Performance

Report

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| Name of service: | Walkerville Residential Care Centre |
| Service address: | 160 - 178 Walkerville Terrace WALKERVILLE SA 5081 |
| Commission ID: | 6908 |
| Approved provider: | RSL Care RDNS Limited |
| Activity type: | Site Audit |
| Activity date: | 28 February 2023 to 2 March 2023 |
| Performance report date: | 5 April 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 Walkerville Residential Care Centre (**the service**) has been prepared by K. Spurrell, 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

# 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

Consumers considered they were treated with dignity and respect and had their culture and diversity valued. The service had a Valuing Identity, Culture and Diversity Guideline document which outlined the service’s human rights-based approach of delivering aged care services in a non-discriminatory and culturally safe manner. Staff provided examples of how they ensured consumer dignity was maintained during assisted daily living tasks.

Consumers were from various backgrounds and said they felt their culture was respected and staff were happy to meet any cultural preferences they may have. Staff described the consumer’s cultural identities and how they supported consumers to meet their needs regarding care and services. Care documentation reflected consumers’ care choices, including personalised information regarding cultural safety and what was important to them.

Consumers provided feedback stating they were supported to make and maintain connections and relationships, both within and outside of the service, and were encouraged to participate in activities to keep them connected with others. Staff described how consumers were supported to maintain relationships with people who were important to them. Consumers were observed spending time with their family members or participating in group activities.

Consumers and representatives said they were able to make decisions involving risk and added the service discussed potential risks and mitigation strategies associated with activities. Staff explained their understanding of dignity of risk and were supportive of a consumer’s right to make decisions involving risk as it supports them to have a good quality of life. The service had a Choice and Dignity of Risk Policy which recognised the rights of individuals to make life choices involving risk and supported informed decision-making.

Consumers explained how information was provided to them so they could make decisions about meals, activities, care, and services daily. The service demonstrated how consumers exercised choice through care planning consultations and daily verbal discussions. A consumer meeting was observed and the consumers were provided an open forum to raise any issues or concerns and management provided consumers with an overall update of the service including staffing and capital projects.

Consumers and representatives said staff respected their privacy, including during family visits. Staff said they knock on the door and seek permission to enter the consumer's room before entering. The service’s Privacy Statement outlined the service’s commitment to ensuring information about consumers was collected, stored, used and disclosed in line with the Australian Privacy Principles.

# 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

Consumers and representatives stated staff talk to them about risk during care planning discussions and explained the strategies put in place to reduce those risks. Staff described assessment and care planning processes, which identified risks to the consumer’s safety, health, and well-being. Care documentation evidenced the use of validated risk assessment tools to identify existing and anticipated risks such as falls risks, known allergies, pressure injury risk and changed behaviours.

Consumers and representatives advised staff asked consumers what was important to them in terms of how their care was delivered, and the staff were aware of their preferences. Staff said they referred to care documentation to find out what was important for the consumer and described their responsibilities during consumers’ end-of-life care, depending upon their job role. Care documentation included advance care directives identifying consumers’ wishes and preferences regarding end-of-life care

Staff explained care plans were reviewed every 6 months and said they talked to the consumer and representatives where appropriate. Care documentation evidenced clinical assessments from medical officers, geriatricians, wound specialists, dieticians, physiotherapists, and podiatrists, among others. Consumers were observed being seen by the physiotherapist, medical officers, and other professionals.

Consumers and representatives knew what was included in consumers’ care documentation, and they were aware they could discuss this with the nursing staff. Staff stated a summary of the care plan was offered to all consumers and representatives. The resident handbook was reviewed and included information about how a care plan consultations could be organised and a copy of the care plan requested.

Consumers and representatives confirmed consumer’s care and services were regularly reviewed when circumstances changed or when incidents impacted on the needs, goals, or preferences of the consumer. Staff demonstrated knowledge of incident reporting and actions taken in response to incidents, including falls, changed behaviours, skin integrity and medication issues. Documentation evidenced all incidents were thoroughly investigated and strategies implemented were successful in managing the events.

# 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

Care documentation reflected individualised care that was safe, effective, and tailored to the specific needs and preferences of the consumer. Staff described identifying consumers’ personal preferences, confirming these preferences, and providing safe and effective care to meet the consumers’ choices and needs. Consumers and representatives stated consumers were satisfied with the personal and clinical care they receive at the service.

Staff described the high impact and high prevalence risks for consumers and care documentation evidenced risk management strategies for individual consumers. Policies were available to guide staff on the management of high-impact or high prevalence risks associated with the care of consumers.

