Performance

Report

**1800 951 822**

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| Name: | Waverley Valley Care Community |
| Commission ID: | 3564 |
| Address: | 29-33 Chesterville Road, GLEN WAVERLEY, Victoria, 3150 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 15 February 2024 |
| Performance report date: | 7 March 2024 |
| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 2311 Waverley Valley Care Community |

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 Waverley Valley Care Community (**the service**) has been prepared by N Eastwood, 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 (performance assessment) – site 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 3 Personal care and clinical care | 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

The service was previously found non-compliant with this standard following a site audit which was conducted on 4 July 2023 and 5 July 2023. At the time, the service did not demonstrate consistent and correct understanding, and recognition of, restrictive practices. Behaviour support plans were either not developed or did not include personalised behaviour support strategies and did not reflect valid informed consent.

The Assessment Team noted actions have been implemented since the site audit, specifically related to restrictive practice. The service has a clinical governance framework and system in place for ongoing review and monitoring of risks, and a suite of policies, including a restrictive practice policy.

Consumer care documentation reviewed demonstrated approaches in relation to the use of chemical and environment restrictive practices, including engagement with consumers and regular reviews to successfully reduce and or cease medication use. Clinical and care staff described individualised behaviour support strategies consistent with behaviour support plans.

Consumers and representatives reported providing informed consent, with associated risks and benefits discussed. A review of documentation confirmed there were valid consent forms for the use of chemical restraint and environmental restraint.

The Assessment Team reviewed a current restrictive practice register and psychotropic assessment tool which identified consumers subjected to forms of restrictive practice. Restrictive practice use is reviewed and authorised every 3 months for chemical restraint and annually for environmental restraint, or when circumstances change. Furthermore, a fortnightly review of consumers with significantly changed behaviours and impact is conducted.

Staff education and training has been provided specifically for behaviour support plans and behavioural charting.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 3(3)(a).

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)