Performance

Report

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| Name: | Torrens Valley Aged Care |
| Commission ID: | 6138 |
| Address: | 2 Albert Street, GUMERACHA, South Australia, 5233 |
| Activity type: | Site Audit |
| Activity date: | 13 February 2024 to 15 February 2024 |
| Performance report date: | 28 March 2024 |
| Service included in this assessment: | Provider: 9695 Barossa Hills Fleurieu Local Health Network Incorporated  Service: 4155 Torrens Valley Aged Care |

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 Torrens Valley Aged Care (**the service**) has been prepared by Denise McDonald, 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; 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers said they were treated with dignity and respect, staff use their preferred name when addressing them and know what is important to them. Care documentation evidenced consumers’ personal background and life history was captured. Staff demonstrated knowledge of consumer’s interest, daily activities and were observed to interact with consumers in a kind and respectful manner.

Consumers said staff were aware of their culture, and described how staff supported their cultural preferences. Staff were aware of consumers’ cultures and beliefs, and outlined how the consumer’s preferences influenced the delivery of their care needs. Policies and procedures guided staff practice to deliver culturally safe care.

Consumers confirmed they were supported to make their own decisions and to maintain relationships of importance, including to share a room, if married. Care documentation evidenced consumers’ care decisions, including their personal care preferences. Staff advised they encouraged consumers to make their own choices, and they supported consumers to contact their friends and family.

Consumers said they were supported to engage in their chosen life activities which contained an element of risk. Care documentation evidenced risk assessments were completed to identify risks, and appropriate interventions were documented to promote consumer safety. Policies and procedures guide staff to support consumers on make informed decisions regarding risk-based activities.

Consumers confirmed they were provided with information which enabled them to make choices, including upcoming events and meals. Staff advised information was provided to consumers and representatives through consumer meetings, newsletters and conversations. Lifestyle activity information and menus were displayed within communal areas to promote consumer choice.

Consumers stated their privacy was respected, and staff always knocked on their doors prior to entry. Staff explained how they maintained the confidentiality of consumers’ information by ensuring sensitive information was only discussed in private. Staff were observed to knock on consumers’ bedroom doors and await the consumer’s response before entering.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Care documentation evidenced assessments were regularly conducted to identify risks to consumers’ well-being and were used to develop the consumers care plan. Staff described the initial and ongoing assessment processes used to identify risks and risk mitigation strategies. Policies and procedures relating to assessment and care planning were in place to guide staff practice.

Staff advised advance care preferences and end of life wishes were discussed with consumers and representatives during the entry process and care plan reviews. Care documentation evidenced consumers’ current care needs, goals and preferences were captured. Representatives confirmed they had discussed the consumer’s end of life wishes with staff.

Consumers and representatives confirmed they were engaged in the assessment of the consumers’ care needs. Care documentation evidenced input from consumers, representatives, medical officers and allied health professionals. Staff confirmed the assessment and planning process occurred in partnership with consumers and others the consumer wished to be involved in their care.

Consumers confirmed the outcomes of assessments were communicated to them to ensure consumers could make informed decisions, and they could request a copy of their care plan. Staff advised consumers’ information was accessible through the electronic care management system. Care documentation evidenced assessment outcomes were discussed with consumers and representatives.

Care documentation evidenced care plans were reviewed 6 monthly or when the consumer’s circumstances changed. Representatives confirmed they were regularly contacted and provided with updates of the consumer’s condition. Staff advised they were guided by procedures and pathways to inform when review of consumers’ care and services were required.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives confirmed consumers’ received safe and effective personal and clinical care. Care documentation evidenced best practice care was implemented and delivered to consumers. Staff demonstrated a shared understanding of consumers’ care needs, and advised they were guided by policies and procedures.

Consumers provided positive feedback with the supports they received to manage risks to their health or wellbeing. Care documentation evidenced key risks to consumers were identified, and risk mitigation strategies were in place. Staff were aware of the high impact or high prevalence risks associated with the care of consumers, and the strategies in place to manage these risks.

Care documentation outlined consumers’ end of life needs, goals and preferences. Representatives advised they had regular meetings with management to discuss consumer’s palliative care needs. Staff detailed end of life planning was discussed with consumers and their representatives during the entry process and when deteriorations were identified.

Consumers confirmed staff were responsive to changes in their health or condition. Staff described the assessments undertaken once health deteriorations were identified, and said the consumer’s medical officer and family would be contacted. Care documentation evidenced staff monitored for deterioration or changes in consumers’ health and escalated any concerns quickly.

Representatives said staff were aware of the consumer’s needs and preferences, and were confident information was communicated to medical officers and allied health therapists. Staff described how information regarding the consumer’s condition was shared through handovers and in care documentation. Staff were observed to handover details of consumers’ health status changes, assessments and monitoring requirements.

Representatives confirmed consumers were referred to a range of allied health professionals. Staff described the referral process and provided examples of external providers of care and services used to support consumers’ needs. Care documentation evidenced the prompt and timely involvement of allied health professionals.

Staff described the strategies in place to ensure antibiotics were used effectively, including awaiting pathology results prior to commencing antibiotic treatments. Representatives confirmed they observed staff practicing hand hygiene. Personnel records evidenced all staff had received their influenza and COVID-19 vaccinations.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers provided positive feedback regarding the supports provided for them to engage in daily living activities. The lifestyle activities calendar included a range of activities catering to the various interests of consumers. Staff described how lifestyle assessments were conducted upon entry and on an ongoing basis to understand consumers’ interests and preferences.