Staff explained how consultation was conducted with family prior to commencing end of life care to ensure consumer comfort was maximised and dignity was preserved. Consumers expressed confidence that when the consumer needed end of life care, the service would support them to be as free as possible from pain and to have those important to them with them.

Care documentation reflected changes to consumers’ mental health, cognitive or physical function, capacity, and condition. Staff confirmed how they identified, alerted, and monitored consumers experiencing a deterioration through the use of charting and assessment tools. Consumers and representatives stated staff recognised the signs of deterioration in consumers’ health and took prompt actions.

Consumers said they felt their needs and preferences were effectively communicated between staff. Staff described how changes in consumers’ care and services were communicated, such as through verbal and documented handover processes, tasks, and alerts on the electronic care planning system and through review of care documentation. Shift handovers observed included staff being informed of changes in individual consumers, including assessments and monitoring required.

Care documentation identified timely and appropriate referrals to medical and other health professionals. Staff described the process for referring consumers to health professionals relevant to their job roles. Consumers said they were satisfied timely and appropriate referrals occurred when needed and the consumer had access to relevant health professionals such as allied health professionals, medical specialists, and specialist services.

Hand hygiene facilities were observed throughout the service and staff were observed washing their hands regularly and following infection control practices. Consumers expressed satisfaction with the service’s infection prevention and control practices. Staff demonstrated an understanding of how to minimise the need for, or use of, antibiotics and ensured they were used appropriately.

# 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

Consumers said their independence and quality of life was optimised. Staff demonstrated their knowledge of consumers by outlining the consumer’s needs and preferences. Care documentation identified consumers’ choices and provided information about the support consumers require to do the things they want to do.

Care documentation identified information regarding the emotional, spiritual, and psychological needs of the individual consumers. Staff stated when they identified a decline in a consumer’s demeanour, they would attempt to address the issue through documented strategies as outlined in the consumer’s care documentation and escalate it to management. Staff were observed interacting with consumers individually and in a group setting, including spending one-on-one time with consumers who appeared to be upset.

Consumers and representatives said consumers were supported to maintain contact with the people who were important to them and engage in activities, both inside and outside of the service. Care documentation identified how consumers wish to participate in activities and maintain relationships. Staff provided examples of how the service supports the consumers’ participation in community events and activities.

Consumers stated they were provided services consistent with their care needs and all staff were aware of their individual needs and preferences. Staff advised information, changes, and other needs were shared internally at handovers and their electronic care planning system was up to date. The service had processes and systems in place for identifying and recording each consumer’s condition, needs, and preferences.

Policies and procedures were in place for making referrals to individuals and other providers outside of the service to support the lifestyle needs of consumers. Staff described how the service worked in conjunction with external individuals and organisations to supplement the services and supports for daily living offered to consumers. Care planning documentation contained information about external services involved in supporting consumers.

Consumers said the meals provided were varied and of suitable quality and quantity. Staff described how they met individual consumer dietary needs and preferences and how any changes were communicated. The kitchen was advised of any changes to dietary preferences via email from nursing/clinical staff and they updated their white board immediately and provided this information to staff at their morning handovers.

Consumers said they felt safe using the equipment and they knew how to report any concerns they had. Equipment provided, was observed to be safe, suitable, clean, and well maintained and the maintenance team undertook ongoing monitoring ensuring the equipment was fit for purpose. Staff confirmed they had sufficient equipment to provide suitable activities for the consumers.

# 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

Consumers said they felt at home at the service, and it was a nice place to live and they felt safe. Signage and directions were observed to be very clear with consumers and representatives stating it was very easy to navigate throughout the service. Staff were observed to be assisting consumers walk around the gardens or sitting in the garden together having a one-to-one chats.

Consumers stated they could move freely both indoors and outdoors and the service was clean and well-maintained. Staff described how they oversaw reactive maintenance through their electronic maintenance request system and attended scheduled maintenance by following a roster of tasks to complete. Processes and systems were in place for identifying and recording hazards and maintenance issues.

Consumers said they felt furniture, fittings, and equipment were safe, clean, well maintained, and suitable for them, saying they felt safe when staff were providing care using mobility or transfer equipment with them. Staff demonstrated how they reported any maintenance issues through the electronic system, stating each job was prioritised based on urgency and whether it posed a safety issue. Maintenance requests reviewed showed their allocated priority.

