Performance

Report

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| Name of service: | Dalrymple Villa |
| Service address: | 15 Fraser Street Richmond Hill QLD 4820 |
| Commission ID: | 5146 |
| Approved provider: | Dalrymple Villa Inc |
| Activity type: | Site Audit |
| Activity date: | 13 September 2022 to 15 September 2022 |
| Performance report date: | 2 November 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 Dalrymple Villa (**the service**) has been prepared by James Howard, 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 site audit conducted from 13 September 2022 to15 September 2022. 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.
* 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 | **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

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 |
| 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

The Quality Standard is assessed as Compliant as six of the six specific requirements were assessed as Compliant.

Consumers said they were treated with dignity and respect, with their identity, culture and diversity valued. On entry to the service, consumers could nominate their religious, cultural and dietary needs, which were reviewed during ongoing needs assessments, end of life planning and then recorded in care plans. The Assessment Team sighted special menus for cultural events. The service had a culturally safe care and service policy which required staff to deliver care in line with consumers’ needs and preferences.

Consumers said they made decisions about their care and how it was delivered, which included nominating who was involved in their care, how decisions were communicated and being able to maintain relationships of their choice. Consumers confirmed their care preferences were respected, including their choice to take risks. Consumers challenged by risks were supported to live their best lives and following a risk assessment, were supported to pursue activities they found enjoyable.

Consumers received current, accurate and timely information via their admission pack and resident handbook, resident and representative meetings, information posters around the service and involvement in discussions with staff. The service had processes in place to ensure staff respected consumers’ privacy and kept their information confidential, which was confirmed by consumers. Consumers’ information was kept in an electronic care planning system and secured with password-only access.

# Standard 2

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| 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 |
| Requirement 2(3)(b) | Assessment and planning identifies 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

The Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

The service showed consumers’ needs assessments and care plans considered risks to health and well-being, such as falls management. Initial needs assessments were completed by clinical staff who identified consumers’ needs, goals and preferences. Consumers confirmed their needs assessments included end of life planning, which could be further discussed during partnering in care conferences. Consumers’ care plans confirmed their needs, goals and preferences were identified during a comprehensive assessment process. One consumer said they were satisfied with all aspects of the medical and personal care received.

Consumers said they were actively involved in the assessment, planning and review of their care and services. Management said those whom the consumer wanted involved in their care were identified, to facilitate effective communication and protect consumer privacy. Consumer files showed regular case conferences occurred between consumers and/or their representatives, consumers’ doctors, a Geriatrician and allied health providers.

Consumers and representatives said there had been excellent communication between themselves, clinical staff and providers of medical care. Copies of care plans were offered to consumers once completed, as well as on request. Consumers’ care plans showed their needs, goals and preferences were regularly reviewed to identify changes and support staff to deliver safe and effective care.

# Standard 3

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| 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 |
| 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as Compliant.

Consumers said the personal and clinical care they received was safe and right for them. Consumers’ care plans confirmed care was personalised and specific to individual needs and preferences. The service effectively managed high-impact or high-prevalence risks associated with caring for consumers. Staff were guided by policies when addressing wound management, pressure injuries and skin care. Care plans confirmed risks to consumers were identified and interventions implemented to manage those risks.

The service had a policy and procedure to guide staff when supporting consumers nearing the end of life. Reviewed documents showed end of life planning is in place for consumers who chose to have and advance care plan. Staff understood consumers’ end of life wishes, such as pain management, having comfort measures in place and preservation of dignity. Consumers and representatives said the service had been effective in identifying and responding to the deterioration in consumers’ conditions, which was confirmed by a review of care plans.

Where responsibility for care was shared with others, care plans showed information about consumers’ conditions, needs and preferences were communicated, with timely referrals documented in individuals’ files. The service had processes in place to minimise infection-related risks and support the appropriate prescribing of antibiotics.

# 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 |
| 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as Compliant.

Consumers said they received safe and effective services and supports for daily living. Service documentation showed staff were assessing and identifying consumers’ needs, goals and preferences, which optimised their health and well-being. Consumers and staff described services and supports which promoted consumers’ emotional, spiritual and psychological well-being. For example, consumers participated in designing the service’s therapy schedule and they often led activities.

Consumers were positive about opportunities to participate in activities at the service and within the community. The Assessment Team observed consumers playing cards and socially interacting in shared areas of the service. Care plans showed consumers’ social needs were identified. Lifestyle staff were active in supporting consumers to participate in the community and accompanied them on shopping trips and café visits.

The service provided consumers with a variety of meals of suitable quality and quantity. The Assessment Team viewed menus which gave consumers a choice of meals for lunch and dinner. Consumers’ care plans included their nutrition and hydration needs, as well as dietary preferences, which were shared with kitchen staff. A consumer food satisfaction survey conducted in August 2022, showed overall satisfaction with the choice, variety, quality and quantity of food offered by the service.

