Performance

Report

**1800 951 822**

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| Name of service: | Warrina Crescent Residential Aged Care |
| Service address: | 25 Roopena Street INGLE FARM SA 5098 |
| Commission ID: | 6776 |
| Approved provider: | Warrina Homes Inc |
| Activity type: | Assessment Contact - Site |
| Activity date: | 11 April 2023 |
| Performance report date: | 3 May 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 Warrina Crescent Residential Aged Care (**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 and management.

The provider did not submit a response to the Assessment Team’s report.

# Assessment summary

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| Standard 3 Personal care and clinical care | 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 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

At the Assessment Contact conducted on 11 April 2023, the Assessment Team recommended requirement (3)(b) in Standard 3 Personal care and clinical care met. The Assessment Team’s report provided the following evidence gathered through interviews, observations and documentation relevant to my finding:

Consumers and representatives were satisfied high-impact and high-prevalence risks were being managed in relation to restrictive practices, malnutrition, falls and pressure injuries. Staff were able to describe high-impact and high-prevalence risks for consumers and assessment and monitoring practices ensured risks were identified and effectively managed.

A chemical restraints register, used to identify consumers and record authorisations, is reviewed regularly. Alternate strategies are trialled prior to administration and effects of medication monitored. Staff were observed managing a consumer’s changed behaviours consistent with the behaviour support plan. The consumer observed stated they were satisfised with management of their changed behaviours.

Staff were knowledgeable and could describe documented completed risk assessments and risk management strategies for consumers’ falls. Consumers confirmed they were satisfied their risk of falls was being effectively managed.

Consumers at risk of weight loss or malnutrition are identified using assessment tools and are effectively managed with the use of meal charts, regular weigh-ins and nutrition and hydration care plans. Consumers and representatives confirmed satisfaction with weight management.

In relation to high impact high prevalence risks associated with pressure injuries, the service has assessment and monitoring processes to ensure risks are identified and effectively managed via a range of documented strategies. Staff were able to describe strategies in line with consumers’ care plans and appropriate treatment of pressure injuries was observed.

For the reasons detailed above, I find requirement (3)(b) in Standard 3 Personal care and clinical care 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 |

Findings

At the Assessment Contact conducted on 11 April 2023, the Assessment Team recommended requirement (3)(d) in Organisational governance met. The Assessment Team’s report provided the following evidence gathered through interviews and documentation relevant to my finding:

The organisation has a documented risk management framework which includes clinical governance systems and processes to identify and manage risks for consumers. High impact, high prevalence risks are discussed at monthly leadership meetings with trends reported to the clinical governance committee quarterly. Staff confirmed they receive training in relation to incident management, the Serious Incident Response Scheme, elder abuse and dignity of risk, and could describe strategies to mitigate risk for individual consumers. Toolbox sessions are used to re-enforce learning.

The service was acquired by another organisation in December 2022 and has been reviewing and updating policies, procedures, systems and processes as it integrates into the wider organisation. The clinical risk register template is being reviewed as part of business transition processes and an organisational risk register is being developed with audits to benchmark current systems, processes, plant and equipment being undertaken to identify risks across the service.

Reviews are regularly conducted for high risk and vulnerable consumers and systems are in place to monitor staff practice, including review of clinical documentation, incident reports, feedback and complaints, and on-floor observations. Documentation indicates action, in response to issues identified, is taken.

The organisation undertakes independent audits which include clinical, governance, financial and work health and safety audits. Audits scoring below 90 per cent are repeated to ensure deficiencies identified have been addressed and results are forwarded to senior management for approval and commentary and inclusion in governance reports to the Board.

Representatives confirmed they are informed of incidents, consumers are empowered to exercise choice and processes are in place to identify and manage risks to support them to live the best life they can.

For the reasons detailed above, I find requirement (3)(d) in Standard 8 Organisational governance care compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)