Performance

Report

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| Name of service: | Wellington Park Private Care |
| Service address: | 16 Balmoral Street WELLINGTON POINT QLD 4160 |
| Commission ID: | 5362 |
| Approved provider: | Superior Care Group Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 17 July 2023 |
| Performance report date: | 08 August 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 Wellington Park Private Care (**the service**) has been prepared by S Turner, 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 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **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 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 |

Findings

Consumers and representatives said staff treated them with dignity and respect and provided examples of how staff supported them in a kind and caring manner.

Care planning documentation reflected consumers’ identity, choices and preferences for care and included relationships of importance, life experiences, religious affiliations, and preferred name.

The organisation had documentation and training which demonstrated an inclusive, consumer-centred approach to care and service delivery and staff said they received annual training that included modules on cultural safety, discrimination, and person-centred care.

Staff were observed treating consumers with dignity and respect while respecting consumers’ individual choices and preferences.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Consumers and representatives spoke highly of the care consumers received. Their feedback included pain was well managed, medications were provided on time and that staff were reliable.

The service had effective processes to manage high impact or high prevalence risks associated with the care of each consumer. The care of consumers with complex care needs was reviewed and included consumers with chronic pain, time critical medication, changed behaviours and falls risks. Care documentation demonstrated registered nurses, medical officers and allied health professionals were involved in consumers’ care. Medication charts demonstrated analgesia and medications were provided on time, as prescribed, and this was confirmed by consumers. Clinical equipment and resources were available to support care delivery and improve consumers’ comfort.

Where restrictive practices were in use, authorisations and consents were in place, behaviour support plans were established and there was evidence of the involvement of a specialist dementia service. Behaviour support plans included strategies tailored to the individual and these were understood by staff.

Management and staff described how the service monitored and identified risks to consumers through assessments, referrals to allied health specialists and the review of incident data. Staff were aware of how to report and document incidents and registered staff described how incidents were reviewed and follow up actions initiated. Handover occurred at the commencement of each shift and was used to update staff on changes to consumers’ care needs and preferences, including risks. Staff were familiar with strategies to minimise risks to consumers.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

Consumers reported feeling safe and comfortable at the service and spoke positively of cleaning and maintenance services.

Staff were familiar with strategies to maintain the safety and cleanliness of the environment and a maintenance log was maintained to track maintenance requests.

The service was observed to be clean, well-maintained, and comfortable. Corridors were uncluttered and equipment was appropriately stored.

There were outdoor areas that were covered by a roof and provided shade and access in all seasons and weather types.

Consumers were observed to have access to their call bells when in their rooms. Consumers and visitors were observed to have freedom of movement throughout the service including outdoor areas without the assistance of staff. Consumers reported enjoying walking through the garden areas.

# 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 |

Findings

Consumers and representatives mostly said that staffing levels supported the timely provision of care and services; feedback included ‘staff are quick to help me’.

Staff said they have enough time to meet the demands of their roles and the needs of consumers. Staff said they were busy but felt they had support from other staff when they required it.

Rosters and allocation sheets demonstrated vacant shifts were filled and management described the processes used to monitor staff responses to consumers’ requests for assistance.

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