Performance

Report

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| Name of service: | Holland Park Aged Care |
| Service address: | 21 Birdwood Road Holland Park West QLD 4121 |
| Commission ID: | 5864 |
| Approved provider: | CPSM Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 12 June 2023 |
| Performance report date: | 30 June 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 Holland Park Aged Care (**the service**) has been prepared by S Turner, 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

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |

Findings

Consumers and representatives felt consumers were treated with dignity and respect and were supported to maintain their culture. Consumers provided examples of how the service supported them to maintain cultural ties including through social activities, providing opportunities to mix with other consumers who shared a similar background, and through the inclusion of traditional foods in the menu.

Staff demonstrated knowledge of consumers’ backgrounds and preferences which was found to be consistent with information provided by consumers and included in care documentation. Staff interactions with consumers were observed to be kind, caring, and respectful and this was confirmed by consumers and representatives. Staff were patient with consumers and were observed participating in conversations in a way that demonstrated respect.

Lifestyle staff described the many activities and entertainers that were scheduled to celebrate national days of importance, including for Australia, Hungary, Greece, Italy, and India. Lifestyle staff described a fortnightly social gathering titled the ‘Cultural Club’, where activities were specifically tailored to various consumers’ cultural backgrounds.

There were policies and procedures that outlined organisational expectations and responsibilities regarding inclusion and respect; staff training had also been completed recently on cultural safety and diversity.

Care documentation identified each consumer’s personal background, life story and what was important to them; language used was respectful.

# 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

Consumers were provided safe personal and clinical care that met their needs and preferences and optimised their health and well-being. Consumers and representatives spoke highly of staff and expressed satisfaction with the care consumers received. Consumers and representatives provided feedback that staff knew what they were doing and had the knowledge and skills required for their role. One consumer said ‘staff do a wonderful job’ and another consumer spoke positively about staff and the way they responded when they were not feeling well.

Care and service plans and clinical records demonstrated the service had effective care management systems to manage risks associated with care including restrictive practices, skin, and wound care, falls, weight loss and deterioration of health. Care delivery was monitored by the service’s clinical managers.

Clinical records for consumers with complex care requirements including chronic wounds, palliative care and cognitive impairment were reviewed, and demonstrated the involvement of medical officers, allied health professionals and dementia advisory services in care delivery. Clinical equipment and resources were available to support the consumer. Registered nurses monitored care delivery and assessments, care plans and clinical documentation were current and informed care delivery.

Care staff and registered staff could accurately describe the key clinical and personal care strategies for consumers.

Care delivery was monitored through the review of incidents, clinical data, feedback from consumers and representatives and through the completion of internal audits.

# 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

The service environment was safe, clean, comfortable, and well-maintained; furniture and décor were appropriate to the environment. Consumers were able to move freely indoors and outdoors and were observed doing so. Consumers provided positive feedback about the service environment and said it was clean and that they felt safe.

Clinical and care staff were satisfied with the cleanliness and maintenance and described how maintenance books were used to report maintenance issues; these were checked daily by maintenance staff.

Maintenance staff said the service used an annual preventative maintenance plan to schedule and monitor the completion of servicing and routine maintenance including external cleaning and servicing of air conditioners, elevators, mechanical lifting devices and fire safety equipment. Maintenance staff said damaged equipment was immediately removed from use.

# 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 |

Findings

The service demonstrated staffing allocations met consumers’ care needs and ensured the delivery of safe, quality care and services. Consumers felt they were well cared for by staff and said they did not experience any delays in care delivery. Consumers said staff were available when needed and were quick to respond to call bells. Two consumers provided examples of how staff ensured they received time critical medications; one representative said the consumer required two hourly attention and that this was never missed.

While some staff reported they were busy at times they said they were able to deliver care and meet consumers’ needs.

Staff said there was adequate time to provide care and services in accordance with consumers’ needs and preferences.

Management said the service worked from a base roster and explained the strategies used to fill unplanned leave. This included electronic messaging inviting staff to fill shifts, extending existing shifts or utilising agency staff. Call bell wait times were monitored and investigated where necessary; the Assessment Team observed staff attending to consumers promptly following a request for assistance. Concerns regarding staffing could be raised through feedback and complaints mechanisms including consumer meetings; the Assessment Team reviewed this information for the previous six months and there had been no concerns raised in relation to sufficiency of staffing.

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)