Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| 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: | Site Audit |
| Activity date: | 6 September 2023 to 8 September 2023 |
| Performance report date: | 25 October 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 J. Howard, 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 conducted from 6 September 2023 to 8 September 2023; the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* Other relevant information about the service and Approved Provider held by the Commission.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | Compliant |
| 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

The Quality Standard is assessed as Compliant, as six of the six specific requirements were assessed as Compliant.

Consumers were treated with dignity, respect and staff valued them as individuals. Staff were respectful to consumers and understood their individual backgrounds and preferences, which were recorded in care plans. Consumers confirmed they received culturally safe care and services and staff provided care consistent with their traditions and preferences. Consumers were supported to make decisions about their care and maintain relationships of choice. Consumers’ care plans included information about how care should be delivered, who was involved in their care and how the service supported them to maintain personal relationships.

Consumers were supported to take risks, exercise choice and maintain independence, which enabled them to live their best lives. Consumers wishing to take risks were supported to understand the benefits and possible harms before a risk assessment was completed and documented in their care plans. Consumers confirmed they were provided with information that was clear, easy to understand and enabled them to exercise choice. For example, consumers received information through care consultations, consumers/representative meetings, newsletters, and lifestyle calendar activities. Consumers’ personal information was kept confidential in locked nurses’ stations and staff respected consumers’ privacy by ensuring doors were closed when care is provided.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | Compliant |
| 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

The Quality Standard is assessed as Compliant, as five of the five specific requirements were assessed as Compliant.

The service considered risks to consumers’ safety, health and well-being during the needs assessment and care planning process, the outcomes of which informed the delivery of care and services. Consumers were involved in the assessment and planning process, which identified their goals, needs and preferences and included end of life planning where consumers wished. The service partnered with consumers, their representatives and external service providers when assessing, planning and reviewing care needs. A review of care plans showed consumers participated in regular reviews and evaluations which involved medical officers and allied health professionals such as speech pathologists and physiotherapists.

The outcomes of assessment and planning were documented in consumers’ care plans which were readily available to consumers and those involved in their care. Consumers confirmed they had access to their care plans following updates, and clinical staff updated consumers’ representatives in person, by telephone or by e-mail. Consumers and representatives confirmed they were involved in regular care plan reviews and notified when incidents occurred or care needs changed. Consumers’ care and services were reviewed three-monthly or following an incident which impacted their needs, goals or preferences.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | Compliant |
| 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

The Quality Standard is assessed as Compliant, as seven of the seven specific requirements were assessed as Compliant.

Consumers received care that was safe and right for them and met their individual needs, preferences and optimised their health and well-being. Staff delivered care which aligned with consumers’ care plans and met peoples’ unique needs, preferences and care requirements. Management and staff described how consumers were provided with appropriate care in the context of restrictive practices, wound management and pain management.

The service managed high-impact and high-prevalence risks to consumers through clinical data monitoring and trending, along with implementing risk mitigation strategies for individual consumers. Staff understood risks to consumers and described applicable management strategies, such as assessing consumers with challenging behaviours and implementing tailored behaviour support plans. Consumers were satisfied with how the service managed risks associated with their care.

Consumers confirmed staff had discussed advanced care planning and end-of-life preferences with them, which were recorded in care plans. Staff who provided palliative care described how consumers nearing the end-of-life were supported. For example, staff made consumers comfortable by regular repositioning, regular comfort care, pain management and supporting family to be with the consumer. Changes in consumers’ conditions and care needs were responded to in a timely manner, which was confirmed by consumers, representatives and a review of care plans.

Consumers were satisfied with the delivery of care, including how changes to their conditions were communicated within the organisation and with others providing care. Staff said information about consumers’ conditions were communicated at each shift handover through a verbal and documented process. Consumers said referrals to other providers of care and services were timely, appropriate and occurred when needed, which was confirmed by a review of care plans. The service had processes in place to minimise infection-related risks and support the appropriate prescribing of antibiotics.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | Compliant |
| 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

The Quality Standard is assessed as Compliant, as seven of the seven specific requirements were assessed as Compliant.

Consumers received safe and effective services that met their needs, goals and preferences and optimised their independence, health, well-being and quality of life. Staff understood what was important to consumers and what they liked to do. Consumers confirmed they were supported to pursue activities of interest to them. Lifestyle staff tailored the activities calendar to consumers’ likes, dislikes, leisure interests, social, emotional, cultural and spiritual needs and traditions. Consumers confirmed they received the emotional, spiritual, religious and psychological supports needed to maintain their psychological well-being, such as staying in touch with family and friends, spending one-on-one time with a religious minister and attending religious services.

Consumers participated in their community, did things of interest to them and were supported to maintain personal relationships. Consumers confirmed their families were supported to visit or maintain contact by phone. Consumers were satisfied with the quality, quantity and variety of food provided by the service and had input into the menu through “food focus” meetings. Consumers were offered meal options and could request an alternative if the menu was not to their liking. Staff understood consumers’ dietary needs and ensured their preferences were met.

