Performance

Report

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| Name: | Doutta Galla Woornack Aged Care Facility |
| Commission ID: | 3382 |
| Address: | 6-8 Killara Street, SUNSHINE WEST, Victoria, 3020 |
| Activity type: | Site Audit |
| Activity date: | 7 February 2024 to 9 February 2024 |
| Performance report date: | 9 March 2024 |
| Service included in this assessment: | Provider: 1701 Doutta Galla Aged Services Ltd  Service: 2140 Doutta Galla Woornack Aged Care Facility |

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 Doutta Galla Woornack Aged Care Facility (**the service**) has been prepared by Katherine Richards, 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 Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.

The Approved Provider submitted an email on 4 March 2024 stating they accepted the findings within the Site Audit report.

# 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 | |  |
| 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

This Quality Standard is assessed as compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives said consumers were treated with dignity and respect whilst valuing identity and diversity. Staff detailed cultural backgrounds of consumers and described how this influenced care. Care planning documentation used language respectful to consumers and captured consumers’ social and cultural history within the life story.

Staff described how consumers’ cultures were acknowledged and maintained in line with the cultural and spiritual life policy. Consumers and representatives described provision of culturally safe care, with personal care, activities, and celebrations curated to align with cultural preferences. Care planning documentation reflected information about specific cultural needs for consumers, which aligned with consumer, representative, and staff feedback.

Consumers said they were supported to maintain relationships of choice. Staff described how they supported consumers maintain their independence, including making decisions about care and services and taking time to understand preferences and important relationships. Care planning documentation captured consumer choices pertaining to how and when care was delivered, who was involved in care, and supports required to maintain relationships.

Consumers described risks they were supported to take to meet preferences, explaining how staff supported their decisions and ensured they were aware of potential impacts. Staff demonstrated awareness of risks taken by consumers, and detailed mitigating strategies for safety along with supports. Care planning documentation evidenced risk were identified and outlined in a dignity of risk form with mitigating strategies and monitoring of safety.

Consumers and representatives said they receive sufficient written and verbal information to make decisions. Staff described how they communicated with consumers in a manner to meet their needs and preferences, outlining how they adapt styles for consumers with language barriers or sensorineural impairments. Displayed information included lifestyle calendars, weekly menus, and daily meal choices, and the intercom system was used to alert consumers of commencement of activities.

Staff and management explained the practical ways they respected privacy and maintained confidentiality, such as pulling curtains and ensuring information is not shared in public areas, and consumers said staff knock before entering rooms. Policies and protocols were in place to protect consumer privacy, and explained to consumers and staff within handbooks.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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

This Quality Standard is assessed as compliant as 5 of the 5 Requirements have been assessed as compliant.

Staff detailed the care planning process, including how consumer risks were considered and used to inform delivery of safe and effective care and services. Care planning documentation demonstrated assessments were used to identify risk and develop tailored mitigating strategies. Policies, procedures, and checklists guided assessment processes on entry and an ongoing basis.

Care planning documentation reflected needs, goals, and preferences in line with consumer, representatives, and staff feedback. Staff described how assessment and planning processes were personalised, and how discussions relating to end-of-life care planning were initiated during entry and revisited during reviews or if the consumer condition changed.

Consumers and representatives said their involvement and input in assessment and planning processes ensured consumer needs were met. Management and staff explained how they partnered with consumers and others they wished to be involved in care. Care planning documentation demonstrated involvement and input from consumers, representatives, and other providers, including Medical officers and Allied health staff.

Consumers and representatives said they received regular communication about provided care and services, including changes, and staff explained things clearly. Furthermore, documented care and services plans were offered following each review. Clinical staff described regular contact with consumers and representatives, and ensured assessment and planning outcomes were effectively communicated. Outcomes of assessment and planning and detailed care and services plans were observed to be readily accessible to staff, with summary versions available for consumers and representatives.

Care planning documentation evidenced regular review, including through monthly monitoring with full review of care and services every 3 months or following incident or change of circumstance. Staff explained how the review process considered the effectiveness of provided care and services, with communication and monitoring of scheduled review dates. Consumers and representatives confirmed regular reviews were undertaken and communicated, including following incident.

# 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 |
| 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

This Quality Standard is assessed as compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives considered consumers received care that was personalised to their needs and preferences. Staff were aware of tailored strategies within consumers’ care and services plans, and explained best practice care was ensured through following the service’s policies and procedures. Management outlined monitoring processes implemented to ensure provided care met consumer needs and optimised health and well-being.

Consumers and representatives said they believed risks were effectively managed. Care planning documentation outlined risks and mitigating strategies, which were known to staff and representatives. Clinical staff and management explained monitoring processes to understand when risks changed, with information shared with other staff to optimise management.

