Performance

Report

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| Name of service: | Performance report date: |
| Weary Dunlop Retirement Village | 20 July 2022 |
| Commission ID: | Activity type: |
| 3971 | Site Audit |
| Approved provider: | Activity date: |
| Ryman Aged Care (Australia) Pty Ltd | 20 June 2022 – 22 June 2022 |

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 Weary Dunlop Retirement Village (**the service**) has been considered by Melissa Frost, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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.
* other information and intelligence held by the Commission in relation to the service.

# 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 | | Compliant |
| 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 said they are treated with dignity and respect, and their cultural needs and preferences are supported. Care plans detailed consumers’ identity, culture and diversity information. Staff spoke about consumers in a respectful manner and recognised consumers’ rights to make decisions. Staff were familiar with consumers’ cultures and described how care and services are adapted for each consumer, such as learning words in a consumer’s preferred language. Staff were observed treating consumers respectfully.

Consumers said they are supported to exercise choice and independence, including for their care and who should be involved. They said they maintain relationships of significance to them. The service supports married consumers to maintain their relationship by sharing a room and spending time together. Care plans list consumers’ preferences and important relationships. Staff assist consumers to maintain contact with people important to them, and described supporting consumers to exercise choice through following their preferences.

Consumers who want to take risks were satisfied they are supported to live the best life they can. Care plans contain risk assessments that detail mitigation strategies. Staff described how risks are explained to consumers and the support given to minimise risks.

Consumers are provided timely information that is accurate, easy to understand and enables them to exercise choice. Regular consumer meetings and monthly food forums occur. Staff described how they facilitate consumer choice and vary communication methods to suit consumers’ needs. Menus, activity calendars and notices were displayed throughout the service.

Consumers said their privacy and confidentiality is respected. Staff were observed knocking on consumers’ doors prior to entry and closing the door during provision of personal care. Consumers’ information is stored securely and handover is conducted privately.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

A comprehensive assessment and care planning process is undertaken when consumers enter the service to identify their needs, goals and preferences. Staff described how assessments inform delivery of safe and effective care. Care planning documents reflected what is important to consumers in terms of how their care is delivered, and advance care and end of life planning are included if the consumer wishes. Consumers, their representatives and relevant health professionals are involved in assessment and planning.

Care planning documents are reviewed every 3 months, or earlier if any changes to a consumer’s condition is recognised or any incidents occur. Consumers and their representatives said staff explain information about care and services, they can access a copy of the consumer's care and service plan when they want to, and know how to do so. Care plans and progress notes are available to visiting health professionals.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

Consumers and their representatives said consumers are receiving tailored, safe care that optimises their wellbeing. Staff are guided by policies and procedures to deliver personal and clinical care that is best practice. Restrictive practices are managed in line with legislative requirements. Skin integrity and pain management care are effectively delivered.

Care planning documents reflected risks associated with consumers’ care are identified using validated assessment tools, such as consumers who self-administer medications have routine risk assessments to determine their level of cognition and ability. Staff described high impact or high prevalence risks for consumers and strategies to manage those risks.

Care planning documents showed consumers who are nearing the end of life have their dignity preserved and care provided in accordance with their needs and preferences. Staff described how they maximise consumers’ comfort and support consumers’ representatives and families to stay with consumers.

Progress notes reflected timely identification of, and response to, deterioration and changes in function of consumers. Staff described strategies used for identifying and responding to changes in consumers’ behaviour or condition, and said they access policies and escalate to registered staff or medical officers when necessary.

Staff document relevant information in handover notes, and attend shift handover meetings to ensure information regarding consumers is consistently shared and understood. Staff described their responsibility to report any changes, and said they notify the consumer’s medical officer, other allied health professionals and representatives if they identify a change in a consumer’s condition, there is a clinical incident, or a change in medication.

Consumers and their representatives said referrals to other health professionals are timely and occur when needed. Staff described the process to refer clinical matters to other providers.

Staff described how they ensure appropriate use of antibiotics. Staff receive training in infection control, and described how they apply relevant practices.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 they are supported to do things of interest, are engaged by staff to encourage participation in activities, and the service’s lifestyle program supports their needs. Consumer feedback is used to develop future activity calendars and events. Care plans reflect consumers’ preferred activities and relevant support staff may offer. Staff said activities are tailored to consumers’ needs and preferences, and levels of functional ability. Consumers were observed engaging in a variety of group and independent activities.

