Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | James Milson Village Woolwich |
| Service address: | 11 Gladstone Avenue Woolwich NSW 2110 |
| Commission ID: | 0514 |
| Approved provider: | North Sydney Retirement Trust |
| Activity type: | Site Audit |
| Activity date: | 14 March 2023 to 16 March 2023 |
| Performance report date: | 17 April 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 James Milson Village Woolwich (**the service**) has been prepared by G-M.Cain, 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; 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 information and intelligence held by the Commission in relation to the service.

# 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 | |  |
| 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

Consumers and representatives felt that staff treated consumers with dignity and respect, and their identity, culture and diversity were appreciated and valued as individuals. Staff described how they treat consumers respectfully by acknowledging their choices and understanding their background, life history and needs. Staff knew consumers' cultural backgrounds and could explain how this influenced their care and services. One named consumer speaks Italian and English and enjoys it when care staff use phrases in Italian when delivering care. The lifestyle program is changed continuously to reflect the changing needs, preferences and interests of the consumers at the service.

Consumers and representatives said they are given a choice about how and when consumers care is provided and that staff consider and respect these. Consumers are supported to maintain relationships of choice, including those who wish to be involved in the care. Staff described how consumers were engaged in their care and were supported to make their own choices to maintain their independence and personal relationships, including participating in activities.

Consumers are supported to live their best lives, even if this involves an element of risk, such as wishing to leave the service independently to engage in the community. Staff described how they support consumers to take risks to enable them to live the way they choose.

Care planning documentation for consumers reflected information to guide staff in delivering care and services individualised to consumer preferences, including information regarding important relationships to the consumer and persons involved in decision-making. There was evidence of a completed risk assessment and signed dignity of risk forms for consumers who choose to take risks.

Overall, consumers and representatives were satisfied with the information provided by the service, for example, changes in consumer care needs, the food menu, the activity schedule and COVID-19 updates. Staff described how they communicate information with consumers from diverse cultural backgrounds or those with cognitive impairments.

Consumers and representatives said the staff and the service respected their privacy and did not express concerns about personal information confidentiality. The service stores personal information securely in the electronic system, which was confirmed through observations throughout the site audit.

# Standard 2

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

Consumers and representatives were satisfied with the assessment and care planning process and said the care delivered meets the consumer's needs. They are involved in assessment and planning on an ongoing basis and confirmed the service had discussions with them regarding advanced care planning and how care is to be provided. One consumer representative said staff had end-of-life care, including the consumer's preference not to be transferred to the hospital. Consumers and representatives felt the service maintained good communication and said the staff explained things clearly and clarified clinical matters if needed. Consumers and representatives confirmed that consumers' care and services were reviewed when changes occurred. Consumers and representatives are offered a copy of consumers' care plan during annual case conferences.

Staff demonstrated an understanding of the assessment and care planning processes, including identifying risks to the consumer's safety, health, and well-being. Staff described the needs and preferences of consumers, which aligned with consumer and representative feedback and care documentation.

Care planning documentation demonstrated that assessments and care plans were individualised to consumer needs, identified risks and captured appropriate risk mitigation strategies. The service had an admission checklist generated via the electronic care management system that alerts staff when assessments are due or have not been completed. Planning included discussions on end-of-life care and reflected the involvement of the consumer and representatives. Care planning documentation reflected consultation with other health professionals, external practitioners and specialist services where appropriate. Most care plans evidence 3-monthly reviews, and when incidents occur or there is any change to a consumer's needs and circumstances. The service had recently identified some care plans that were overdue for review. An action was added to the services plan for continuous improvement with a planned completion date of April 2023.

# Standard 3

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

Consumers and representatives felt consumers were receiving safe and effective personal and clinical care tailored to their needs, optimising their health and wellbeing. Consumers and representatives said the service recognised and responded to changes in a consumer's condition appropriately and promptly. Most consumers' and representatives said that consumers' preferences and care needs were communicated effectively with them, between staff, and with external providers involved in their care. They had access to various health professionals, including allied health practitioners and medical specialists, and referrals were made as required. The service maintains a psychotropic register, and the review identified that no consumers were subject to chemical restrictive practices. This was consistent with feedback provided by management. However, the site audit report brought forward information about some doors leading to outdoor areas automatically observed to be locked from the outside, thereby preventing consumers from moving freely. Management advised that these may result from a system error as the doors were on a scheduled locking system at night and left open during the daytime. The service demonstrated that this error was corrected immediately.

