Performance

Report

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| Name of service: | Parkview |
| Service address: | 930 Gympie Road CHERMSIDE QLD 4032 |
| Commission ID: | 5428 |
| Approved provider: | The Uniting Church in Australia Property Trust (Q.) |
| Activity type: | Site Audit |
| Activity date: | 23 January 2023 to 25 January 2023 |
| Performance report date: | 28 February 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 Parkview (**the service**) has been prepared by T Wurf, 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 Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received on 14 February 2023

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers provided positive feedback about staff saying staff value their identity, and culture and respect their preferences. A consumer from a non-English speaking background described how they enjoy having conversations with staff in their native language and staff could describe the consumer’s cultural needs. Lifestyle staff described the service’s cultural events and celebrations and how they support groups of consumers who regularly enjoy spending time together.

Consumers are supported to nominate whom they would like involved in their care, communicate their decisions, make connections with others and maintain relationships of choice.

Consumers also discussed how the service supports them to take risks, including travelling overseas and consuming alcohol. Staff described how consumers are supported to understand the possible harm when they make decisions about taking risks. Risk assessments and dignity of risk forms are completed and strategies for managing risks are included in care directives for staff to follow. The service has a risk management framework that establishes the risk assessment, planning, monitoring and review processes.

Consumers’ care documentation was individualised and documented what was important to consumers and included information about their preferences and culture. Staff explained what was important to each consumer and described having meaningful interactions with them. Staff understood consumers’ individual choices and preferences.

The service has a range of communication methods to provide information to consumers in a way they can understand and supports their decision-making; such as newsletters, emails, daily announcements about activities, and noticeboards. The Assessment Team observed staff communicating with consumers in a clear and respectful manner and allowing consumers time to respond. The service has a monthly large print newsletter that features one consumer at the service, which places value on the consumers at the service, their place and their involvement within their community. The service has Aboriginal and Torres Strait Islander flags and the Pride flag displayed at the entry of the service.

Consumers were confident their information is kept confidential and said staff respect their privacy, including by knocking on their door before entering and when consumers are spending time with visitors and making phone calls. The Assessment Team observed staff treating consumers respectfully and ensuring computers were password locked when not in use.

# 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 |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers said staff involve them in discussions about assessment, planning and review of their care and services. They said they feel safe and were confident staff know what they are doing. Consumers were able to identify those people involved in their care and said their needs were being met.

Registered and care staff understood the service’s assessment and care planning processes. Staff have access to consumers’ care plan documentation, which is also readily available to visiting health professionals. Staff reported that consumers are referred to medical officers, allied health professionals or medical specialists as required. Staff were aware of incident reporting processes and how incidents may trigger reassessment or review.

Care documentation evidenced comprehensive assessment and care planning that identified individual consumer’s needs, goals, preferences and any identified risks, as well as regular review of care and services. Risks to individual consumer’s health and well-being were identified, documented and managed. Risks included pain, falls, diabetes, wounds and cognitive decline and strategies to manage these risks were documented. End of life care planning is discussed with consumers and representatives on entry to the service and during regular care plan reviews. Consumers’ end of life care wishes and preferences were documented. Care documentation evidenced the involvement of other health professionals in assessment and care planning processes, such as medical officers and a range of allied health professionals.

The organisation has policies and procedures available to guide staff in assessment and care planning. The service monitors clinical indicators, including pressure injuries, medication incidents, use of restrictive practices and falls.

# 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 |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| 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

Consumers were satisfied with the care they receive. For example, a consumer who has chronic pain said it is well managed and staff were aware of strategies to manage the pain. Another consumer who had a wound said staff attend to the wound regularly. Consumers said their needs and preferences are effectively communicated between staff. Consumers said they have access to various health professionals, including allied health practitioners and medical specialists and referrals are made as required.

Staff described consumers’ individual care needs and were satisfied they have access to the information they need to guide delivery of care and services, including in progress notes and shift handover. Staff described how they identify, report and respond to a deterioration or change in a consumer’s condition, which may include contacting a medical officer or arranging a hospital transfer.

Care planning documentation was individualised, included end of life needs and preferences, and reflected management of high impact, high prevalence risks to consumers, such as falls, wounds and changed behaviours. Care documents evidenced referrals to other organisations and providers of care, including allied health professionals, medical officers and specialist dementia services, and recorded information about changes in a consumer’s condition, clinical incidents and transfer to/from hospital.

The service demonstrated identification, assessment, management and evaluation of consumers’ restrictive practices, skin integrity and pain. For example:

* Where restrictive practices are used, assessments, authorisation, consent and monitoring were demonstrated.
* Behaviour support plans are in place for sampled consumers who are subject to restrictive practices.
* Wounds are consistently attended to in accordance with the consumers’ wound management plans and pressure area care is completed as prescribed.
* Consumers with chronic pain have regular pain assessments to identify the site, severity and type of pain experienced by the consumer. Staff use assessment tools depending on the consumer’s ability to verbalise their pain. Pharmacological and non-pharmacological strategies are included in care plans and when pain relief medication is used, it is reviewed for effectiveness.

The service has policies, procedures and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control and for the management of a COVID-19 outbreak. The service has an influenza and COVID-19 vaccination program for staff and consumers and has appointed an Infection prevent and control (IPC) Lead. Staff provided examples of practices to prevent and control infections such as hand hygiene, encouraging fluids, the use of PPE and obtaining pathology results prior to commencing antibiotics.

The service has a suite of policies and procedures relevant to this Quality Standard.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers said they get the services and supports they need, and staff assist them to be as independent as possible. Consumers said they participate in cultural and religious practices at the service and are provided with emotional and spiritual support when needed. Consumers spoke about being supported by the service to participate in meaningful activities both within and outside the service.

