)(b) is compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

Requirement 7(3)(a) was found non-compliant following a site audit from 26 July 2022 to 28 July 2022. The Assessment Team identified the service was unable to demonstrate the service has an adequate number of staff to ensure the delivery of safe and quality care and services to consumers, based on consumer need and preference. In response to the non-compliance identified at the site audit, the Approved Provider implemented a number of actions to address the non-compliance.

During the assessment contact undertaken on 5 April 2023, the Assessment Team found the service was able to demonstrate that the workforce is planned and the number and mix of the workforce enables the delivery of safe and quality care and services.

The general manager advised an additional shift for four hours was added to the afternoon roster, as well as the creation of a hub recruitment program which is aimed at finding staff to increase the current casual pool and parttime staff.

The administration officer advised text messages are sent to staff to alert them of vacant shifts and on occasions staff may be asked to work extra hours. Staff were observed discussing future shift availability and allocations with the administration officer during the assessment contact. In the event that the service is unable to fill vacant shifts, the organisation has identified approved nursing agencies which can be used if required.

I find requirement 7(3)(a) is compliant.

Requirement 7(3)(d) was found non-compliant following a site audit from 26 July 2022 to 28 July 2022. The Assessment Team identified deficits in staff knowledge in key areas related to food and nutrition, manual handling, and infection prevention control. In response to the non-compliance identified at the site audit, the Approved Provider implemented a number of actions to address the non-compliance.

During the assessment contact undertaken on 5 April 2023, the Assessment Team found the service was able to demonstrate the workforce is trained, equipped, and supported to deliver safe and quality care and services to consumers.

The organisation has appointed a clinical nurse educator to provide education to staff across multiple services and has extended the induction period from one to three days to enable new staff to assimilate all the information required for new starters. The general manager advised the organisation has established systems to manage the recruitment and orientation of new staff members, including a suite of on-line education sessions as well as teaming new staff with experienced staff.

Education and competencies have been undertaken for staff on manual handling and infection control. Infection control consists of two components – theory and practical competency. Ongoing monitoring via spot checks is being undertaken by the infection prevention and control leads and registered nurses, and the Assessment Team sighted the spot check records.

An external provider attended the service in October 2022 to provide education for registered nurses, care staff, lifestyle staff and catering staff on the International Dysphagia Diet Standardisation Initiative. Information has also been provided to staff on the diet and fluid lists to ensure staff are aware of these documents and how information is shared between different departments within the service.

I find requirement 7(3)(d) is 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)