Performance

Report

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| Name of service: | ValleyView Residence |
| Service address: | 3-5 Vernon Street COLLIE WA 6225 |
| Commission ID: | 7091 |
| Approved provider: | The Riverview Residence Collie (Inc) |
| Activity type: | Assessment Contact - Site |
| Activity date: | 24 July 2023 to 26 July 2023 |
| Performance report date: | 29 August 2023 |

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 ValleyView Residence (**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 - Site; the Assessment Contact - 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’s response to the Assessment Team’s report received 2 August 2023 acknowledging the outcome of the Standards; and
* a Performance Report dated 10 November 2022 for a Site Audit undertaken from 13 September 2022 to 16 September 2022.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **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** |
| **Standard 7** Human resources | **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 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)(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

Requirements (3)(a) and (3)(e) were found non-compliant following a Site Audit undertaken from 13 September 2022 to 16 September 2022 as assessment and planning, including consideration of risks to consumers’ health and well-being, did not inform the delivery of safe and effective care and services, and care and services were not regularly reviewed for effectiveness or when circumstances changed. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Changed the electronic management system and provided training and support to staff.
* Reviewed consumers’ vital care plan information, ensuring risk was identified and documented.
* Conducting ‘pre taking up residency and onboarding’ of new consumers and identifying preferences, expectations and understanding clinical risks and care needs, ensuring these are documented in the care.
* Increased oversight and monitoring of assessments and documenting management strategies
* Commenced a trial of a new assessment tool to capture comprehensive information that includes colour coded features and categories of all clinical care needs that is centralised and consistent in the care and service plans.
* Ensuring an initial review of care and service plans is conducted with the consumer, representatives, and clinical team within a month of taking up residency.
* Utilising the electronic management alert system to ensure consumers are reviewed when a change in condition or incident has occurred.

At the Assessment Contact undertaken in July 2023, care files demonstrated a range of assessments are completed when taking up residency and on an ongoing basis. A range of validated risk assessment tools are also used to inform care planning. Information gathered from consultation with consumers and/or representatives and assessment processes is used to develop a care plan which incorporates each consumer’s needs, preferences, goals and strategies to minimise identified risks. Consumers and representatives interviewed said they were involved in the onboarding process and worked with clinical staff to discuss consumers’ health histories and current care needs and strategies.

Regular review of care and services are conducted to ensure consumers’ needs and goals are current and strategies are effective. Care plans are reviewed and updated six monthly, on return from hospital, after an incident or if there has been changes in a consumer’s health. Reviews are also completed monthly as part of a ‘resident of the day’ assessment to ensure care, needs and preferences are current. All care and service plans sampled included instructions for monitoring consumers post hospital discharge which included increased clinical monitoring for 72 hours, including vital signs, skin assessment, weight measurement and arranging a medical officer to review. Representatives stated they had been notified promptly when consumers experienced a fall or were unwell, and they are kept up to date when changes in care have occurred.

For the reasons detailed above, I find requirements (3)(a) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers compliant.

# 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 |

Findings

Requirements (3)(a) and (3)(b) were found non-compliant following a Site Audit undertaken from 13 September 2022 to 16 September 2022 where it was found each consumer was not receiving safe and effective personal and/or clinical care that was best practice, tailored to their needs and optimised their health and well-being, specifically in relation to nutrition and hydration, pain, skin integrity, wounds, continence, and medications; and high impact or high prevalence risks, specifically in relation to pressure injuries, choking, falls, and diabetes were not effectively managed. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Created a clinical nurse position to assist the clinical nurse manager in overseeing care delivery.
* Created a risk register identifying all consumers considered to be at risk.
* Commenced monthly Falls and risk monthly meetings.
* Engaged a dietician, speech pathologist and dementia consultant who attend the service monthly and liaise with the clinical team when necessary.