Services and supports are provided to promote consumers’ emotional and spiritual wellbeing and nurture their sense of happiness and belonging. Staff described additional support provided for consumers experiencing a change in mood, such as offering support and talking to consumers who are feeling low.

Consumers and their representatives said consumers participate in the community and maintain relationships. Staff described activities that support consumers to participate in the community outside the service and how they facilitate communication between consumers and their friends and families.

Staff described how communication of consumers’ needs and preferences occurs via care plans, shift handover and dietary requirements listed in the kitchen. Referrals to other providers, such as religious services, volunteers, and entertainers occur based on consumers’ needs.

Consumers and their representatives expressed satisfaction with the variety, quality and quantity of food. Care planning documentation recorded dietary requirements, and consumers were observed eating meals consistent with their documented preferences. Consumers provide feedback and contribute to menu development. The kitchen environment was observed to be clean and tidy, with staff following safety protocols.

Equipment for daily living and lifestyle supports were observed to be safe, suitable, clean and well maintained. Consumers said they have access to equipment, including mobility aids, to assist them with their daily living activities. Staff said they have access to equipment they need, and when issues are identified with equipment, this is reported to maintenance and is rectified in a timely manner.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 feel at home at the service, that it is easy to move around and is clean. The service environment was observed to be welcoming. Consumers are supported to personalise their rooms and have access to courtyards, balconies and gardens with suitable seating and shade.

The service environment was observed to be safe, clean, comfortable and well maintained. Lighting, handrails and clear pathways enable consumers to move freely indoors and outdoors. Staff were observed moving care equipment throughout the service, without impacting the movement of others in the corridors. Regular cleaning occurs in line with a schedule.

Furniture, fittings, and equipment were observed to be safe, clean, well maintained, and suitable for consumers’ needs. Storage areas for equipment were clutter free and accessible to staff. Staff described how shared equipment is cleaned, how they check equipment safety and function, and how they report maintenance requirements. Staff said they monitor maintenance needs through request forms, feedback, audits and daily visual inspection.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 their representatives are encouraged and supported to provide verbal and written complaints or feedback to the service. They knew of external feedback pathways available. Advocacy and language services information is displayed at reception and in other communal locations within the service.

Staff assist consumers to give feedback as required, including where consumers have communication barriers. The service uses feedback forms (deposited in secure lodgement boxes), surveys, consumer meetings and focus groups to obtain feedback, and has a confidential feedback line for staff to raise concerns anonymously.

Most consumers and their representatives said management addresses their concerns after they make a complaint, or when an incident occurs. Staff apply open disclosure following incidents or complaints, and reassure consumers and representatives that actions have been taken to prevent a recurrence.

The service’s complaints register showed feedback, complaints and compliments are documented, analysed and used to improve the quality of care and services. Complaint trends are identified and action is taken, such as improvements made to the menu and the service’s bus.

**Standard 7**

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| Human resources | | Compliant |
| 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

Though the service experienced temporary staff shortages during an outbreak, consumers and their representatives said there were no substantial impacts on care or services provided and overall there are sufficient staff available. Staff said they can complete their duties without being rushed. Rosters are managed to ensure the service can deliver care in line with the consumers’ needs and preferences.

Consumers and their representatives said staff engage with consumers in a respectful, kind and caring manner. Staff were observed interacting respectfully with consumers, and calling consumers by their preferred names.

Role descriptions set out relevant competencies and staff must meet qualification and registration requirements before commencing work. Mandatory and role-specific training are provided and the service monitors training completion. Most consumers and their representatives said staff display appropriate skills and competency. Staff described training received and said they can raise any further training needs.

Staff performance is monitored through formal performance appraisals, competency assessments, feedback and data analysis. Staff described the annual performance appraisal process, and the service’s records reflected appraisals are up to date.

**Standard 8**

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| Organisational governance | | Compliant |
| 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 their representatives said the service is well run, they receive communication and can provide input to improve care and services.

The organisation promotes inclusive and safe care through policies and training. The organisation’s Board is accountable and receives regular reports of the service’s performance. Oversight occurs for clinical governance.

The service demonstrated effective governance systems in place to guide information management, regulatory compliance and workforce governance. Continuous improvement occurs, supported by effective feedback and complaints processes and financial governance.

The service’s risk management system is supported by policies to manage high impact and high prevalence risks, identify and respond to abuse, and manage and prevent incidents. Staff described how they escalate and report incidents, and how this data is analysed to address any trends.

Staff described how they apply the service’s clinical governance framework, consistent with the policies for antimicrobial stewardship, minimising the use of restrictive practices and resolving complaints using open disclosure.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)