Where the service provided equipment, it was safe, suitable, clean and well maintained. The Assessment Team observed equipment like mobility aides were clean and in good condition. Staff cleaned equipment following each use, which consumers confirmed was clean and well maintained. The service kept a record of on-site equipment, including the maintenance needed, who was authorised to perform repairs and the frequency of maintenance.

# 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 |
| 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 |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The Quality Standard is assessed as Compliant as three of the three specific requirements were assessed as Compliant.

The service ensured its environment was safe and comfortable, facilitated by a design which allowed consumers to move freely both indoors and outdoors. The service environment was welcoming, easy to understand and helped consumers’ sense of independence. For example, directional signage was displayed throughout the service and assisted consumers to find the activity centre, hair salon and reception. Seating was placed in corridors to allow consumers to rest whilst moving around the service.

Consumers were encouraged to personalise their rooms with furniture, pictures and memorabilia from home. The Assessment Team observed the service was clean and well maintained, with a range of lounge rooms, dining rooms and communal indoor and outdoor areas for consumers to gather. Staff said they had access to well-maintained, clean equipment when caring for consumers. Consumers confirmed equipment they used was well maintained by the service’s maintenance officer.

# Standard 6

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| Feedback and complaints | |  |
| 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

The Quality Standard is assessed as Compliant as four of the four specific requirements were assessed as Compliant.

The service supported consumers and their representatives to provide feedback and make complaints, which was confirmed by both groups. Consumers and representatives said they were comfortable raising issues with staff or management. The service encouraged feedback and complaints through: a formal feedback form; by giving direct access to management; raising issues at the resident and relative meetings; phone calls; and in writing. Consumers and staff said management encouraged them to provide feedback, which was used in a continuous improvement process.

Consumers, representatives and staff were aware of external avenues for making complaints, such as through the Commission. The service promoted complaints mechanisms, advocacy and translation services through its consumer handbook, brochures, noticeboards and information posters. Consumers said staff and management promptly addressed and resolved their concerns or complaints, offered an apology when things went wrong and escalated issues to senior personnel when appropriate. The service showed the Assessment Team how feedback and complaints were linked to its continuous improvement plan. For example, consumer feedback led to improved meal services and an upgraded call bell system.

# 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 |
| 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

The Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

The service had a staff rostering system which considered the skills needed to assess, plan and coordinate the care and services needed by consumers. The roster included registered nurses, personal carers, hospitality and service staff, a Geriatrician and allied health professionals. A review of the previous roster period showed a registered nurse was allocated to all shifts and where unplanned leave occurred, vacant shifts were replaced by other staff. The Assessment Team observed staff interacted with consumers in a kind, caring and respectful manner.

The service showed its workforce was competent and held the qualifications and knowledge to effectively perform their roles. The Assessment Team observed the clinical services manager and registered nurses providing guidance and support to care staff. Consumers and representatives said staff were well trained, met their needs and were friendly and helpful.

Staff were recruited via a formal recruitment process which included interviews, qualification verification and referee checks. Management said staff were provided with ongoing training and development which included addressing the Quality Standards as part of the staff orientation program. The service regularly assessed, monitored and reviewed staff performance. The Assessment Team viewed the service’s staff performance framework which included annual performance appraisals, mandatory training and competency assessments. Staff said they had duty statements that directed them in their roles and in meeting their responsibilities.

# Standard 8

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| Organisational governance | |  |
| 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

The Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

Consumers and representatives said they provided input into how care and services were delivered. The service sought input via resident meetings, regular surveys and face-to-face discussions with staff. Consumers said they felt included in discussions about care planning and service management. The Assessment Team reviewed minutes of resident meetings which confirmed consumers’ input into the evaluation of hospitality services and the activity program.

The organisation’s governing body promoted a culture of safe, inclusive care. The Dalrymple Villa Board Committee (the committee) monitored the service’s compliance with the Quality Standards and initiated improvements to enhance performance and monitor care and service delivery. The committee received reports from or about: consumers’ representatives; service management; internal audits; clinical indicators; incidents which occurred under the Serious Incident Reporting Scheme; consumer and staff feedback; and staff development needs. The committee aimed to improve the quality of care delivered at the service through being responsive to the data received.

The service had organisation wide governance systems that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service had an effective risk management system which identified and managed risks to the safety and wellbeing of consumers. The service used a clinical management system to collect and report incident data, which was shared at the monthly staff and committee meetings. The service provided its risk management framework which included policies describing: how high-impact and high-prevalence risks associated with the care of consumers is managed; how the abuse and neglect of consumers is identified and responded to; and how incidents are managed and prevented.

The service had a clinical governance framework which addressed the delivery of safe care, promoted antimicrobial stewardship, minimised restrictive practices and required open disclosure when something went wrong.

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-1)