At the Assessment Contact undertaken in July 2023, care files sampled demonstrated consumers receive safe and effective care in relation to skin, continence, catheter care, personal hygiene and pain management, with consumers’ preferences, needs and goals considered; assessment and planning processes are used to ensure the delivery of care is achieved. Staff described how they ensure consumers receive care that is tailored to their individual needs, and consumers and representatives were satisfied consumers receive personal and clinical care that supports their health and well-being, including in relation to personal care, pain and diabetes management.

High impact or high prevalence risks associated with the care of consumers are identified through assessment processes and management strategies are developed and documented in care plans to ensure care and services are delivered in line with consumers’ assessed needs and preferences. Care files demonstrated appropriate assessment and strategies to mitigate risks relating to swallowing, fluid restriction, restrictive practices, falls, indwelling catheters and oxygen therapy. Staff were knowledgeable of sampled consumers and described what they do to minimise identified risks, and consumers and representatives were satisfied with how consumers’ health conditions were managed.

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

# Standard 4

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| Services and supports for daily living | |  |
| 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 |

Findings

Requirements (3)(b), (3)(c) and (3)(d) were found non-compliant following a Site Audit undertaken from 13 September 2022 to 16 September 2022 as services and supports for daily living did not promote each consumer’s emotional, spiritual, and psychological well-being, or assist them to do things of interest, specifically for consumers with impaired mobility and who spent a significant portion of their time in their room; and information about consumers’ condition, needs and preferences was not communicated within the organisation, and with others where responsibility for care was shared. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Improved staff practices to ensure all activities and one-to-one supports provided to consumers are recorded in the electronic care management system.
* Upgraded the electronic management system to enable information about consumers’ interests and social and personal relationships to be entered and transposed to care plans.
* Completed a survey to understand consumer preferences for activities and an extension of the program to include weekend activities is currently being considered in response to consumer feedback.

At the Assessment Contact undertaken in July 2023, supports were found to be provided to promote consumers’ emotional, psychological and spiritual needs. Care plans sampled included information about consumers’ emotional, spiritual and psychological needs. Activity charts for sampled consumers showed emotional, spiritual and psychological supports provided are recorded and are reported on a monthly basis. Staff knew consumers’ needs and preferences well and described supports they provided to promote consumers’ well-being, in line with documented care plans, and all consumers interviewed said their needs were met.

Sampled consumers, including those who are more isolated, non-mobile or who experience some challenges in doing things of interest to them, were found to be supported to maintain relationships and participate in the community. Care plans reflected consumers’ key interests and relationships of importance. Staff were aware of these, and activity charts reflected group and one-to-one supports provided to consumers. Reports are generated by management and used to monitor consumers to ensure they are receiving the supports required. Consumers and representatives felt, overall consumers are able to do things of interest to them either in their rooms, within the service and external community, in groups or on a one-to-one basis, and were able to maintain relationships.

Consumers said staff knew them well, provided care to their preferences, and felt supported emotionally in their daily living. Staff demonstrated how consumers’ preferences and care needs were communicated to them in real time, including through the electronic and verbal real time handovers for urgent care needs changes. Staff also described policies and processes for escalating and updating any changes identified to a consumer’s preferences or care. However, three of six care files sampled contained a generic cut and paste support statement relating to emotional support. Management were aware of some generic statements in care plans and stated they continued to work with a system user specialist to better capture information to support all staff in providing care to consumers.

For the reasons detailed above, I find requirements (3)(b), (3)(c) and (3)(d) in Standard 4 Services and supports for daily living compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Requirement (3)(c) was found non-compliant following a Site Audit undertaken from 13 September 2022 to 16 September 2022 as furniture and equipment were not demonstrated to be safe, clean, and well maintained. The Assessment Team’s report did not outline specific improvements implemented in response to the non-compliance identified.

At the Assessment Contact undertaken in July 2023, furniture and fittings throughout the service were observed to be clean and well maintained. An electronic maintenance system enables everyone from visitors, consumers, representatives, and staff to log maintenance requests via a QR code, which is monitored by management and provides tasks directly to maintenance for action. Staff described infection control measures and cleaning practices for shared equipment, as well as maintenance reporting processes. Consumers and representatives felt the furniture and equipment was clean and well maintained.