Representatives felt staff were supportive of consumers’ emotional well-being. Staff were aware of consumers’ emotional and spiritual support needs, and described how they recognised consumers’ low mood. Care documentation evidenced the supports required by consumers to maintain their emotional, spiritual and psychological well-being.

Representatives confirmed consumers were supported to participate in the community. Staff demonstrated an understanding of consumers’ preferred activities, and described how they supported consumers to maintain personal relationships. Consumers were observed to engage in various group and individual activities, and to participate in the community accompanied by their friends and family.

Consumers confirmed information regarding their needs and preferences was effectively communicated across the workforce. Staff were observed to communicate changes to consumers’ health status, observations and assessment during the handover process. Management advised a daily morning huddle was held with staff from various disciplines to discuss any updates to the consumer’s well-being.

Care documentation confirmed the collaboration with external organisations and individuals to meet the needs of consumers. Consumers confirmed they enjoyed receiving visits from volunteers that brought dogs for them to engage with. Staff provided examples of a range of external providers of services were engaged to enhance the lifestyle activities offered to consumers.

Consumers and representatives expressed positive feedback regarding the meals they received. Care documentation captured consumers’ dietary needs and preferences. Staff confirmed information regarding consumers’ dietary needs and preferences was accessible, and consumers could provide their input into the development of future meal options.

Equipment for daily living activities was observed to be safe, suitable and well maintained. Consumers confirmed they had access to suitable equipment to meet their needs, and said they would inform staff of any maintenance issues. Maintenance documentation evidenced requests for repairs were addressed in a timely manner.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers felt welcome and at home within the service environment, and confirmed the service was easy to navigate. Staff advised consumers were encouraged to personalise their rooms to optimise their sense of belonging and independence. The service environment was observed to be clear from hazards, with lounge and outdoor spaces available for consumers and their visitors to interact.

Consumers and representatives said the service environment was clean and well maintained, and consumers could move freely both indoors and outdoors. Management advised staff followed daily cleaning checklists, and environmental audits were conducted to monitor the cleanliness of the service. Staff described how they supported consumers to mobilise throughout the service.

The preventative maintenance schedule evidenced equipment was regularly inspected to ensure it was suitable for use by consumers. Consumers confirmed any issues with their furniture or equipment was promptly addressed. Staff advised shared mobility equipment was cleaned after each use.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers said they felt comfortable and understood how to provide feedback or make complaints. Management described the various verbal and written feedback avenues available to consumers and representatives if they wished to raise their concerns. Feedback and suggestion forms and boxes were available throughout the service.

Consumers confirmed they were aware of alternative ways to raise their complaints, including advocacy services or with the assistance of their family and friends. Staff described advocacy supports available for consumers, and advised a member from the Aged Rights Advocacy Service visits and speaks to consumers on an annual basis. Information promoting advocacy, interpreter and complaint services was displayed on noticeboards.

Management advised all complaints were investigated and followed up, and apologies were provided to consumers and their representatives. Consumers confirmed appropriate action was taken in response to their complaints, and management promptly resolved their complaints. Complaint documentation evidenced complaints were documented, and management took appropriate action to resolve complaints.

The continuous improvement plan evidenced feedback and complaints were recorded and used to make improvements to care and services. Management provided examples of improvements made to the meal service, arising from consumer feedback. Consumers confirmed their feedback and complaints has led to improvements to their care and services.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers confirmed there were enough staff to meet their needs, and their calls for assistance were promptly answered. Staff said they had enough time to complete their duties and to ensure each consumer’s needs were met. Staffing rosters for a fortnightly period evidenced staffing levels were suitable, and an appropriate mix of staff were utilised.

Consumers felt staff interacted with them in a kind, caring gentle and respectful manner. Staff were observed to engage with consumers in a respectful manner, and greeted consumers by their preferred names. Staff were guided policies and procedures to ensure consumer interactions were respectful, and promoted consumers’ choice identity and culture.

Consumers confirmed staff were competent and knowledgeable to perform their roles. Position descriptions contained the necessary knowledge, experience and qualifications required for each role. Personnel records evidenced staff were appropriately qualified for their roles, and the necessary police and registration checks were conducted.

Management advised of the various annual trainings provided to staff, including incident reporting, open disclosure and infection prevention to ensure they were equipped to perform their roles. Staff confirmed they received regular training, and felt supported by management.

Management confirmed the performance of staff was monitored through 6 monthly performance appraisals and a formal review on an annual basis. Staff demonstrated an understanding of the performance appraisal process, and advised they would discuss their performance with their manager.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers considered the service was well run and were confident they could provide their feedback and suggestions to inform improvements. Management described a variety of mechanisms in place to ensure consumers and representatives were engaged in the development and delivery of care and services, including consumer meetings, feedback processes, surveys and conversations.

Management advised the governing body sought their input through the clinical governance process, and information was provided to the governing body to ensure oversight and accountability. Clear reporting lines between, staff, management and the governing body was in place to promote quality care and services for consumers.

Policies and procedures guided staff practice in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. Staff confirmed information required to perform their roles was accessible through the electronic care management system and intranet. Management advised continuous improvement opportunities were gathered through the analysis of trends, feedback processes and various meetings.

Management and staff described the processes to identify and manage risks to consumers, including the prevention of abuse and neglect and incident reporting. Incident data evidenced records of incidents were maintained, and incidents were reported and investigated in a timely manner. Staff confirmed they had received incident management training, and were aware of their roles and responsibilities to respond to incidents.

Policies and procedures were in place to guide staff practice in relation to antimicrobial stewardship, restraining minimisation and open disclosure. Staff demonstrated an understanding of these policies and how they were applied in practice. The incident register evidenced staff were open and transparent with consumers and representatives when responding to incidents.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)