Wongaburra Garden Settlement Hostel

Performance Report

210 Brisbane Street
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**Commission ID:** 5085

**Provider name:** Wongaburra Society

**Assessment Contact - Site date:** 13 May 2021

**Date of Performance Report:** 10 June 2021

# Publication of report

This Performance Report **will 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(c) | 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 - 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
* other intelligence and information held by the Commission in relation to the service.

# STANDARD 3 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

The Assessment Team did not assess all requirements and therefore an overall compliance rating and summary for this Quality Standard is not provided.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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.*

Consumers have received safe and effective care. Consumers were receiving care that was tailored to their needs and optimises their health and well-being. Management have taken action to improve the service’s performance in this requirement.

Consumer files (including care plans, assessments, progress notes, medication charts, monitoring records and relevant correspondence) identified individualised care delivery was safe, effective and tailored to the specific needs and preferences of each consumer.

Since the previous audit in November 2020, staff have received training in clinical care including care planning, falls minimisation and management, wound management, pain management, incident recording, elder abuse, Serious Incident Response Scheme reporting and recording and cytotoxic management. A wound care manual and falls management work instruction have been developed and are in use following staff education in their usage. A reportable assault flowchart was developed to guide staff with reportable assault reporting.

Registered staff demonstrated appropriate actions taken following a consumer fall., Care staff advised following a fall they notified registered staff and stayed with the consumer until the registered nurse arrives. Registered staff have received training in wound management, pain management and falls minimisation since the previous audit on 4 November 2020.

Consumer survey/experience documentation in March 2021 and April 2021 demonstrated 100% percent of consumers surveyed felt confident the care was safe and advised any pain experienced is well managed. Most consumers responded the care they received meets their needs. Consumer meeting minutes captured consumers’ feedback and satisfaction with clinical care provided. The service had a suite of policies and work instructions for staff to access when required.

In relation to restraint and psychotropic medication usage, interviews with management, registered staff and a review of associated documents (restraint authorisations, the service’s psychotropic medication register and sampled consumer files) identified the service has systems and processes to ensure restraint usage was monitored, authorised, reviewed and reduced where able.

Skin integrity and wound care work instructions and policies were available to staff and outlined an evidence-based approach to promote healthy skin and manage wounds. A wound management manual had been developed to guide staff practice in wound management. Registered staff reviewed wound records confirmed, to ensure consumers’ wound healing progress is consistently monitored, all wounds are attended, reviewed, photographed and documented as scheduled by registered staff. Skin integrity related care delivery was safe, effective and tailored to the needs and preferences of the sampled consumers, to optimise their health and well-being.

Consumers who had chronic pain or recent changed needs regarding pain management received pain related care delivery that was safe, effective and tailored to the needs and preferences of the consumers, to optimise their health and well-being. The service had a pain management process for staff which included identification, assessment, monitoring and review of new and existing pain. The process included identification of non-verbal and verbal signs of pain.

The service completed a Falls management work instruction which included guidelines for pain monitoring and head injury monitoring for all staff to follow following a consumer fall.

Consumers who required cytotoxic precautions due to exposure to cytotoxic medications had personal protective equipment stations and waste units in their rooms. Linen and waste bags were purple in colour. Staff advised they had received training in safe cytotoxic management.

Based on the evidence recorded above, it is my decision consumers were receiving safe and effective clinical and personal care and therefore, this Requirement is now 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

The Assessment Team did not assess all requirements and therefore an overall compliance rating and summary for the Quality Standard is not provided.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(c) Compliant

*The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

Management have taken action to improve the service’s performance in this requirement. The service demonstrated the workforce was competent and the members of the workforce had the qualifications and knowledge to effectively perform their roles. Consumers and representatives were satisfied with the competence of the workforce.

Consumers/representatives were satisfied that the service had qualified staff with the knowledge and skills to provide safe and quality care and services that met their needs and preferences.

The competence of staff was monitored through feedback from consumers and representatives, through performance appraisals, audits and surveys and through regular reviews of clinical records and care delivery. The qualifications, knowledge and skills required were documented under detailed position descriptions for each role. Staff competencies were determined through skills assessments, and staff were supported to improve their qualifications and competencies through ongoing education and training.

The organisation utilised an electronic system to conduct screening and credential checks and store qualifications and registrations of all staff. The service’s human resource staff were responsible for monitoring renewals. Criminal history checks were renewed every three years. Staff performance appraisals were conducted on either a three or six-month probation period, and annually at the anniversary of the contract date.

Staff were required to complete mandatory online modules upon commencement with the organisation and undertook annual refresher training. Additional face to face training was provided at induction and information on key policies and work instructions related to topics such as incident management and infection control were included in the staff induction pack. The Education Coordinator holds responsibility for monitoring training attendance and sending reminders to staff where mandatory training completion is overdue. The service had access to a range of specialist training providers and consultants, training was regularly organised for staff based on identified gaps in knowledge and skills, and as per staff request.

The service’s performance appraisal templates demonstrated staff competence was regularly assessed to identify gaps in knowledge and skills, and staff were provided an opportunity to request further education and training. The service’s position description templates establish responsibilities, knowledge, skills and qualifications required for each role. The service’s recent consumer experience survey results for March and April 2021 evidenced high satisfaction ratings in response to questions about whether staff across various roles were helpful and encouraging, staff responsiveness in attending to care, and whether consumer care needs were being met.

Improvement action since the last assessment included training was provided to all registered and care staff in falls management, elder abuse and manual handling in November 2020. The service organised an external trainer to provide staff training on mandatory reporting. Management advised that all staff are required to undertake online training on Serious incident response scheme as part of mandatory training. An external consultant was engaged who conducted an internal audit to identify areas where staff lack specific skills and knowledge to perform their role. The internal audit was conducted in December 2020 and resulted in further education and training was provided to staff in wound care management. Consumer feedback surveys were conducted in December 2020 in relation to capturing consumer feedback specific to staff qualifications and skills.

Based on the information contained above, it is my decision the workforce was competent and held the qualifications to effectively perform their roles, therefore this Requirement is Compliant.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.