For the reasons detailed above, I find requirement (3)(c) in Standard 5 Organisation’s service environment compliant.

# Standard 7

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| Human resources | |  |
| 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)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Requirements (3)(c) and (3)(e) were found non-compliant following a Site Audit undertaken from 13 September 2022 to 16 September 2022 as the workforce was found to not be competent or have the qualifications and knowledge to effectively perform their roles, specifically in relation to assessment, planning and delivering effective care and services relating to diabetes, nutrition, and hydration, falls and skin care and management; and regular assessment, monitoring and review of the performance of each member of the workforce was not being undertaken for all staff. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, created a clinical nurse position to assist the clinical nurse manager in overseeing clinical care; recruited additional registered nurses to provide clinical coverage; and completed an audit to ascertain any skills gaps for clinical staff.

At the Assessment Contact undertaken in July 2023, consumers and representatives felt staff were competent and capable in undertaking consumers’ care and using equipment to assist them with mobility. Human resource management has responsibility and oversight for ensuring minimum mandatory qualifications for all positions are provided as part of the onboarding process and renewal and accreditation qualifications are completed and submitted on time. An online learning management platform enables the service to monitor and track training uptake and completion rates for induction, mandatory and ad hoc training identified for staff. Staff stated they had completed mandatory annual training, explained how they identify their own development and training needs, and felt supported by management to attend learning.

Records showed 28 staff had appraisals completed between February and March 2023, with communication to all staff in July 2023 outlining a new formal process for annual reviews. Staff performance is monitored ongoing through reports to assess for compliance against policies and procedures, feedback and communication and oversight of all departmental leadership. There are processes to manage poor staff performance. Most staff interviewed said they have had at least one appraisal since commencing with the service, and all staff reported receiving email correspondence advising them of the new appraisal process, schedules and expectations. All were confident in identifying their own learning needs and communicating this with management to support their own personal and professional development.

For the reasons detailed above, I find requirements (3)(c) and (3)(e) in Standard 7 Human resources 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 |
| 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

Requirements (3)(d) and (3)(e) were found non-compliant following a Site Audit undertaken from 13 September 2022 to 16 September 2022 as effective risk management systems and practices in relation to managing high impact or high prevalence risks and managing and preventing incidents or an effective clinical governance framework was not demonstrated. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, completed and audit to ascertain clinical staff skills gaps; implemented an electronic management system to better enable recording and reporting of risks; introduced a risk register to assist in effectively monitoring consumer risks; created a clinical nurse position to assist the clinical nurse manager in overseeing clinical care; and recruited additional registered nurses to provide clinical coverage.

At the Assessment Contact undertaken in July 2023, effective risk management systems and practices relating 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. Systems include collection and analysis of clinical indicator data, a range of care, clinical and multidisciplinary meetings, policies and procedures to guide staff practice, education of staff, monitoring of staff performance, and oversight by the clinical nurse manager, the organisational clinical governance committee and the Board. A risk register to assist in the monitoring of risks is maintained. Clinical incident data is collected and analysed on a monthly basis and benchmarked to track how the service is performing on clinical and other parameters. Incident documents demonstrated appropriate escalation, review, implementation of immediate interventions, and evidence of open disclosure process, in line with organisational policies and procedures. Where an incident was reportable under the Serious Incident Response Scheme (SIRS), this had been done within the required time frame.

A clinical governance framework, inclusive of antimicrobial stewardship, minimising use of restraint and open disclosure was demonstrated. The framework is supported by a clinical governance committee, clinical leadership and clinical staff, policies and procedures and reporting mechanisms within the service, and to the Board. Information related to clinical governance, such as clinical indicators, trends and analysis, significant clinical incidents and reportable incidents under SIRS, infections related to antimicrobial stewardship, and restrictive practices are reported to the Board on a regular basis.

For the reasons detailed above, I find requirements (3)(d) and (3)(e) 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)