Performance

Report

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| Name of service: | Performance report date: |
| Victoria by the Park | 5 September 2022 |
| Commission ID: | Activity type: |
| 3727 | Site audit |
| Approved provider: | Activity date: |
| Provectus Care Pty Ltd | 27 July 2022 to 29 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 Victoria by the Park (**the service**) has been considered by Kathryn Spurrell 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 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 22 August 2022.
* 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 | **Non-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.

* **Requirement 5(3)(b)** - The service ensures the service environment is safe, clean, well maintained, and comfortable; and enables consumers to move freely, both indoors and outdoors.

# 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

Consumers and representatives stated staff were respectful and the interactions and engagement of staff were completed with dignity. Staff were observed interacting with consumers in a friendly and respectful manner.

Staff demonstrated awareness of consumers’ backgrounds and described how consumer preferences and culture influence the day-to-day delivery of their care. Care planning documents reflected consumers’ cultural, spiritual and activity preferences.

Consumers are supported to exercise choice and independence and encouraged to maintain relationships with people inside and outside of the service. The service demonstrated consumers can make decisions about how care and services are delivered, who they want involved in their care, and how they wish to maintain relationships.

Consumers are encouraged to make choices involving elements of risk to their health or safety, these are discussed with consumers and representatives. The service’s risk management framework and policies supported consumers to do the things they want to do. Consumers said information provided to them is accurate and timely, and provided in a way that enables them to make choices.

The Assessment Team observed staff practices demonstrating privacy is respected for consumers, such as knocking on consumers’ doors and handover of information between shifts was conducted privately.

# 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 identify 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

Care planning documents, consumer feedback and interviews with management and clinical staff, demonstrated the service provided appropriate assessment and planning that considers risks to consumer health and well-being. Staff described how the assessment and planning process informs their delivery of care and services, this included knowledge of risk and individual consumer needs.

Care plans included comprehensive assessments and information relating to consumer’s needs and matters for consideration when providing care and services. Consumers were satisfied with the care delivered by staff, and it aligned with their care planning documentation, this included advanced care and end of life wishes. Staff were guided by organisational policies and guidelines on processes to support end of life care and advance care planning.

Care planning documents, feedback from consumers and staff interviews, evidenced the service utilised appropriate methods of assessment and planning including ongoing partnerships with consumers, representatives and organisations involved in the care of the consumer.

Consumers confirmed they were aware and understood their care plan and could access it as they wanted. Staff demonstrated outcomes of assessment and planning were effectively communicated with consumers and their representatives along with staff handovers where outcomes of assessment and planning were communicated and discussed, including changes in consumer’s needs, goals, and preferences.

Consumers confirmed their care plans were reviewed on a regular basis, as well as after an incident or when their care needs changed. Staff described when and how care plans were reviewed and showed an understanding of their responsibilities in the process. The service maintained three monthly reviews for care plans along with reviews following an incident or change in condition.

# Standard 3

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| Personal care and clinical care | | 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. | 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 considered that they receive personal care and clinical care that is safe and right for them and care planning documentation evidenced care is safe, effective, and tailored to consumer's needs, goals, and preferences. Staff interviewed were able to describe how they deliver individualised personal and clinical care. Policies and procedures are reviewed and updated as regulations, standards and best practice guidelines become available.

Care planning documentation demonstrated effective management of high-impact or high-prevalence risks associated with the care of each consumer. Staff described policies and procedures in place to guide them in managing risk within the service and demonstrated knowledge and awareness of risks associated with individual consumers.

Staff described how the palliative care needs of consumers are respected and the practical ways in which they maximise the comfort of consumers near end of life. Care planning documentation reflects end of life needs and wishes of consumers this was reflective of the service’s policies and procedures.

Staff provided examples of how they have responded to deterioration in consumer conditions at the service in a timely and efficient way, these examples were supported by consumer statements confirming staff identify and respond quickly. Care planning documentation demonstrated progress notes and care plans provide adequate information to support effective and safe sharing of consumers’ information. Consumers said they felt staff knew their needs and preferences. Staff confirmed the communication methods used to ensure all changes to consumers needs were shared appropriately.

Consumers and representatives sampled said relevant health professionals could be accessed when required. Care planning documentation confirms the input of other providers of care and external referrals where needed and staff confirmed appropriate and timely referrals were made.

The service has policies and procedures to support the minimisation of infection related risks through the implementation of infection prevention and control principles and the promotion of antimicrobial stewardship. Staff understood how infection related risks are minimised at the service and how they minimise the use of antibiotics.

# 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

Consumers said they get the services and supports for daily living that are important for their health and well-being and enables them to do the things they want to do. Staff demonstrated an understanding of individual consumer’s daily living needs and preferences and described the support they give consumers to do the things they want to do, which was supported by care documentation.

The service showed there are services and supports available to promote the consumer’s emotional, spiritual, and psychological well-being. Consumers and representatives indicated they can stay in touch with family or friends for comfort and emotional support and consumer care planning documentation includes information about consumers' spiritual beliefs, strategies to support their emotional well-being.

