Woombye Care

Performance Report

26 Redmonds Road
WOOMBYE QLD 4559
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**Commission ID:** 5196

**Provider name:** Woombye Care Incorporated

**Assessment Contact - Site date:** 18 November 2020

**Date of Performance Report:** 17 December 2020

# 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(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 - 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.

# 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 rating for the Quality Standard is not provided.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

Consumers and consumer representatives were satisfied with the management of the high prevalence or high impact risks for consumers. Care documentation for consumers at risk of falls included directives for staff, referrals to physiotherapist for review, review of mobility aids and medications. For consumers, key risks, goals and interventions were identified in care planning documentation including environmental restraint consents, pain management, skin integrity concerns (pressure injuries and wounds), challenging behaviours and nutrition/hydration. Review of consumer files (including care plans, assessments, progress notes, monitoring records and relevant correspondence) demonstrated high impact and high prevalence clinical/personal risks and managing strategies were recorded in individual consumer’s care plan and associated assessments

Staff described what risks are considered high impact and high prevalence in relation to consumers in the service and individual care risks were reflected in the care documentation. Management monitored and reviewed consumers’ high impact and high prevalence risks to ensure appropriate and effective care delivery through daily handovers.

### Requirement 3(3)(g) Compliant

*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.*

The organisation had written policies and procedures relating to infection control and practices to reduce the risk of resistance to antibiotics. Management advised they had regular discussions with Medical officers to minimise the use of antibiotics. The organisation had infection control guidelines for staff to follow in the event of an outbreak.

Staff interviewed said they received training in infection minimisation strategies including hand hygiene, the use of appropriate personal protective equipment, and cleaning processes at orientation and mandatory education. Staff demonstrated an understanding of how they minimised the need for or use of antibiotics and ensured they are used appropriately. Registered staff were familiar with antimicrobial stewardship and advised pathology is collected where possible prior to the commencement of antibiotics. Vaccination records show that 100% of staff and consumers received influenza vaccinations in 2020.

The organisation has infection control guidelines for staff to follow in the event of an outbreak. The service was able to demonstrate preparedness for a potential COVD 19 outbreak, including screening processes, an outbreak management plan, sufficient personal protective equipment, communication and signage and infection control measures.

# STANDARD 4 Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

Consumers felt their condition, needs and preferences were effectively communicated within and between organisations. The lifestyle plans of consumers demonstrated attendance to activities of interest to the consumers. Staff described how they were updated on the changing condition, needs or preferences of consumers as they relate to services and supports for daily living.

The Assessment Team observed the activity calendar displayed throughout the service which informed consumers and staff of the scheduled daily activities. Staff handover was observed by the Assessment Team and demonstrated staff verbally advised of any relevant updates relating to consumers’ lifestyle.

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

Consumers were satisfied the service provides timely and appropriate referrals to individuals, other organisations and providers of other care and services. Care documentation reflected the involvement of others in provision of lifestyle supports. Review of care documentation confirmed support is provided by external providers which is timely and appropriate.

Staff described organisational policies for making referrals to individuals and providers outside the service. The Lifestyle Coordinator could describe how the service will begin working with external organisations and to help supplement the lifestyle activities offered within the service now that COVID 19 restrictions are lifting.

# 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.