Where the service provided equipment, consumers said it was safe, fit-for-purpose, clean and well maintained. Staff had access to equipment when needed and described how it was kept safe, clean and well maintained. The Assessment Team observed lifestyle equipment was in good condition and appeared safe, suitable, clean and well-maintained.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | | Compliant |
| 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

The Quality Standard is assessed as Compliant, as three of the three specific requirements were assessed as Compliant.

The service environment was welcoming, easy to understand and promoted a sense of independence and belonging. Consumers felt at home within the service, particularly as they were encouraged to personalise their rooms with possessions of their choosing.

The service is spread across 6 “cottages”, with each cottage containing a number of consumer rooms with ensuites. Most consumer rooms lead to a personal garden and terrace with some overlooking the sports field. The service has an indoor café with seating areas leading to an outdoor courtyard and gardens, gymnasium, and a hair salon. All cottages had a common lounge and dining area, with walkways and paths leading to gardens.

The service was safe, clean, well maintained and enabled consumers to move freely, both indoors and outdoors. Cleaning staff followed a schedule and said the service environment was cleaned every day, including communal areas and consumers’ rooms. With the exception of consumers in the memory support unit, consumers had free access to courtyards, balconies, lounge areas, dining rooms and garden areas where they could socialise.

Furniture, fittings and equipment were safe, clean, well maintained and suitable for consumer use. Consumers confirmed their equipment and furniture was regularly cleaned and maintained. Furniture, equipment and the general service environment was maintained under preventative and corrective schedules. Care staff were responsible for cleaning consumers’ personal mobility devices such as wheelchairs, though cleaning staff helped as needed.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | Compliant |
| 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

The Quality Standard is assessed as Compliant, as four of the four specific requirements were assessed as Compliant.

The service encouraged consumers and representatives to make complaints and provide feedback. Consumers and representatives were comfortable raising concerns directly with staff or management. Feedback and complaints could be made via consumer meetings, through talking with staff, or using a paper-based feedback form. Information about how to make an internal or external complaint, provide feedback and access advocacy and interpreter services was available in the consumer admission pack and on posters, pamphlets and noticeboards throughout the service.

The service took appropriate action in response to feedback and complaints and used open disclosure when something went wrong, which consumers and representatives confirmed. Staff and management understood their responsibilities in relation to complaints management. A review of complaints and incident reports confirmed the service acknowledged consumers’ concerns, took action, offered an apology and kept consumers informed throughout the process. The service used feedback and complaints to improve the quality of care and services. For example, the service implemented a food focus group as a result of food related feedback from consumers during the consumers/representative meetings. Following the introduction of the food focus group, the service introduced or changed menu items, such as changing the soup selection and introducing a new pasta dish.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | | Compliant |
| 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

The Quality Standard is assessed as Compliant, as five of the five specific requirements were assessed as Compliant.

Consumers confirmed there were enough staff at the service to provide quality care and services which met their needs, although some consumers said there was sometimes a shortage of cleaning staff. Staff said there were enough people rostered for each shift and consumers said their call bells were responded to in a timely way. A review of documentation showed rosters were planned and staffing levels met consumers’ needs. When unplanned leave occurred, the service had a “float shift” of staff to assist other staff and move between cottages as required. A review of the previous month’s roster showed all nursing staff shifts were filled and 3% of care staff shifts remained vacant due to unplanned leave, but communications and alerts were sent to staff present at the service, giving the option of helping to fill the shortfall. Consumers and representatives confirmed staff were kind, caring, gentle and respectful when providing care and services.

The service’s workforce was competent and had the qualifications and knowledge to effectively perform their roles, which was reflected in positive consumer feedback. Staff participated in an orientation process and buddy shifts, with their competency monitored by management. Staff were equipped with the knowledge to perform their roles and guided by position descriptions which required qualifications relevant to the role. Staff confirmed they were trained, equipped and supported to deliver safe and effective care. The Assessment Team reviewed written materials and training reports which confirmed staff were trained to provide care and services in line with the Quality Standards. The service regularly assessed, monitored and reviewed staff performance, which included formal performance reviews.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | Compliant |
| 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

Consumers and representatives were engaged in the development, delivery and evaluation of care and services. Input was provided via consumer and representative meetings, a feedback process, surveys and in-person discussions with the chief executive officer. The organisation’s governing body promoted a culture of safe, inclusive and quality care and services, for which it was accountable. The board of directors satisfied themselves the Quality Standards were being met through meetings with the service’s clinical governance team and a range of organisational sub-committees, and reports which included information about clinical indicators, quality improvement matters and internal audit results. The service had organisation-wide governance systems that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service had risk management systems, policies and procedures to monitor, assess and manage high-impact or high-prevalence risks associated with the care of consumers. The service had risk management policies and procedures which guided staff in identifying elder abuse and neglect, restrictive practices, infection control protocols and requirements of the Commission’s Serious Incident Response Scheme.

The service had systems in place to support clinical governance, the delivery of safe care, promote antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong.

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