

**Performance Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Dale Residency |
| Commission ID: | 9011 |
| Address: | 4 Hobbs Drive, ARMADALE, Western Australia, 6112 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 21 November 2024 |
| Performance report date: | 3 December 2024 |
| Service included in this assessment: | Provider: 1436 Dale Cottages (Inc.)  Service: 29518 Dale Residency |

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 Dale Residency (**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, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others; and
* an email received from the provider 29 November 2024 acknowledging the Assessment Team’s report and recommendations.

# Assessment summary

|  |  |
| --- | --- |
| Standard 2 Ongoing assessment and planning with consumers | Not fully assessed |
| **Standard 3** Personal care and clinical care | **Not fully assessed** |
| **Standard 7** Human resources | **Not fully assessed** |
| **Standard 8** Organisational governance | **Not fully 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 2

|  |  |  |
| --- | --- | --- |
| 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 |

Findings

Initial and ongoing assessment and planning processes assist to identify risks to consumers’ health and wellbeing, and inform delivery of safe and effective care and services. Care files sampled evidence completion of risk assessments using validated assessment tools, with strategies to mitigate identified risks implemented and documented in a care and service plan. Care files also evidence involvement of medical officers and allied health professionals in the assessment and planning of consumers’ care and services, including where risks have been identified. Care staff interviewed described individual consumers’ routines, needs and preferences in line with care plan information. Consumers and representatives said consumers’ care is conducted in consultation with them to ensure individualised, safe and effective care and services are provided.

Based on the Assessment Team’s report, I find requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 |

Findings

There are processes to ensure consumers receive personalised personal and clinical care that is best practice and improves their health and wellbeing. Care files evidence provision of personal and clinical care, including management of personal hygiene, falls, pressure injuries, behaviours, skin integrity, restrictive practices, and specialised nursing care needs in line with best practice guidelines. Staff interviewed are aware of consumers’ personal care preferences and described how they tailor care accordingly. Consumers and representatives interviewed said consumers are always well presented and they feel staff provide a good standard of care.

Based on the Assessment Team’s report, I find requirement (3)(a) in Standard 3 Personal care and clinical care compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

Most consumers are satisfied with the number and mix of staff available and said they are well cared for. Staffing levels are set to meet the care needs of the number of beds the service is registered for, despite the service being at approximately 85% capacity. New admissions of consumers are limited to a maximum of 3 per week to allow all assessments to be completed, ensure continuity of safe and quality care and allow staff to get to know consumers. Staffing levels are reviewed regularly and when allocating shifts, management consider the mix of staff required to deliver safe and quality care and services. Management said staffing levels will be maintained to support staff and consumers to transition to the new service site, facilities and environment. There are processes to manage planned and unplanned staff leave. Staff interviewed feel staffing numbers enable them to complete their duties effectively and in a timely manner.

Based on the Assessment Team’s report, I find requirement (3)(a) in Standard 7 Human resources compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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**

There are effective risk management systems and practices, including 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.

Embedded assessment, review and reporting processes of care needs and incident data ensures analysis of quality indicators of care, incidents and mandatory reporting data. Reporting processes support mandatory reporting of incidents through the serious incident response scheme (SIRS). SIRS reports evidence appropriate, timely investigation and actions, including implementation of measures to protect consumers from abuse and neglect. Consumers are supported to take risks as they wish, to live the best life they can. Related policy documents guide staff on assessment of risks and mitigating strategies are discussed with consumers or representatives. A risk register of consumers who choose to take risk is maintained. Incidents are documented, analysed and review strategies recorded to assist in preventing or mitigating harm to consumers. Staff interviewed said they receive training on incident reporting and elder abuse, described the types of incidents to report and said they would advise clinical staff or management if they observe incidents that are reportable.

Based on the Assessment Team’s report, 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)