Performance

Report

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| Name of service: | Parkvilla Aged Care Facility |
| Service address: | 64-68 Park Street TATURA VIC 3616 |
| Commission ID: | 3464 |
| Approved provider: | Goulburn Valley Health |
| Activity type: | Assessment Contact - Site |
| Activity date: | 8 June 2023 to 9 June 2023 |
| Performance report date: | 28 June 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 Parkvilla Aged Care Facility (**the service**) has been prepared by L Glass, 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 |

# Findings

Requirement 3(3)(a) was found non-compliant following a Site Audit conducted between 12 July 2022 to 14 July 2022. The service was unable to demonstrate each consumer gets safe and effective clinical care that is best practice; tailored to the individual and optimises their wellbeing. Clinical care, particularly for wound management found the review of wound management documentation showed multiple discrepancies. For all wounds review showed wound measurements, wound photographs, and next review date were not being documented consistently as per the service’s policy, which incorporates best practice guidelines. Best practices were not being used to guide wound classification and wound dressing change.

The service has implemented several actions in response to the non-compliance identified at the Site Audit on 12 July 2022 to 14 July 2022 that have been effective. The actions include audits to ensure wound management criteria are met and clinical incidents such as pressure injury, skin tears and incontinence associated dermatitis are reported; completion of weekly wound reviews by a wound resource nurse with monthly reporting at a clinical meeting; successful update of the electronic care document system embedding wound/skin integrity charting classification options; training and development of wound management resources.

During the Assessment Contact conducted on 8 June 2023 to 9 June 2023 the service demonstrated strengthened processes for the provision of personal and clinical care. All consumers interviewed provided positive feedback about the care they receive saying it is right for them and the staff understand and deliver care that meets their needs and preferences. Staff demonstrated an in-depth knowledge of the consumers’ care needs and the interventions planned to provide safe and effective personal care. Clinical staff provided feedback on the sampled consumers’ care, with care document review reflecting individualised strategies are implemented to maintain skin integrity and appropriate assessment and management of consumers’ wounds and pain management.

The service maintains a restrictive practice register and psychotropic medication tool with both documents reflecting assessments, consultations, informed consent is documented and regular reviews with evidence of review to minimise and cease psychotropic medications where appropriate. No consumers were identified as subject to chemical restrictive practice with consumers having diagnosed medical and mental health conditions that indicate treatment with psychotropic medication. Management demonstrated the electronic care task scheduling embedded into the care document system which is monitored and audited regularly for timely completion of care tasks. Tasks include monitoring of consumer skin condition, change of wound dressings, pain and review of the effectiveness of administered as required medication.

The Assessment Team reviewed wound management for sampled consumers, with care documentation reflecting wound care attended as per the services’ skin and wound management policy. I find Requirement 3(3)(a) Compliant.

1. The preparation of the performance report is in accordance with section s 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)