Performance

Report

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| Name of service: | Performance report date: |
| Parkvilla Aged Care Facility | 26 August 2022 |
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| Approved provider: | Activity date: |
| Goulburn Valley Health | 12 July 2022 to 14 July 2022 |

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 Parkvilla Aged Care Facility (**the service**) has been considered by James Howard, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 conducted from 12 July 2022 to 14 July 2022; 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 Approved Provider’s response to the site audit report, received on 17 August 2022.
* Other information and intelligence concerning the service, held by the Commission.

# 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 | **Non-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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* **Standard 3** – Ensure each consumer receives safe and effective personal or clinical care, that is best practice, tailored to their needs and optimises their health and well-being, particularly in relation to wound management.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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

The Quality Standard is assessed as Compliant as six of the six specific requirements were assessed as Compliant.

Consumers were treated with dignity and respect, could maintain their identity, were able to make informed choices about their care and services, and live the life they chose. Consumers’ individual identities, culture and diversity and personal privacy were respected, including the ability to meet with friends and family. Consumers from culturally and linguistically diverse backgrounds advised staff were aware of their culture and supportive of their backgrounds and identities. Staff encouraged consumers to do things for themselves and were familiar with consumers’ individual preferences and what was important to them.

Consumers provided positive feedback and gave examples of how the service supported consumers to be independent, exercise choice and make decisions about the care and services provided.

Staff demonstrated respect towards consumers and an understanding of their care and service preferences. Staff were observed interacting with, and providing support and services to, consumers in a respectful manner. Staff demonstrated knowledge of consumers’ regular visitors’ names and what support they required when they visited.

Care planning documentation and interviews with staff confirmed the service understood and supported consumer’s personal goals and choices.

Consumers’ relationships were acknowledged and supported, and consultation occurred to ensure staff awareness of matters of importance including risks to the consumer to support the consumer to live the best life they can.

Consumers were encouraged to take risks and risk assessments were undertaken in consultation with consumers, representatives and health professionals.

When consumers entered the service, they were provided with information detailing the care and services available to them. Consumers were regularly provided with information to assist them in making choices about their daily care and lifestyle activities through activity calendars, announcements, noticeboards, consumer meetings and discussions with staff.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

The Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

Consumers felt like partners in the ongoing assessment and planning of their care and services. Consumers and representatives confirmed they were involved in care planning, including when consumers’ care needs changed. Consumers and representatives were advised of assessment and planning outcomes and were able to access care plans. Consumers and representatives gave examples of how other care providers and medical officers were involved in meeting consumers’ healthcare needs. Staff understood consumers’ end of life wishes and a review of documentation confirmed consumers’ wishes were recorded.

The service had an electronic clinical care system in place, which supported planned care and services to meet individual consumers’ needs, goals and preferences and informed the delivery of safe and effective care. Care planning documentation for individual consumers showed assessment and planning considered risk and reflected consumers’ current needs, goals and preferences, including advance care planning and end of life planning.

Care and services were regularly reviewed for effectiveness, including when circumstances changed or incidents occurred, and consumers and representatives were involved in reviews. Care and service plans for consumers demonstrated integrated and co-ordinated assessment and planning involving other organisations, including medical officers and allied health professionals.

Care documentation was stored on individual consumer records and was communicated in a way that could be easily understood by consumers, representatives, staff and health care providers. Care documentation was reviewed regularly, and consumers and representatives provided with a copy of the consumers’ care plan.

# Standard 3

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| Personal care and clinical care | | Non-compliant |
| 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. | Non-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

This Quality Standard is assessed as non-compliant, as I am satisfied the service is non-compliant with one of the seven specific Requirements, Requirement 3(3)(a).

*Requirement 3(3)(a):*

The Assessment Team considered the service did not demonstrate each consumer received safe and effective personal or clinical care, that was best practice, tailored to their needs and optimised their health and well-being, particularly in relation to wound management.

The service’s wound management and skin integrity policy and procedure included the utilisation of appropriate risk assessment tools, staff used strategies to manage consumers’ skin integrity and, when interviewed, clinical staff described how they assessed and supported consumer’s skin integrity.

However, a review of wound documentation did not evidence best practice and contained multiple discrepancies.

Examples included:

* Wound measurements, wound photos, and next review dates were not being documented consistently as per best practice guidelines.
* Procedure directed nursing staff to use the International Skin Tear Advisory Panel (ISTAP) skin tear classification; however; nursing staff were using either the ISTAP or Skin Tear Audit Research (STAR) classification, which could result in confusion over wound severity.
* There was no clear process to guide the next dressing change or next wound review, with some dressings changed and wounds reviewed after 10 days, but others reviewed with a gap of at least a fortnight. Clinical staff were unable to explain the variation in review date methodology.
* The wound policy did not specify how often wound measurements were to be done or when a wound photograph should be taken.