Staff outlined how provision of end-of-life care focused on maximising consumer comfort and monitoring and managing pain. Policies and procedures relating to provision of palliative care guided staff practice. Care planning documentation for late consumers demonstrated identification of consumers transitioning into end-of-life care, engagement with family, involvement of palliative care specialists, and monitoring and management of symptoms and comfort.

Consumers and representatives said changes in condition were noticed and responded to in a timely and suitable manner. Staff described processes for monitoring consumers for change of condition, demonstrating awareness with indicators of deterioration, and outlined escalation pathways. Care planning documentation demonstrated monitoring through charting and progress notes and prompt response to change of consumer health.

Consumers and representatives said staff work together to meet consumer needs, and information does not need repeating. Staff explained how information about consumers was communicated through documentation and handover processes. Care planning documentation included sufficient information to inform staff of consumer needs and alert them to changes.

Care planning documentation demonstrated referrals to Allied health professionals and specialists were timely and appropriate to consumer needs, confirmed by consumer and representative feedback. Staff explained referral pathways for a range of providers, and said they work with the Medical officer to coordinate referrals for specialists if required. Policies and procedures outlined referral pathways and triggers.

Consumers and representatives described infection control practices and how outbreaks were managed. Staff were observed following infection control procedures, and screening processes were applied for all people entering the service, including visitors and contractors. Policies, procedures, an outbreak management plan, and Infection prevention and control leads provided guidance and support for staff in managing infection related risks. Clinical staff said they received training on strategies to prevent and manage infections, ensuring antibiotic use was appropriate to the infection.

# 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 |
| 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

This Quality Standard is assessed as compliant as 7 of the 7 Requirements have been assessed as compliant.

Staff explained how assessments were used to identify consumer needs and preferences and tailor services and supports for daily living. Care planning documentation outlined goals, interests, preferences within the lifestyle assessment, along with supports to independently participate within the service.

Consumers said they receive support when feeling low, with staff spending extra time and showing kindness, and scheduled church services met spiritual needs. Care planning documentation detailed supports for emotional well-being and spiritual needs. Staff said they recognised low moods in consumers through changes in behaviour or body language and offer company and/or escalate concerns.

Staff described how consumers participated within the service and broader community, ensuring consumers were ready when going out, and additional efforts were made during outbreaks to maintain connections with family. Consumers said they were supported to do things of interest, with the lifestyle activity calendar containing a range of activities informed from consumer preferences and hobbies.

Consumers said information was sufficiently communicated within the service, for example, kitchen staff knew dietary preferences. Staff said information was shared within handover processes and care planning documentation, accessible to lifestyle and kitchen staff.

Care planning documentation evidenced timely referrals to other organisations and services, such as volunteers or religious supports. Staff outlined referral processes, documented within policies and procedures, and said they network for available organisations for supports, including those suggested by consumers.

Overall, consumers and representatives reported satisfaction with the quality, quantity, and variety of provided meals, with opportunities to give feedback. Whilst some stated meals were not hot enough, management had not been made aware, and improvement activities were developed in response to this feedback, including discussing within consumer meetings. Staff explained how consumer preferences were supported and alternate meals could be arranged if wished, with hospitality staff explaining feedback was sought on the quality of food from consumers and staff.

Consumers said they had sufficient, clean, and well-maintained equipment. Staff described cleaning and maintenance processes for mobility aids and lifestyle equipment, and said they have sufficient information to safely manage and use transfer equipment. Equipment was observed to be suitable, clean, and in good condition.

# Standard 5

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| Organisation’s service environment | |  |
| 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

This Quality Standard is assessed as compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives said they found the service environment welcoming and easy to navigate and were encouraged to personalise rooms to ensure it felt like home. Staff described how they orientated consumers to the environment and encouraged interaction with others, with wayfinding measures implemented such as maps, diagrams, and markings. The environment had sufficient lighting, level flooring, and wide corridors with handrails to support independent movement.

Overall, consumers and representatives reported the environment was clean and well-maintained, with management outlining actions taken in response to concerns. Consumers were observed accessing indoor and outdoor communal areas, and staff seen undertaking regular cleaning aligned with scheduled tasks. Management explained how free movement was enabled through unlocking internal doors and provision of swipe cards to consumers to independently access the front door. Maintenance requests were logged, and documentation demonstrated prompt response.

Staff described their role and responsibilities in cleaning and maintaining equipment, furniture, and fittings, with processes to ensure suitability for consumers. Consumers said equipment and furniture was always clean and functional, which was verified through observations. Preventative and reactive maintenance tasks were attended to in line with scheduling.

