Performance

Report

**1800 951 822**

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| Name: | Castledare Retirement Village |
| Commission ID: | 7233 |
| Address: | 108 Fern Road, WILSON, Western Australia, 6107 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 4 January 2024 |
| Performance report date: | 12 February 2024 |
| Service included in this assessment: | Provider: 776 Catholic Homes Incorporated  Service: 4760 Castledare Retirement Village |

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 Castledare Retirement Village (**the service**) has been prepared by M Glenn, 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.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others.

The provider did not submit a response to the assessment team’s report.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | **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)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Systems and processes assist to identify, monitor, and effectively manage high impact or high prevalence risks associated with consumers’ care. Care files include appropriate assessment and strategies to mitigate risks relating to falls, behaviours, weight loss and pressure injuries. Care files also evidence involvement of general practitioners and allied health professionals in assessment and management of high impact or high prevalence risks. Staff described how they identify, assess, and manage high impact or high prevalence risks when delivering personal or clinical care, and consumers and representatives feel staff provide consumers care that is safe and right for them.

For the reasons detailed above, I find requirement (3)(b) in Standard 3 Personal care and clinical care compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

Effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect; supporting consumers to live the best life they can; and managing and preventing incidents were demonstrated. Clinical incident management procedures, policies, and a risk register guide staff practice. High impact or high prevalence risks are discussed twice a day at daily huddles and weekly team meetings, and reported at a service level through monthly data tracking, and at an organisational level through the electronic governance system. Consumers who want to take risks have a risk assessment completed and the service works with the consumer to find ways to mitigate the risks and make the activity as safe as possible. Staff described actions they take if abuse or neglect of a consumer is suspected, and the incident and Serious Incident Response Scheme (SIRS) registers demonstrated staff report and escalate incidents of abuse and neglect appropriately and strategies are implemented to prevent incidents recurring. Incident reports and incident related documentation showed investigations are undertaken to identify root causes and record actions identified and implemented to prevent reoccurrence in line with organisational policy.

For the reasons detailed above, I find requirement (3)(d) in Standard 8 Organisational governance compliant.

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