# 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

Consumers and representatives stated they felt encouraged, safe and supported to provide feedback and make complaints. Staff confirmed they supported consumers who wanted to provide feedback or make complaints and knew the process to do so. The feedback management policy and processes encouraged complaints, feedback and suggestions and contained procedure and flow charts for managing feedback.

Consumers and representatives said they were aware of access to independent advocacy services to assist them in raising and resolving complaints. Staff said they monitor consumers with cognitive difficulties for changes in behaviour and use nonverbal cues as a way of monitoring their feedback on care and services. Information included in The Resident Handbook outlined the complaints management process and provides details to advocacy services.

Consumers and representatives were satisfied appropriate action was taken in response to complaints and open disclosure was used when things went wrong. Staff described the action taken following a complaint, including saying sorry and offering an explanation. The open disclosure policy outlined the services’ guiding principles of open communication, acknowledgement, an apology, supporting, and meeting the needs of residents and representatives, supporting staff, risk management, and systems improvement.

Consumers and representatives advised of the changes made at the service because of feedback or complaints. Management demonstrated the process when complaints were received and gave examples of how they worked with the complainant to resolve the issues to their satisfaction. The service had a continuous improvement plan, which was cross-referenced with the feedback register, to identify issues and used to identify opportunities for improving the delivery of consumer 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

Consumers and representatives said there were adequate staff rostered to deliver safe and effective services. Staff confirmed they felt there were enough staff to meet the care and support needs of the consumers and they could respond to call bells within the expected time. Rosters were reviewed and identified the number and mix of staff was sufficient to meet consumers’ needs.

Consumers and representatives advised staff engaged with them in a respectful, kind, and caring manner. The service’s code of conduct policy represented a broad framework for ethical and professional conduct that all workers including board members officers, executive leadership team, and leaders had an obligation to uphold. Interactions between staff, consumers, and representatives were observed to be kind and caring.

Consumers felt confident staff were sufficiently skilled to meet their care and clinical care needs. Position descriptions reviewed set out the expectations for all roles at the service and new staff had a 6-month probationary appraisal and then ongoing performance reviews were conducted annually. Staff credentials and reference checks were conducted before staff commenced in their roles and expiry dates for registrations and police checks were tracked.

The service offered ongoing training and professional development to staff in a variety of formats, including toolbox training, online and face-to-face training attendance sheets, staff meeting minutes, memos to staff, toolbox training, and information shared during handover were sighted and evidenced the service provided sufficient information for staff to carry out their duties. The employee education policy stated the service has a workforce which was suitably skilled, competent, and qualified to provide safe, respectful, and quality care and services.

Staff demonstrated awareness of the service’s performance development processes, including 6-month probationary reviews and annual performance development plan, which include discussions of their performance and areas where they would like to develop their skills and knowledge. The staff induction pack was reviewed and included the staff handbook, which provides the code of conduct, information on complaints, mandatory training, accreditation, protecting consumers' rights, and the services employee assistance program.

# 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

Consumers and representatives felt they were engaged in the development, delivery, and evaluation of care and services. Management demonstrated consumers were engaged through a variety of ways, including care plans reviews, resident meetings, surveys, internal audits, feedback forms and verbal feedback. A consumer meeting was observed and where consumers were encouraged to provide feedback on food, activities, cleaning, and laundry services.

The organisation had a governing body responsible for safe, inclusive, and quality care and services. The service’s corporate governance policy included operational risk where the governing body was responsible for risk management and compliance with regulatory requirements. The policy stated consumer outcomes were monitored through lead indicators such as staff turnover, call bell response times, experience indicators (surveys, complaints), and clinical indicators.

The service demonstrated, through policies and procedures, effective governance systems were in place relating to information management, continuous improvement, financial governance, workforce governance and the assigning of clear responsibilities and accountabilities, regulatory compliance and feedback and complaints.

The service’s risk management systems were implemented to monitor and assess the high impact or high prevalence risks associated with the care of consumers. Quality indicators were reviewed monthly and compares against other services and against the sector to ensure they were compliant. The risk management policy outlined the establishment and management of a proactive, practical, systematic, and consistent approach to managing all opportunity and risk across the operations of the group.

The service had a policy on minimising the use of restraint, antimicrobial stewardship, and open disclosure. Staff confirmed attending training in these 3 key areas. The Assessment Team reviewed examples of where open disclosure had been used with consumers and families when things had gone wrong. Staff demonstrated a shared understanding of anti-microbial stewardship and explained the need to obtain pathology results before commencing antibiotics. Staff displayed an understanding of the requirements around restrictive practices, including the need to obtain consent, trialling alternative interventions, and monitoring restraint when in use.

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)