Performance

Report

**1800 951 822**

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| Name of service: | Warrina Park Residential Aged Care Service |
| Service address: | 59 George Street PARADISE SA 5075 |
| Commission ID: | 6171 |
| Approved provider: | Warrina Homes Inc |
| Activity type: | Assessment Contact - Site |
| Activity date: | 14 March 2023 |
| Performance report date: | 06 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 Warrina Park Residential Aged Care Service (**the service**) has been prepared by K Richards, 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 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 performance report dated 19 July 2022 in relation to the Site Audit conducted from 20 June 2022 to 22 June 2022.
* The provider did not supply 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 7** **Human resources** | **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)(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 |

Findings

Requirement (3)(a) was assessed as non-compliant following a Site Audit undertaken from 20 June 2022 to 22 June 2022, where it was found delivery of care was not tailored to consumer needs or preferences. Consumers and representatives gave feedback of medication delays, poor continence care, being assisted to bed early and having to remain in bed longer than desired, and being rushed during personal care. Consumers were not being supported to mobilise, or were attempting to mobilise independently, resulting in falls. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Training for carers to upskill and understand their role.
* Introduction of written handover to support the verbal handover process.
* Appointment of a Clinical documentation nurse, who is responsible for ensuring consumer needs are captured, including time sensitive medications, continence care, and mobility needs.

Consumers and representatives said they were happy with care and services, time sensitive medications are administered without delay, and consumers said they believed they received best practice care. Documentation demonstrated consumers with weight loss had been reviewed by a Dietitian, with staff informed of strategies through care plan updates and handovers, and the kitchen notified of changes to dietary needs. Consumers experiencing falls had reassessment of falls prevention strategies, and pain management and monitoring. Staff demonstrated familiarity with personal care requirements, including changes to mobility assistance and continence care following incident or deterioration. Monitoring processes, including data analysis for reporting of Quality Clinical Indicators, identified tracking and trending of issues, and actions taken in response.

For the reasons detailed above, I find Requirement (3)(a) in Standard 3 Personal and clinical care Compliant.

# 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 |

Findings

Requirement (3)(a) was assessed as non-compliant following a Site Audit undertaken from 20 June 2022 to 22 June 2022, where it was found there was inadequate staffing levels which impacted on the timely delivery of safe and quality care and services, including delays in responding to calls for assistance or delivery of medications. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Addressing vacant shifts through increased recruitment, monitoring agency use and using permanent staff to backfill shifts where possible. Where it is essential to use agency staff, the service has worked with their agency of choice to ensure staff are suitable, and where possible are block booked for consumer familiarity.
* Daily monitoring of allocation sheets to optimise skill mix considers and balances staff experience.
* Undertaking of a roster review, with adjustment of times of shifts, and increased numbers of clinical, care and lifestyle staff.

Consumers and representatives said when assistance is needed, staff respond promptly to call bell use, and meals and lifestyle activities commence at scheduled times. Consumers confirmed medication is administered without delays and staff are familiar with their needs. Clinical and care staff said the workforce review had reduced instances of work-related stress and ensured they can meet consumer needs. Management said the recruitment of additional staff assisted in reducing the need for agency staff, and this was confirmed within rostering and staff allocation sheets. Reporting demonstrated most call bells were answered within expected timeframes, with processes in place to investigate any lengthy response times. Rostering and allocation documentation showed the service was able to cover planned and unplanned leave through use of permanent staff, agency staff, or extended shift times if required.

For the reasons detailed above, I find Requirement (3)(a) in Standard 7 Human resources 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)