Performance

Report

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| Name of service: | Kardinia Parkside Care Community |
| Service address: | 299 LaTrobe Terrace GEELONG VIC 3220 |
| Commission ID: | 4026 |
| Approved provider: | DPG Services Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 24 August 2023 |
| Performance report date: | 21 September 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 Kardinia Parkside Care Community (**the service**) has been prepared by N Eastwood, 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 3 Personal care and clinical care | 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)(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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Consumers and one representative provided positive feedback on the care provided at the service and said that staff understand them and deliver care that meets their needs and preferences. Staff demonstrated an in-depth knowledge of consumer care needs and interventions planned to provide safe and effective care. Documentation reviewed reflected individualised strategies to manage skin integrity, wound management, and minimising restrictive practice.

Clinical management demonstrated processes and systems to monitor and review consumer care, which triggers the process for referrals for allied health or medical specialist assessments and recommendations. There was evidence of documented pain management strategies supported by record of administration of analgesia as prescribed. Pressure relieving interventions were documented with recommended equipment observed in consumer rooms. Management carries out a daily review of the electronic risk management system which tracks a range of clinical indicators and scheduled care plan reviews, including the 3 monthly restrictive practice reviews.

The Assessment Team observed staff actively engaging with consumers in the memory support unit, encouraging participation in group or individual activities. Staff also confirmed receiving education and training which has provided skills and confidence to work more effectively in the memory support unit.

There were monitoring, referral and reporting processes for the management of high impact and high prevalence risks including risk minimisation strategies consistently charted and reviewed by clinical management to ensure the service’s processes are being implemented. Reviewed care documentation demonstrates post falls management consistent with the service’s flow chart requirements. Clinical incident data reflects the frequency of falls, with staff describing individual interventions for those with increased falls risks. Care staff explained they monitor consumers through a purposeful rounding process to ensure safety and offer assistance with personal care and other needs every 2 hours. There is a risk and incident management system which flags changes in consumer weight, post falls monitoring and outcomes, and reviews completed in line with the scheduled 3 monthly care plan review process. This information is then analysed for trends and outcomes are discussed at the clinical meeting and reported to the organisation’s clinical risk and governance team.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirements 3(3)(a) and 3(3)(b).

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)