Warrigal Care Warilla

Performance Report

1 Arcadia Street   
WARILLA NSW 2528  
Phone number: 02 4297 0999

**Commission ID:** 2497

**Provider name:** Warrigal Care

**Assessment Contact - Site date:** 1 October 2020

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# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(d) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, and management.
* 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 staff, consumers/representatives and others.
* the provider’s response to the Assessment Contact - Site report received 4 November 2020.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Two representatives interviewed said they had good communication with the service and were advised when their relative had any changes to their needs or care.
* Two representatives said they have a copy of the care plan.
* One consumer said they had a care conference in the past 12 months.
* Review of care files identified regular communication with consumers and/or representatives through communication reviews, progress note entries and assessment documents.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(d) Compliant

*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.*

The Assessment Teams provided information that 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. It was noted that they have a schedule to ensure this is reviewed and updated regularly and as required, and that staff document when informal communication also occurs. Each consumer’s care plan is printed and offered to them at case conference meetings and the outcome of assessment and planning discussed with them and or their representative.

For, 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; I find this requirement is compliant.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall sampled consumers and/or representatives consider they receive personal care and clinical care that is safe and right for them. However, some representatives raised concerns about aspects of the sampled consumers care and staffing.

Review of care and other records indicate that each consumer does not always get care that is safe or effective. Deficits were also identified in the service’s restraint minimisation process. Relevant assessments, monitoring and evaluation do not always occur.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*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.*

The Assessment Team provided information that demonstrated that sampled consumers did not receive safe and effective personal or clinical care that is best practice, tailored to their needs, and optimises their health and well-being.

Review of care files and discussions with staff identified the service was unable to demonstrate that each consumers care is delivered in line with best practice and optimises their health and wellbeing. Specifically, pain management and restraint usage is not regularly monitored or evaluated for effectiveness and wound care documentation is not always clear to provide effective monitoring of wounds.

The approved provider provided a response that included some additional information for the report, evidence of corrective actions that have occurred since the assessment contact, including education provided, reviewed and updated care plans and assessments, and behaviour and wound charts.

I have considered the Assessment Teams report and the Approved Providers response. I note improvement activities that have occurred, however also note that some improvement activities have occurred after the audit and the Approved Provider has not refuted the Assessment Teams findings of the service at the time of the audit. It is appropriate to review and consolidate these improvements over a period of time, to consider if they have been effective and sustainable.

For the requirement, each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice; and is tailored to their needs; and optimises their health and well-being, I find this requirement is non-compliant.

# STANDARD 6 Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Most consumers consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* Consumers and representatives interviewed know how to provide feedback or make a complaint and do so when required.
* Representatives interviewed are satisfied that their feedback is heard and management work with them to effect changes, where necessary, to resolve concerns.

There are established processes for the management of feedback and complaints. Management and staff demonstrated understanding of preferred practices which is confirmed through sample review of complaints documentation.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

The Assessment Team found feedback and complaints are reviewed and used to improve the quality of care and services.

One representative recalled changes made as a direct result of their feedback and noted they were happy with the resolution of their complaint. During the entry meeting, management stated that feedback trends include food and catering, clinical care and COVID-19 restrictions. Staff interviewed were also able to identify these as the main complaint trends and described how forums such as the ‘resident and relative meetings’ were used to record and follow up on feedback. One staff member commented that kitchen staff usually attend meetings and report back on any changes they made to the menu because of feedback from the previous meetings.

The Assessment Team verified that the service has implemented a number of improvements to ensure this requirement is now compliant, including the feedback system has been revised to ensure verbal feedback is considered, additional education provided for staff, meetings include feedback as an agenda item, and a easy to use feedback chart has been implemented.

For, feedback and complaints are reviewed and used to improve the quality of care and services; I find this requirement compliant*.*

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Review of staff appraisals found insufficient evidence of meaningful discussion and planning around staff learning and development goals.

Staff appraisal documents and policy did not demonstrate how consumer feedback was sought or incorporated into the appraisal process.

The Assessment Team found that this specific requirement was not met.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

The Assessment Team provided information that while regular assessment, monitoring and review of each member of the workforce is being undertaken, this is not informing the learning and development of staff.

The Assessment Team noted that the staff appraisal system had been reviewed, updated and schedules put in place to ensure all staff had regular staff appraisals. The Assessment Team found that while appraisals are taking place, there is no evidence of consumer involvement in the appraisal process, and that staff are not benefitting from meaningful discourse during the process in identifying development opportunities.

The approved provider submitted a response to the Assessment Teams report which included the approved provider did not agree with the assessment teams’ findings and provided additional material clarifying matters raised in the report.

I have reviewed and accept the approved provider’s response that feedback from consumers is provided to staff on an ongoing basis and at the time it is provided and this feedback is considered during the appraisal process. I note the education the service has identified and provided staff involved in the appraisal process with additional training. I also note examples in the Assessment Teams report of appraisals containing learning and development opportunities identified.

I acknowledge this additional information has provided clarity and demonstrates the service demonstrates regular assessment, monitoring and review of the performance of each member of the workforce is undertaken, therefore I find this requirement compliant.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. For example:

* Feedback from representatives demonstrated their engagement in decisions not only involving the delivery of care and service but also their development and evaluation.
* The service generally demonstrates understanding and application of their responsibility to identify and respond to abuse and neglect of consumers.
* The organisation’s governance systems do not always support the effective management of clinical information as information is not always current and is kept across various systems.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Compliant

*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.*

The Assessment Team found that the service has effective organisation wide governance systems related to information management and continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints.

The Assessment Team provided information that management and staff have implemented improvements to their governance systems, including improvements to their continuous improvement system, documentation and reporting of feedback and complaints, staff appraisals system and training, and the minimisation of restraint usage.

For effective organisation wide governance systems, I find this requirement compliant.

### Requirement 8(3)(e) Compliant

*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.*

The Assessment Team provided information that the service has a clinical governance framework, that includes antimicrobial stewardship, minimising the use of restraint, and open disclosure.

Evidence suggests that through education and review of these systems, management and staff understand and apply this clinical governance framework. Management have identified some further improvements are required in the documentation of restraint and have demonstrated they are working towards this goal. The service provided demonstrated these principles through examples provided to the Assessment Team.

For, where clinical care is provided, a clinical governance framework includes antimicrobial stewardship, minimising the use of restraint, and open disclosure; I find this requirement is compliant.

# Areas for improvement

### 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.*

Restraint

* Seek to minimise the use of physical and chemical restraint by regularly reviewing the effectiveness of these strategies and reducing or ceasing, where possible. Risks from the use of restraint are clearly explained to stakeholders and reviews conducted are clearly documented.

Wound management

* Ensure all wound care documentation including photography is clear, detailed, and provides for effective monitoring of wounds.

Pain management

* Consumer pain is identified, documented and treated in accordance with the service’s policies and procedures and best practice.

General

* All improvements implemented are monitored and reviewed for effectiveness.