Performance

Report

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| Name of service: | Parry Care Centre |
| Service address: | 74 Warlingham Drive LESMURDIE WA 6076 |
| Commission ID: | 7084 |
| Approved provider: | Amana Living Incorporated |
| Activity type: | Site Audit |
| Activity date: | 19 October 2022 to 21 October 2022 |
| Performance report date: | 21 November 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 Parry Care Centre (**the service**) has been prepared by Denise McDonald, 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.
* 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 | 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 and representatives said that staff treat consumers with dignity and respect and recognise the diversity of their needs, conditions, and preferences. Staff demonstrated an understanding of consumers’ interests, background and cultural practices and were observed to be responsive to consumers’ individual needs.

Consumers expressed that they were supported to make decisions about their own care and the way care and services are delivered. Consumers said they are supported to make connections and maintain relationships of choice. Staff described strategies for supporting consumers to exercise choice and make connections with others.

Consumers and staff described how consumers are supported by staff to take risks and live the best life they can and to understand the risks involved. Care planning documentation evidenced examples of consumers being supported to take risks and appropriate risks assessments being completed.

Consumers and representatives reported receiving relevant and timely information, that was communicated effectively to enable consumers to exercise choice. Care planning documentation recorded individualised communication needs and preferences of consumers. Staff demonstrated knowledge of consumer’s communication needs and preferences for consumers with diverse cognitive function.

Consumers and staff described the practical ways staff respect the personal privacy of consumers. Staff were observed knocking on doors prior to entry and storing consumer’s personal information in locked offices.

# 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

The service demonstrated assessment and care planning included a consideration of risks to consumers’ health and wellbeing and this informed the delivery of safe and effective care and services. Care planning documentation reflected consumer’s current needs and an individualised consideration of risk.

Review of consumer care planning documentation demonstrated assessment and planning identified and addressed consumers’ individual needs and preferences, including advanced care planning.

Care planning documentation reflected input from consumers, representatives and other organisations and services, including recommendations or directives from health professionals. Consumers and representatives said they are informed of outcomes of assessment and planning and information regarding their care and have access to care planning documents.

Care planning documentation and weekly multidisciplinary team meeting minutes demonstrated that care and services are regularly reviewed for effectiveness and when consumer’s individual circumstances change. Consumers and representatives confirmed that they are regularly updated with changes to cares and services following incidents which impact on the needs, goals, or preferences of the consumer.

# 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 confirmed they receive personal and clinical care that is safe, effective, and tailored to their individual needs and preferences. The service demonstrated effective management of high impact and high prevalence risks. Risks associated with the care of consumers is reflected in their care planning documentation, which includes risk mitigation strategies.

Care planning documentation recorded the needs, goals and preferences for consumers nearing the end of their life and provide guidance to staff to ensure comfort and dignity of consumers. Consumers and representatives expressed satisfaction about how the service provides end of life cares.

Consumers and representatives reported that changes in consumers’ health or condition were identified and responded to in a timely manner. Care planning documentation and progress notes evidenced daily monitoring for changes in condition and a timely response to deterioration.

Information about consumers’ care was documented and effectively communicated and consumers and representatives expressed satisfaction with how the information is communicated and shared within the service. Consumers’ care planning documentation demonstrated timely and appropriate referrals to medical and allied health services. Consumers and representatives said they were satisfied with the referral process.

The service has documented policies and procedures to support the minimisation of infection-related risks through the implementation of infection control principals and the promotion of antimicrobial stewardship.

# 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 and representatives confirmed consumers receive safe and effective services and supports for daily living which meet their needs, goals and preferences and optimises independence.

Consumers and representatives expressed satisfaction with the emotional, spiritual, and psychological supports and services available to consumers. Care planning documentation detailed the emotional and spiritual supports and services that are important to individual consumers.

The service encourages and supports each consumer to do things of interest to them, have social and personal relationships and participate in their community both within and outside the service environment. Consumers confirmed they are supported to engage with their families and their community outside the service.

Consumers and representatives said that consumers’ condition, needs and preferences are effectively communicated within the organisation and with those responsible for care and services. Staff described how changes to consumers’ care and services are communicated through the electronic case management system and through the handover process.

