Performance

Report

**1800 951 822**

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| Name of service: | Adria Village Ltd |
| Service address: | 89 Freemantle Drive STIRLING ACT 2611 |
| Commission ID: | 2908 |
| Approved provider: | Adria Village Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 20 September 2022 |
| Performance report date: | 30 September 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 Adria Village Ltd (**the service**) has been prepared by Melissa Buhagiar, 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.
* The following information given to the Commission, or to the Assessment Team for the Assessment Contact - Site of the service: Twelve consumers and 1 representative provided feedback to the Assessment Team.
* The approved provider previously was found to be non-compliant in Requirements 4(3)(a) and 5(3)(a) of the Quality Standards, this assessment visit was conducted to assess the providers improvements and compliance with these Requirements.

**Assessment summary**

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| Standard 4 Services and supports for daily living | Not applicable as not all requirements have been assessed |
| **Standard 5** Organisation’s service environment | **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 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 |

**Findings**

The Assessment Team interviewed consumers who provided feedback that they were satisfied that services and supports for daily living meet their needs, goals and preferences. They considered they receive safe and effective services that enhance and maintain their independence, well-being and quality of life. Consumers advised that they enjoyed the services and supports offered through the lifestyle program. They stated they have access to the activities calendar, and they receive daily reminders for specific activities. One consumer said that they enjoy time in the lounge room with other consumers and said that they did not like bus outings, instead, enjoys balloon tennis and word challenging games. Two consumers and one representative in the special care unit provided positive feedback indicating they receive services and support that cater to their interests and values.

Staff demonstrated a sound knowledge of individual consumers’ needs and preferred activities and how they support consumers to meet their needs, goals and preferences.

The Assessment Team reviewed six care plans which reflected staff knowledge about what is important to consumers and what they like to do. The activity officer explained how the service partners with consumers and representatives to create a lifestyle profile which includes individual preferences, past interests and current interests, social, cultural and spiritual needs and traditions that are important to them.

A review of the plan for continuous improvement included providing more activity kits in the special care unit and staff education to assist in supporting consumer engagement for consumers living with dementia.

The Assessment Team identified two new consumers care plans, including leisure and lifestyle care plans, were not in place in the care management system and this was inconsistent with the revised new admission assessment schedule.

Management advised the new admission assessment policy and checklist were newly updated and expected assessment completion timeframe also changed from 28 days to 6 days. Management acknowledged staff, including the activity officer, were not aware of this change, and advised that these issues will be addressed in the continuous improvement meeting.

The activity officer said brief assessments were attended to and activity plans were implemented for new consumers. However, identified more time is needed to complete a comprehensive assessment prior to updating the care management system. The paper-based lifestyle assessment form for new consumers was partially completed and sighted by the Assessment Team. The activity officer and staff were able to describe new consumers’ activity needs and preferences.

The Assessment Team observed new consumers’ group and individual activity programs and attendance records are in place in the care management system.

I am satisfied that the approved provider has rectified the gaps that were identified in the Site Audit of March 2022 and find that the approved provider is compliant with this requirement.

**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 |

**Findings**

The Assessment Team found that overall the service environment is welcoming, and that staff were kind and welcoming. The service has wide corridors, communal spaces where consumers can meet with other consumers, friends and family, outdoor garden areas with under cover seating. Consumers have personalised rooms decorated with furnishings and personal items that reflect individual tastes and styles. Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

The Assessment Team interviewed consumers who provided feedback that they find it easy to find their way around the service. Consumers said that they feel at home and comfortable and finds it easy to move around the service.

The Assessment Team observed consumers moving about the service both indoors and outdoors while at the service, including consumers that reside in the special care unit. Although the special care unit is a secured area, consumers are able to leave (staff open the secured door for consumers) and join other consumers in lifestyle activities, dining, or socialising with other consumers in other areas of the service.

The Assessment Team observed wayfinding to include varying coloured walls to identity different areas of the service, signage of named wings with room numbers for each corridor that lead to consumer rooms, laminated posters on most consumer’s doors, with consumers photograph and a picture of an activity or something the consumer likes (for example cats and knitting).

The Assessment Team identified that the special care unit has a memory box outside each consumers room and picture signage for dining, toilet/bathroom and wardrobe clothes storage.

The service reported they have made some improvements and are in the process of making the further improvements to the service environment, which include permanent signage to assist in wayfinding and other improvements reflecting Dementia Services Australia recommendations.

I am satisfied that the approved provider has rectified the gaps that were identified in the Site Audit of March 2022 and find that the approved provider is compliant with this requirement.

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