# Standard 6

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| Feedback and complaints | |  |
| 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

This Quality Standard is assessed as compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they felt safe and supported to provide feedback and were aware of various avenues available, such as speaking with staff or management, raising concerns in meetings, sending emails, or using feedback forms. Staff described processes in place to encourage and support submission of feedback and complaints, including information in differing languages, and policies and procedures provided guidance. Feedback forms and boxes were available and locked to ensure privacy.

Management and staff explained how information about external advocates, complaints, and language supports was shared, including having advocacy services attend to provide education to consumer, representatives, and staff. Representatives confirmed an education session was recently coordinated, although no consumers or representatives outlined any sense of need. Guidelines were available for coordinating translation services if required. Information on available services was displayed throughout the service.

Consumers and representatives said concerns or complaints were addressed and resolved to satisfaction. Staff could describe principles of open disclosure, and said they received annual training on it. The complaints register demonstrated application of open disclosure through acknowledging concerns, apologising, being transparent, and resolving the issue whilst keeping consumers and representatives involved. Policies and procedures inform complaint management and use of open disclosure.

Consumers and representatives verified complaints and feedback were used to improve care and services. Management and staff explained identified trends within complaints, and responsive actions being undertaken or proposed. The service had a system and procedure for recording, monitoring, and actioning feedback and complaints and identifying opportunities for improvement, which were captured within the Continuous improvement plan.

# 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 |
| 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

This Quality Standard is assessed as compliant as 5 of the 5 Requirements have been assessed as compliant.

Overall, consumers and representatives said there were enough staff to meet consumer needs in a timely manner, and most staff said there were enough staff to ensure quality of care within allocated times. Those providing feedback of benefits in having more staff could not identify impact on consumer care. Management explained workforce planning processes to address needs of consumers, with sufficiency to fill shifts without requirement of agency staff. Documentation demonstrated shifts were filled, and monitoring processes ensured timely care and response to call bells.

Consumers and representatives described staff interactions as kind, caring, respectful, and gentle. Policies, procedures, and guidelines inform staff practice and behaviour. Interactions were observed to be respectful and gentle.

Consumers and representatives said they considered staff to be skilled and competent. Management explained how recruitment, orientation, mandatory and ongoing training, and annual performance competency assessments ensured staff had knowledge to perform their roles. Documented position descriptions outlined necessary qualifications, registrations, and checks required for employment and outlined competencies.

Staff said the service provides sufficient training through mandatory and supplementary programs to support them to provide quality care. Management said they ensured staff received required training to perform roles and deliver outcomes required by the Quality Standards. Mandatory training topics included education on identifying and reporting abuse, incident reporting, use of open disclosure, and infection prevention and control, and compliance with training is monitored by management.

Management described how staff performance was monitored through formal and informal processes, including performance appraisals, and action was taken in response to poor conduct, such as complaints. Staff could describe the appraisal process and feedback outcomes, including agreed development areas. Records demonstrated all staff had or had been scheduled to participate in formal performance appraisal meetings.

# Standard 8

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| Organisational governance | |  |
| 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

This Quality Standard is assessed as compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers described feedback and input on the operations of the service, with ongoing collaboration, and the new ‘my voice matters’ consumer advisory body. Management said consumers were engaged through a range of methods, including meetings, surveys, feedback, and verbal conversations. Meeting minutes demonstrated consumers were encourage and actively supported to be engaged in the development, delivery, and evaluation of care and services.

Management outlined the role of the governing body, including the Board and subcommittees, and systems in place to support their oversight and accountability for care and services. The organisational structure supported communication, reporting, and monitoring of performance through consideration of audits, surveys, incidents, feedback and complaints, and quality indicators. Outcomes from the Board were communicated back to the service through meetings and minutes. Published policies and procedures outlined roles and responsibilities aligned to the Quality Standards and promoted safe, inclusive, and quality care and service delivery.

Governance systems, including policies, processes, and monitoring mechanisms, ensured effective frameworks to guide the service on information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Monitoring processes were undertaken to ensure regulatory compliance was understood, communicated, and adapted into practice, with regular discussion recorded in the clinical governance meeting minutes.

Risk management systems and practices were understood and implemented by staff. Management explained how they monitored for and identified high impact or high prevalence risks through clinical indicators, audits, and reporting, and analysed this information to identify improvements, including training opportunities or policy and procedure reviews. Policies, procedures, and processes supported consumers to live their best lives, including taking risks. Incident reporting processes and obligations, including relating to elder abuse and neglect, were known by staff, and monitored by management.

The clinical governance framework was documented and included policies and procedures. Staff demonstrated understanding of policies and obligations. Management explained oversight of antimicrobial stewardship and use of restrictive practices through monitoring processes, with ongoing consultation to minimise. Effective and consistent application of the open disclosure process was evidenced through interviews and documentation.

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