The service has processes in place to enable referrals to individuals, other organisations or providers of other cares. Consumer care planning documentation demonstrates that the service involves others in the provision of care and services where appropriate.

Consumers and representatives expressed satisfaction with the quality and quantity of meals and consumers with special dietary needs or preferences were accommodated. Staff demonstrated an understanding of individual consumers’ dietary needs and preferences and described how consumers provide input into the design of menus.

Equipment was observed to be safe, clean, and well-maintained, to assist with consumers’ activities of daily living. Consumers and staff confirmed they have access to this equipment and described the process for identifying and reporting hazards and maintenance issues.

# 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 service environment was welcoming and easy to navigate and optimised consumers’ sense of belonging and independence. Consumers felt at home at the service, and the Assessment Team observed consumers’ rooms personalised with furniture and décor of their choice, and communal areas with comfortable furniture for meeting with relatives and friends.

Consumers and representatives reported the service to be clean and well-maintained and the Assessment Team observed consumers moving freely and being supported to move around the service, both indoors and outdoors.

Furniture, fittings, and equipment within the service were safe, clean, and well-maintained. The service ensured preventative and reactive maintenance is conducted regularly by maintenance staff. The Assessment Team observed the furniture, fittings, and equipment to be safe and suitable for the needs of consumers.

# 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

The service demonstrated a system and procedure for receiving, monitoring, and actioning feedback from consumers and representatives, which included feedback forms and confidential mailboxes located in accessible locations. Consumers and representatives said they were encouraged by the service to provide feedback and make complaints.

Consumers and staff were aware of advocacy and other external complaints services available to consumers and representatives. The service provided written materials to communicate advocacy, language, and external complaints pathways to consumers and representatives.

The service was able to demonstrate appropriate and timely actions are taken in response to complaints or incidents and an open disclosure process is applied when things go wrong. The service had policies relating to the feedback and complaints process, incidents, and the application of open disclosure.

Consumers and representatives reported that feedback and complaints are used to improve the quality of care and services delivered. The Assessment Team reviewed documentation, including meeting minutes and care planning documentation, which demonstrated improvements to care and services following feedback and complaints.

# 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 and representatives said they receive quality care and services from staff who are capable and caring. Consumers, representatives, and staff reported that there are insufficient staff at the service, however, said there has been no impact on the provision of care. The Assessment Team reviewed call bell response data, which demonstrated call bells were responded to promptly.

Consumers and representatives described staff interactions with consumers as kind, caring, and respectful and said the staff are sufficiently skilled to provide safe and effective care and services. Management reported that the service monitors the currency of staff qualifications and registrations, police check and mandatory training.

Management said the service supports and assesses the skills and competence of its workforce with a suite of training modules. Consumers and representatives reported confidence in staff abilities.

The service demonstrated regular assessment, monitoring and review of staff performance is undertaken through observations, educational competencies, internal audit results and review of clinical data.

# 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

The service demonstrated that consumers are engaged in the development, delivery and evaluation of care and services. Consumers reported that they feel the service is run well and that they feel involved in the development and delivery of cares and services. The service engages consumers though consumer and representative meetings, feedback, and surveys.

The organisation demonstrated that the governing body promotes a culture of safe, inclusive and quality care and services and had policies, procedures and guides relevant to the Quality Standards, including a clinical governance framework. Infection control, serious incidents, feedback and complaints, audit results, restrictive practices and high impact and high prevalence risks are reviewed and reported to the governing body monthly.

The service had governance systems to support effective information management, continuous improvement, workforce governance and feedback and complaints. Updates to aged care law and regulations are monitored and disseminated to staff through staff education and meetings, and to consumers and representatives through newsletters and electronic messaging.

The service had effective risk management systems and practices, including managing high impact or high prevalence risks associated with the care of consumers, supporting consumers to live the best life they can. The organisation manages incidents through the use of an incident management system.

Management confirmed that the service had a clinical governance framework, and that clinical care is guided by polices pertaining to antimicrobial stewardship, the minimisation of restrictive practices and open disclosure when things go wrong. Staff demonstrated a shared understanding of antimicrobial stewardship, open disclosure, and the management of restrictive practices and a review of the care planning documentation demonstrated compliance with the organisation’s policies.

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