Performance

Report

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| Name of service: | Parkrose Village |
| Service address: | 34 Norman Terrace EVERARD PARK SA 5035 |
| Commission ID: | 6884 |
| Approved provider: | Churches of Christ Life Care Incorporated |
| Activity type: | Assessment Contact - Site |
| Activity date: | 19 September 2023 |
| Performance report date: | 11 October 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 Parkrose Village (**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 - 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; and
* the provider’s response to the assessment team’s report received on 26 September 2023 acknowledging the assessment team’s recommendations.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | 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 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **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 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |

Findings

Validated assessment tools are used to identify risks to consumers, and documentation included assessed clinical risks to inform the delivery of safe and effective care. Consultation with other healthcare professionals is initiated, as necessary, to determine appropriate mitigating strategies when risks to consumers are identified. Staff were knowledgeable of assessment processes and confirmed care plans are regularly updated. However, risks associated with activities for two consumers were not identified. Management was made aware of this and advised risk assessments will be undertaken for the two consumers identified. Consumers said they were routinely engaged in discussions regarding ongoing care and potential risks.

Based on the assessment team’s report, I find requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers compliant.

# 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

The service has policies and procedures to guide staff in the provision of safe and effective personal and clinical care. Staff provided specific examples of how they delivered safe and effective care, tailored to each consumer’s needs, to improve their health and well-being. On two separate occasions, it was found incident reporting was not conducted in accordance with policies and procedures and did not adhere to best practice guidelines. Management was made aware of this and acknowledged incident reporting should have occurred on both occasions and will follow up with the consumers and staff involved. Consumers and their representatives confirmed consumers receive tailored personal and clinical care and have access to external health care professionals when needed.

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

Findings

Staff said they have sufficient time to undertake their roles and documentation showed the organisation has systems and processes in place to ensure the workforce is maintained to enable the delivery of safe and quality care and services. Observations showed adequate staff numbers across the workforce and staff did not appear to be rushed or under pressure in providing care and services. Staff numbers are planned according to consumer acuity and needs and rosters are available on mobile phone devices where staff can request additional shifts. Overall, consumers and representatives felt staffing was adequate with appropriate mix of skills to deliver quality care and services.

Based on the assessment team’s report, I find requirement (3)(a) in Standard 7 Human resources compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |

Findings

Policies and procedures are in place to guide staff practice in relation to incident reporting, managing risks, and identifying and responding to abuse and neglect. An electronic incident management system records all incidents and is used in conjunction with the Serious Incident Response Scheme decision making tool to determine reportable incidents and timeframes. Data in relation to high impact or high prevalence risks and incidents is trended, analysed and reviewed by management and the Board to inform continuous improvement.

The organisation partners with consumers to facilitate decision making and choice across all care and services provided. Consumers are supported to participate in activities of their choice and identified consumers with high and/or complex risks have mitigation strategies in place. High risk consumers are reviewed and discussed at multi-disciplinary meetings, handovers and daily clinical management meetings. Consumers reported they can undertake activities of importance to them, and risks are discussed to support their choices.

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