Consumers advised they are supported to participate within and outside the service, keep in touch with people who are important to them and do the things of interest to them. Staff gave examples of how they support consumers to participate in the community or engage in activities of interest to them. Care planning documentation for consumers sampled identifies how consumers wish to participate in activities, outings into the community, and maintain relationships.

Consumers said they are supported by other organisations, support services and providers of other care and services and care planning documents reflect the involvement of others in provision of supports. Staff are guided by the service's processes when referring consumers to services outside the service.

Consumers and representatives expressed satisfaction with the variety, quality and quantity of food being provided at the service. Dietary preferences and requirements are documented and available for staff to access easily.

Consumers and representatives reported having access to equipment, including mobility aids, shower chairs and manual handling equipment, to assist them with their daily living activities The Assessment Team observed equipment used by consumers to be suitable, clean, and well maintained.

# Standard 5

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| Organisation’s service environment | | Non-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. | Non-compliant |
| Requirement 5(3)(c) | Furniture, fittings, and equipment are safe, clean, well maintained, and suitable for the consumer. | Compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

The service environment:

1. is safe, clean, well maintained, and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

The Assessment Team identified the service environment was designed and maintained to allow the free movement of consumers indoors and outdoors. However, the Site Audit report identified deficiencies relating to the safety of the service environment, specifically, the Assessment Team observed a fire sprinkler system with some minor damage requiring maintenance since November 2020, cleaning chemicals that were left unattended and unsecured during the Site Audit and internal maintenance schedules that showed water testing for legionnaires and water temperatures that were behind schedule by approximately three months.

In its response of 22 August 2022, the Approved Provider submitted context around the deficiencies identified and advised that the issues in relation to the fire system were aesthetic and did not impact the operation of the system, however confirmed these have since been resolved. In relation to the storage and handling of chemicals; lockable, mobile, cleaning caddies were purchased and are now in place throughout the service and while the service acknowledged it was behind its internal preventative maintenance schedule in relation to water testing, a provider has since been procured to undertake the work.

While I acknowledge the Approved Provided has taken steps to remedy the deficiencies, at the time of the Site Audit these changes were not fully established and may take time to demonstrate effectiveness. Therefore, I find Requirement 5(3)(b) is non-compliant.

I am satisfied that the remaining 2 requirements of Quality Standard 5 are compliant.

Consumers felt at home at the service and stated it is welcoming and feels like home. Observations made by the Assessment Team included appropriate signage, indoor and lift access for consumers, and consumer rooms personalised to suit their preferences. The service’s design reflected dementia enabling principles.

The Assessment Team observed clean and well-maintained equipment and furniture. Consumers said the equipment was clean and suitable for use. Staff were able to describe how maintenance and cleaning are managed in keeping with the service’s preventative maintenance schedule.

**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

Consumers and representatives said they were encouraged and supported to provide feedback and make complaints. Consumers and representatives said they are aware of and have access to advocates, language services and other methods for raising and resolving complaints. Staff demonstrated an understanding of the complaints management system and were able to describe the external advocacy and language services available to consumers and representatives. Staff described how they respond to consumer and representative feedback, including the process of open disclosure.

The service provided information to consumers in various ways regarding internal and external complaints and feedback processes, and advocacy services. The Assessment Team observed information on display throughout the service on the internal and external feedback and complaints mechanisms, advocacy, and translation services.

Consumers and representatives advised when they have provided feedback or raised a concern, management responded promptly, with positive and transparent communication during the process with an appropriate response.

Management utilised the organisation’s electronic information system together with documentation, to record, resolve and show how feedback and complaints are used to improve the quality of care and services 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

Consumers felt they receive quality care and services when they need them, from staff who are knowledgeable, capable, and caring. Consumers reported staff were busy at times however they still provided quality care and services. Management described how they ensure there is enough staff to provide safe and quality care and service.

The Assessment Team saw staff interacting with consumers and their representatives in a kind, caring and respectful manner. Consumers confirmed they are treated with care and staff were respectful of their identity, culture, and diversity.

Staff confirmed they had received mandatory training and competencies and were confident the training provided has equipped them with the knowledge to provide care and services for consumers. Training records were provided showing the training programs including onboarding training, mandatory training, and role specific training.

The service regularly assesses, monitors, and reviews the performance of each member of the workforce. Management outlined how the performance of staff is monitored through formal performance appraisals and informal monitoring and review.

**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

Consumers and representatives said the service is well managed, and they are happy with their engagement in the development, delivery and evaluation of care and services. Consumers said the service supports them to engage in the development, delivery and evaluation of care and services. The service uses care and service plan reviews, feedback and complaints, audits, surveys, and consumer meetings to engage consumers in the process.

The governing body promotes and is accountable for a culture of safe, inclusive, and quality care and services. The organisation has an independent internal audit team that regularly visits the service, and the outcomes of the audit are provided to the board.

The service has implemented effective governance systems relating to the management of information, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints.

The service had a risk management framework, including policies describing how to manage high impact or high prevalence risks, identifying, and responding to consumer abuse and neglect, supporting consumers to live the best life they can and how to manage and prevent incidents.

The service has an effective clinical governance framework that included antimicrobial stewardship, restraint minimisation and open disclosure processes. Staff understood the open disclosure principles and stated they practised it when appropriate.

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-2)