Staff described the needs and preferences of individual consumers and strategies to support them to be independent, including in relation to mobilising and utilising supportive communication tools. Staff knew whom consumers have personal relationships or friendships with and explained how they support them to maintain contact with those people. The Assessment Team observed staff engaging with consumers to seek their preferences on services and assisting consumers to attend individual and group leisure activities. Staff described how they share relevant information with others.

Consumer care documentation was individualised and reflected services and supports for daily living, lifestyle activities of interest and people important to them. Documentation demonstrated consumers’ psychological needs are supported. The service has an extensive pastoral care support network that meets regularly with consumers of various denominations to provide emotional and spiritual support. The lifestyle team has a qualified counsellor who provides emotional support when required and lifestyle staff provide weekly individual support to consumers. Referrals to other individuals, organisations or providers are made as required and included hairdressers, support workers, and volunteers from local cultural communities.

Consumers provided positive feedback about the variety, quality and quantity of meals. Consumer dietary preferences and requirements are accommodated. The service has a food focus group where consumers meet monthly with the hospitality manager to provide feedback. Menus are displayed in large print throughout the service and include meal options.

Equipment was available to support service delivery and consumers reported they feel safe when using equipment and know how to report any concerns. Staff described the process to clean equipment and how to report faulty equipment. The Assessment Team observed equipment to be clean and well-maintained.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| 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 |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The Assessment Team observed the service environment to be easy to navigate with clear access instructions and a welcoming reception area. The environment was well-lit with an open-plan layout and displayed clear directional signage throughout.

The service environment contained accessible and comfortably furnished private and communal sitting spaces. Consumers using mobility aids were observed moving independently through wide corridors fitted with handrails on both sides. Consumers were also observed interacting with others in the service’s café and outdoor communal areas. Consumers’ rooms were personalised with furniture, photos and mementos.

Consumers said they felt safe and comfortable at the service and gave positive feedback about the cleaning and maintenance. A consumer who enjoys gardening was observed by the Assessment Team to be working in the garden area and Lifestyle staff said they support the consumer to independently take on this activity.

The Assessment Team observed areas of the service to be accessible, clean and well maintained. Indoor areas were bright and airy with clean and comfortable furniture. Consumers using mobility aids were observed moving freely in and around the service, receiving assistance from staff when required. Outdoor paths were level and free from debris.

Furniture, fittings and equipment were observed to be well maintained, clean and safe. The service has a documented preventative maintenance schedule, conducts daily inspections of the service and maintenance issues reported are assessed and prioritised.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and their representatives said they feel supported and comfortable providing feedback and making complaints and reported their concerns are addressed promptly. They described various avenues available to them to make a complaint and provide feedback, and options to access external bodies and advocates.

Staff described the service’s complaints management process and their role in supporting consumers and representatives to raise feedback and complaints and access external complaints bodies and advocates.

Information about the service’s feedback and complaints processes, advocates and external complaints avenues are included in admission documentation, the consumer handbook, feedback and complaints forms, and posters and brochures throughout the service.

The service has an open disclosure process and a complaints management system that details actions taken to address or resolve complaints. Consumers and their representatives said staff apologise when things go wrong and involve them in identifying solutions to resolve concerns.

The service analyses and trends feedback and complaints and uses this information to inform continuous improvement activities. Consumers and representatives provided examples of recent complaints that have been resolved and that had resulted in improvements at the service, including to laundry and meal services. In addition, management identified a range of improvements made at the service as a result of trends in complaints and feedback.

# 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)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers provided positive feedback about staff. They reported there is sufficient staff available to meet their needs, they are well cared for and staff attend promptly to calls for assistance. Consumers considered they receive care and services from skilled and qualified staff. They also described the staff as kind and caring.

Staff considered there was enough staff to deliver care and services in accordance with consumers’ needs and preferences and they have enough time to complete their allocated tasks. Call bell response times are monitored, analysed and reported. Management described roster strategies used to replace staff on planned and unplanned leave.

The performance of the workforce is monitored and reviewed. The service determines staff capabilities and competency through processes such as annual competency assessments, performance appraisals, consumer/representative feedback, surveys, call bell response data, and reviews of clinical indicators.

The service has processes to recruit, train and support the workforce. Position descriptions are available for various roles that establish the required responsibilities, knowledge, skills and qualifications. Management described the service’s processes for monitoring criminal record checks and qualifications. Staff said they have access to ample education and training provided both online and in person. Agency staff said they received orientation and detailed consumer information.

The Assessment Team observed staff interacting with consumers in a kind, caring and calm manner. Respectful language was used in care plans, meeting minutes and complaint documentation when describing consumers.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| 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 |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and representatives considered the service is well run and said they have contributed feedback and suggestions to management in relation to the menu and activities. Management described various ways consumers are engaged including through meetings, feedback forms, food forums and surveys. Management communicates consumer issues to the Board.

Various quality, clinical and executive committees and leaders at the service report information to the governing Board. The Board regularly reviews information relating to clinical and incident data and trends, and operational and financial risk and compliance. Management identified changes made to the clinical incident management system and the governance performance outcomes as changes made to improve the quality and breadth of information provided to the Board and governance of the service.

The organisation has effective governance systems in place relating to information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints.

The organisation has a risk management framework, clinical governance framework and relevant policies in place. Staff demonstrated knowledge of these and described their practical application to their work. The service has an established incident management system and reports incidents where required to the Board and under the Serious Incident Response Scheme.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)