The Assessment Team noted the inconsistency and lack of direction had a direct effect on consumers. The Team observed consumers’ files lacked proper wound documentation and so staff could not understand the progress or deterioration of the wound. In one case, a consumer’s file stated a wound dressing was due to be changed in 10 days but, at the time the Team reviewed the file, it had not been changed in 17 days.

The Assessment Team raised the issues with wound documentation with management during the site audit. Management advised it would review the service’s wound management process to ensure it aligned with best practice.

In its response to the site audit report, the Approved Provider acknowledged the gaps identified in the report concerning the monitoring of wounds and skin integrity issues

The Approved Provider advised it took the following actions to address the issues in the report:

* Conducted a head-to-toe assessment of all residents within the service, which confirmed there were no wounds that were not previously identified.
* Reviewed the wound management procedure to ensure documentation requirements properly reflect processes and that wounds are recorded using photos.
* Wound dressings changed weekly.
* Wound surface area measured weekly.
* Clear instructions on how to use the ISTAP skin tear classification system.
* Scheduling individual wound dressing changes to appear on the work schedule in the service’s clinical record system.

While I acknowledge the service has now taken action to address the deficiencies identified in the site audit report I consider that, at the time of the site audit, the service did not demonstrate each consumer received safe and effective personal or clinical care, particularly in relation to wound management.

Therefore, given the above information, I decided the service was non-compliant with Requirement 3(3)(a) at the time of the site audit.

*The other Requirements:*

I am satisfied the Service was compliant with the other Requirements in Standard 3 at the time of the site audit.

Consumers received personal and clinical care that was safe and appropriate for them and in accordance with their needs and preferences. With the above-noted exception of wound care, staff provided care in accordance with best practice guidelines and tailored to the needs of consumers. Consumers received appropriate care tailored to their individual needs and had access to a medical officer or other health professionals when required.

Consumers received care and services in line with their preferences, including for palliative and end of life care, and were provided dignity and comfort. Care was provided in a timely manner when consumers were unwell or experienced a deterioration in their health, their preferences were met, and they were provided with appropriate pain management.

Consumers’ individual needs were documented and this informed the provision of safe and effective personal and clinical care, including timely and appropriate referrals to medical officers and allied health professionals. Care planning documentation demonstrated the identification of, and response to, changes in consumers’ conditions and health status, including effective management of high impact, high prevalence risks to consumers. Clinical records reflected referrals to a range of allied health professionals, such as dentists, occupational therapists and dementia care specialists.

Information about consumers’ health and well-being was documented and communicated between staff and other relevant people, such as health care providers. Staff were aware of consumers’ clinical care needs and demonstrated knowledge of signs and symptoms that could indicate a deterioration in a consumer’s condition.

The service had a documented infection prevention and control process, including an outbreak management plan. Staff were aware of, and trained in, infection prevention and control and anti-microbial stewardship with documented policies and procedures to support the minimisation of infection-related risks. Hand sanitiser and personal protective equipment were readily available.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as Compliant.

Consumers received services and supports for daily living that were important for their health and well-being and that enabled them to do activities they wanted to do. Consumers advised they were supported by the service to do things of interest to them, including participation in both the service’s lifestyle program and in external, independent activities.

Consumers and representatives advised consumers were supported to maintain social and emotional connections with people important to them, both inside and outside the service. Care planning documentation showed consumers were supported to participate in activities both within and outside the service and the information was reviewed and updated regularly. Staff were aware of consumers’ preferences for various activities and could access individual care plan documentation to support their knowledge of consumes’ lifestyle preferences.

Consumers were positive about the quality, quantity and variety of the food, advised their individual requirements were catered for and the catering team sought their input and could prepare something specific if asked. The service’s menu changed every two weeks.

The service demonstrated services and supports for daily living to promote consumers’ emotional, spiritual and psychological well-being. Staff developed a weekly activities calendar containing a variety of activities using assessment information and feedback from consumers. Consumers who did not wish to participate in activities on the calendar were supported to engage in other activities that were meaningful to them. Consumers were involved in reviewing activities offered at the service and provided feedback through a bimonthly residents’ forum and other feedback mechanisms.

A review of consumer care planning documentation demonstrated consumers’ needs and preferences were communicated within the organisation and with other external organisations, such as arranging visits from a chaplain, support workers, allied health professionals or specialists.

Equipment used to support activities for daily living was safe, suitable, clean and well-maintained.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 Quality Standard is assessed as Compliant as three of the three specific requirements were assessed as Compliant.

Consumers felt they belonged in the service, it felt like home and they felt safe and comfortable in the service environment. Consumers liked their rooms and were able to make decisions about and decorate their own rooms. The service’s indoor and outdoor areas were easy to navigate. Consumers reported the service was clean and well maintained, and equipment, furniture and fittings in the service were clean, safe, well maintained and suitable for their needs and preferences.

