Performance

Report

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| Name of service: | Ozcare Parkwood Gardens |
| Service address: | 100 Usher Avenue Labrador QLD 4215 |
| Commission ID: | 5635 |
| Approved provider: | Ozcare |
| Activity type: | Assessment Contact - Site |
| Activity date: | 30 August 2023 |
| Performance report date: | 19 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 Ozcare Parkwood Gardens (**the service**) has been prepared by P. Sherin, 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.
* other information and intelligence held by the Commission in relation to the service.

# 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 said staff treat consumers with dignity and respect, support their identity and culture, understand their preferences, and ensure their dignity is maintained during care delivery and interactions.

Care documentation captures information on each consumers’ background, cultural diversity, and individual choices to inform delivery of care and guide staff practice.

Staff demonstrated knowledge of individual consumers’ identity, culture and preferences. Staff confirmed they receive training on cultural diversity, dignity, and respect.

Management said the service conducts regular consumer surveys and audits of service delivery and encourages consumer feedback to ensure respectful and supportive interactions between staff and consumers.

The assessment team observed staff engaging positively with consumers, speaking in a kind and respectful manner, knocking before entering consumers’ rooms, and seeking consent before providing care.

# 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

Consumers and representatives confirmed care provided is safe and right for consumers.

Care documentation captured risk assessments, appropriate interventions, and risk mitigation strategies to effectively manage high impact and high prevalence needs of consumers.

Staff demonstrated knowledge of strategies in place to manage and mitigate risks for individual consumers, including but not limited to, falls and pressure injuries.

Registered staff advised they receive regular training from senior clinical staff; review of training records confirmed this occurs.

Management described processes to monitor high impact and high prevalence risks such as daily review of consumers’ care notes and incidents, monthly analysis of clinical indicator data and implementation of strategies to reduce trends, and education and training for staff.

# 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

Consumers said the service is clean and well-maintained and they can move around freely.

Staff demonstrated knowledge of how to report hazards and maintenance requests, and confirmed these are attended to promptly.

A regular cleaning program, preventative and reactive maintenance systems and processes are in place. Review of preventative maintenance records evidenced these are current and up to date.

The assessment team observed the service to be kept safe, clean, well-maintained, and comfortable for consumer use. Garden areas appeared well-manicured and pathways safe from any hazards. Consumers were observed moving independently and with assistance both indoors and outdoors.

# 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

Consumers said staff respond to their requests in a timely manner and are available to provide the care and services they need.

Staff said they have enough time to complete their allocated duties and shifts are generally filled in cases of unplanned leave.

Policies and procedures are in place to guide workforce planning and rostering. A dedicated rostering team prepares a roster to match care and service needs of the consumer cohort. Registered nurses are rostered 24 hours a day, 7 days a week.

Management advised the service utilises various methods to ensure appropriate staffing levels and to monitor staff response to requests for assistance. This includes call bell audits, consumer meetings, review of clinical indicator reports, and feedback and complaints.

The assessment team observed staff responding to call bells promptly and providing care in a calm and unrushed manner.

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)