Performance

Report

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| Name of service: | Feros Village Wommin Bay |
| Service address: | McKissock Drive KINGSCLIFF NSW 2487 |
| Commission ID: | 0278 |
| Approved provider: | Wommin Bay Hostels Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 25 May 2023 |
| Performance report date: | 22 June 2023 |

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 Feros Village Wommin Bay (**the service**) has been prepared by K. Reed, 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 - 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 team’s report received 13 June 2023
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Appropriate consent practices are required for the implementation of restrictive practices.

# 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 |

Findings

Consumers and representatives provided feedback that staff treated consumers in a kind and dignified manner and respected their identity. Staff were observed treating consumers with dignity and respect and understood the consumers’ individual background, interests, and preferences. The organisation had documents which outlined consumers’ right to respect and dignity and provided training to staff in this regard.

Examples provided of ways consumers were treated with respect included encouragement with meals, inclusion on excursions and assistance with care.

# 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. | Non-compliant |

Findings

The service did not demonstrate an awareness, or process, for consumer capacity assessments to ensure appropriate consent and authorisation for consumers subject to restrictive practices. Management and representatives confirmed consumers had not been consulted during the decision-making process in relation to restrictive practices. Additionally, monitoring and assessment documentation was inconsistently completed for consumers subject to restrictive practices.

The service was unable to provide evidence, that discussions had been held with consumers to consent to the use of restrictive practices, or alternatively, that an assessment of capacity had been completed for any consumers subject to restrictive practices to enable deferment to the substitute decision maker hierarchy. Ten consumers listed by the service as being subject to at least one form of restrictive practice, did not have an assessment of capacity conducted to determine decision making capacity.

The Approved provider in its written response to the Assessment contact-site report has acknowledged the service did not demonstrate an adequate awareness, or process for consumer capacity assessments to ensure appropriate consent and authorisation for consumers who are subject to restrictive practices, including the inclusion of an appropriate decision maker.

As part of this process, the organisation is implementing an education program, for the residential aged care leadership and management team focused on the hierarchy of consent and the relevant processes. The organisation is reviewing all policy, procedures, and education material in relation to restrictive practices. Consumers who are subject to restrictive practice will be reviewed to ensure appropriate level of consent is in place.

Although each consumer subject to a restrictive practice had a Behaviour support plan in place, staff were generally unable to articulate how they would manage behaviours as per the consumers’ Behaviour support plan. For one named consumer who displays verbally aggressive and agitating behaviours and is resistive to cares and has a behaviour support plan in placed with individualised strategies, progress notes indicated strategies are either not trialled or chemical restraint is provided as the first intervention. The consumer was administered as required chemical restraint on four occasions in May 2023, and documentation does not evidence strategies trialled prior to the chemical restraint of the effectiveness of the medication administered.

The Approved provider in its response to the Assessment contact-site report stated all behaviour support plans will be reviewed and training will be provided to all staff to ensure the consistent use of strategies within Behaviour support plans, and charting and monitoring the effects of as required chemical restraint.

Based on the information contained above, it is my decision consumers did not receive best practice care relating to restrictive practices and therefore this Requirement is Non-compliant.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

Consumers, representatives, and staff confirmed, the service was clean, and they could move freely indoors and outdoors, and requests for maintenance were actioned in a timely manner. The service grounds appeared well maintained and included areas which were accessible via communal doors or direct access from consumers’ rooms.

Spot cleaning of each consumer’s room was completed twice weekly, and a full clean undertaken fortnightly. Cleaning staff were available seven days per week.

Maintenance staff provided records which demonstrated all scheduled maintenance had been carried out, and records included items checked or maintained on a regular schedule. The maintenance request register was reviewed daily, and requests were prioritised and delegated to the maintenance staff or contractors as required.

Consumers of differing mobility abilities were observed moving freely around the service and were assisted when required.

# 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

Most consumers and representatives felt the consumers were well cared for by staff and there was an adequate number of staff to provide the care consumers needed. The service had a procedure to replace staff absenteeism and rosters were reviewed as required to ensure staff allocations were adequately meeting changing consumer needs and preferences.

The staff allocation and rostering were administered by the organisation’s human resource department, and the current staff to consumer ratio exceeds industry benchmarking. Staffing allocation was dynamic, changed with consumer needs, and was discussed with consumers and representatives at consumer and representative meetings. Recent staffing changes included a float care staff member to support higher risk areas of the service and an additional half shift to support the late afternoon period. The service had no recent unfilled shifts.

Management reviewed a daily call bell report to identify and investigate delays more than the service’s 10-minute benchmark. Call bell response times and reports were discussed at consumer/representative and clinical meetings.

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)