Performance

Report

**1800 951 822**

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| Name: | Weary Dunlop Retirement Village |
| Commission ID: | 3971 |
| Address: | 242 Jells Road, WHEELERS HILL, Victoria, 3150 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 3 October 2023 |
| Performance report date: | 17 November 2023 |
| Service included in this assessment: | Provider: 6868 Ryman Aged Care (Australia) Pty Ltd  Service: 22685 Weary Dunlop Retirement Village |

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 prepared by L. Malone, 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
* the provider’s response to the assessment team’s report received 23 October 2023

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **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

Consumers and representatives provided positive feedback and said they are satisfied with the personal and clinical care they receive, and it supports their wellbeing. Staff were able to describe how they tailor care to individuals and ensure care delivered is best practice. In relation to skin care, the management of changed behaviours such as in the care of consumers with dementia, and in the delivery of specialised nursing care, documentation of care delivered demonstrated monitoring for the effectiveness of interventions and individualised care tailored to consumer’s needs.

The service implements preventative and responsive strategies to the management of skin integrity and wounds. Staff were able to describe how they would escalate any changes to the skin for clinical assessment. The Assessment Team found evidence of regular care and review of wounds in line with consumer’s care plans, consideration of pain and nutrition in wound care, and evidence of effectiveness of care delivered and wound healing.

The Assessment Team found that for consumers requiring specialised nursing care such as catheter care or diabetes management, care file documentation demonstrated clear guidance for staff, and care delivery in line with individualised care plans. Staff were knowledgeable about best practice approaches, and described effective monitoring and how they manage complications.

The use of restrictive practices was found to be minimised and in line with best practice. Documentation demonstrated monitoring of risks associated with the use of restrictive practices, informed consent, and engagement with the consumer, representative and specialists in the development of individualised behavioural support plans. Staff describe how they consider risks to wellbeing and cease or minimise the use of restrictive practices where they have limited effectiveness or adverse impact on the consumer.

The approved provider submitted a response 23 October 2023 accepting the findings in the Assessment Contact report.

I have considered the evidence and am satisfied it demonstrates Requirement 3(3)(a) is Compliant.

# 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 |

Findings

Consumers and representatives were satisfied services and supports for activities of daily living are safe, effective and optimise wellbeing. Consumers described ways staff support them to participate in activities they enjoy, maintain their preferred daily routine, access different areas of the service environment, or provide equipment to support independence. Staff demonstrated knowledge of individual consumer’s needs, preferences, and goals. Management and staff described how they support physical, cognitive, and social participation, and the processes of evaluating the effectiveness of the social supports and services delivered to consumers. Staff interviews and care documentation demonstrated evidence of individualised assessment of consumer’s needs and preferences and regular review of social supports and services. The Assessment Team observed staff supporting consumer’s physical needs such as assisting them with mobility throughout the service, and consumers engaging in a range of group and communal activities during the site visit.

The approved provider submitted a response dated 23 October 2023 accepting the findings in the Assessment Contact report.

I have considered the evidence and am satisfied it demonstrates Requirement 4(3)(a) is 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

Consumers and representatives were satisfied that the workforce is enabled to meet their care needs and provided examples of timely care such as staff attending promptly when they call for assistance with mobility or activities of daily living, or regularly receiving medications or diabetes care at the scheduled time. Staff said they have adequate time to complete their tasks and spend time with consumers. Management provided evidence of effective systems and processes to plan the workforce, support newly recruited staff in development, cover unplanned leave, and monitor the effectiveness of the workforce deployed. The Assessment Team reviewed documentation such as rosters and allocation records which demonstrated effective workforce planning, and deployment of the number and mix of staff planned. The Assessment Team observed staff to be promptly attending to consumer’s requests for assistance during the site visit.

The approved provider submitted a response dated 23 October 2023 accepting the findings in the Assessment Contact report.

I have considered the evidence and am satisfied it demonstrates Requirement 7(3)(a) is 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)