The service environment was welcoming, clean, well-maintained and easy to navigate. External pathways were clean and hazard-free to ensure ease of use by consumers. Designated cleaning staff ensured the service environment, furniture, fittings and equipment were clean, well maintained and appropriate for consumer needs. Staff described how they cleaned equipment in-between use by different consumers, in accordance with the service’s infection control procedures, including safe COVID-19 practices.

Maintenance staff monitored the environment to ensure it was safe and well-maintained. Consumers, staff or management could raise maintenance requests through an electronic reporting system that went directly to the maintenance team. Staff confirmed maintenance issues were attended to promptly. Maintenance staff confirmed they could purchase supplies when required. Staff demonstrated they knew how to report maintenance issues, and that such issues were managed promptly.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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

The Quality Standard is assessed as Compliant as four of the four specific requirements were assessed as Compliant

Consumers were encouraged and supported to provide feedback and make complaints, and the service took appropriate action in response. Consumers and representatives confirmed they felt safe and supported to make complaints and provide feedback and knew of the various avenues for doing so.

Consumers and representatives were aware of the internal and external feedback and complaints mechanisms available to them, including advocacy support and language services, and said that when they raised issues, management acknowledged complaints, addressed the issues and resolved them to the consumers’ or representatives’ satisfaction.

Consumers and representatives felt confident the feedback they provided was considered by the service, and suggestions were implemented as far as reasonably practicable. Consumers confirmed the service responded and promptly addressed the issues to their satisfaction and provided examples of changes that occurred following feedback to the service.

The service had processes to promote and support consumers and representatives to provide feedback and make complaints, including a residents’ forum, feedback forms and a feedback “letter box” in the main activities room.

Feedback and complaints were used to continually improve the care and services provided to consumers. Consumers confirmed that positive changes directly followed feedback provided through the service’s feedback and complaint mechanisms. Consumers and representatives were involved in evaluating and implementing improvement actions. Records showed all staff had attended open disclosure training and staff had a shared understanding of the principles of open disclosure, understood when open disclosure processes should be applied, errors should be acknowledged and an apology provided.

**Standard 7**

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| Human resources | | Compliant |
| 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

This Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

Consumers received care and services from staff who were knowledgeable, kind, capable and caring. Consumers and representatives complimented staff for being kind, caring, and respectful of their identities, culture and diversity. Consumers considered there were sufficient staff to support consumer care and services, stated they were confident staff knew what they were doing and that staff had the skills to provide safe and high-quality care and services.

The service had documented human resource management policies and procedures, which contained processes to ensure staff were equipped, trained and supported to meet the needs and preferences of consumers across the service. There were defined position descriptions for all positions at the service, mandatory training and core competency requirements, orientation and ongoing training for different roles, processes to ensure vacant shifts were filled, and processes to monitor staff performance and rectify training or knowledge deficiencies.

Interactions between management, staff and consumers and representatives were kind, caring and respectful. Staff demonstrated knowledge and understanding of individual consumers and their preferences and needs.

Consumers advised their needs were met in a timely manner and there were minimal delays in staff response to call bells.

**Standard 8**

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| Organisational governance | | Compliant |
| 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

This Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

Consumers considered the organisation was well run and they were partners in the improvement and development of care and services. Consumers and representatives confirmed they were consulted about their care and service needs, the service was well run, and they felt confident raising any issues or concerns with staff and management. The service used regular care reviews, feedback and complaints, audits, consumer surveys and residents’ meetings to ensure consumers were involved in planning and evaluation of care, services, food and activities. Consumers and representatives were encouraged to make suggestions to enable the service to support them to live the best life they could.

Consumers and representatives confirmed they engage with management and staff. The service had a bimonthly residents’ forum where staff and consumers could discuss preferences and options, consumers were also able to provide feedback by completing consumer surveys or by filling in and lodging feedback forms.

The governing board set strategic priorities and expectations for the organisation and met regularly to identify and review risks at an organisational and consumer level. The governing board monitored and evaluated how the service performed against the Quality Standards through meetings and monitoring and reporting processes. In doing so, it promoted the delivery of safe, inclusive and quality care and services.

The service had organisation-wide governance and risk-management systems. These systems supported effective information management, continuous improvement, financial governance, compliance with legislation and regulations, responsibility and accountability in maintaining compliance with the Quality Standards and delivering quality care and services to the consumers. Interviews with management and staff and reviews of records demonstrated the service constantly pursued feedback from consumers, representatives and staff.

The service had effective risk and incident management systems and practices to identify, report, prevent and manage risks and incidents. Staff were educated about the policies and provided examples of their relevance to their daily work.

The service had a clinical governance framework that set out specific roles and responsibilities concerning clinical leadership, safety and quality. Management and staff were trained in the framework and staff gave examples of how they applied the service’s policies in antimicrobial stewardship, minimising the use of restraint and open disclosure.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)