Staff demonstrated knowledge in delivering best practice principles about managing restrictive practices, skin integrity and pain. They describe the service's high-impact, high-prevalence risks and how they were managed, including strategies to minimise the risks to individual consumers. Clinical staff explained how deterioration is recognised, responded to and managed at the service. The service is improving communication by educating staff about the efficient use of the newly implemented electronic care management system and shift handovers, which was reflected in the services plan for continuous improvement.

Care documentation for consumers, including those with chronic wounds, falls, changed behaviours and pain, evidence that consumers received individualised care that was safe and right for them and was based on best practice. Care was delivered in accordance with care plans; there was the involvement of medical officers and allied health professionals, and specialised equipment was available to support care delivery. Consumers and representatives confirmed, and care plans evidenced information on consumers' end-of-life care in line with the consumer's end-of-life care needs, goals, and preferences. Staff described care delivery at the end of life and promoted comfort care that is respectful and dignified.

The service demonstrated that infection risks were adequately managed. Measures were in place to prepare against an infectious outbreak, such as appointing an infection prevention control lead, and that best practice was followed in prescribing antibiotics. Consumers and representatives expressed satisfaction with the management of infection-related risks. They said staff were always observed using the appropriate personal protective equipment and practising hand hygiene, consistent with observations during the site audit. Management and staff interviewed could describe the service's infection prevention and management measures and outline how they followed best antibiotic prescribing practices.

The service documented policies and procedures to minimise infection-related risks, including COVID-19 outbreak management.

# Standard 4

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

Consumers and representatives said consumers are supported to pursue activities of interest to them, optimise their independence, and are provided with appropriate support. Consumers provided examples of activities they enjoy, including bingo, knitting group and arts. Consumers' emotional, spiritual and psychological needs were supported, enabling them to stay in touch with family or friends for comfort and emotional support.

Consumers and representatives said consumers are supported to take part in community activities outside the service, visit family, or pursue a previous interest. Staff could describe how they encourage consumers to participate in activities of interest to them and maintain relationships with family and friends. Care planning documentation reflected information about activities of interest to the consumer, social and personal relationships and strategies to deliver services for daily living and support consumers' emotional and spiritual needs.

Consumers and representatives said the service provided care that met their needs and preferences, which were communicated between the staff and others responsible for care. Care documentation provided adequate information to support effective services and safe care delivery. Staff described how they shared information and were informed of consumers' conditions, needs and preferences. For example, one consumer's plan outlines their preference to walk outside the service for at least half an hour daily to help maintain mobility.

Consumers and representatives confirmed that the service was aware of consumers' preferences and needs, and the information was shared within the service and with other providers when changes occurred. Staff could describe how they engage other organisations and services such as pastoral care, volunteers, hairdressers, and entertainers to enhance consumers' experience at the service.

Consumers expressed satisfaction with the quality and quantity of meals provided. Consumers said they are given a choice for each meal daily and can request alternatives if they do not like what is on the menu that day. Staff explained how consumer feedback and preferences are incorporated into the seasonal menu and described individual consumer dietary preferences. Care planning documentation confirmed that consumers' dietary requirements and preferences were recorded and consistent with consumer feedback. Staff could describe how they are informed of consumer dietary needs and preferences changes. Observations showed timely meal services, with consumers socialising with each other. Consumers were assisted with meals if required.

Consumers and representatives said consumers had access to safe, clean and well-maintained equipment. Staff described processes for identifying faulty equipment and lodging maintenance requests. A wide range of lifestyle activity equipment was observed available for consumer use and in a suitable condition.

# Standard 5

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

Consumers and representatives said the service environment is welcoming, allows for easy accessibility through various parts of the service, and enhances their sense of belonging. Management and staff were able to describe aspects of the service that help consumers feel welcome and optimise each consumer’s sense of belonging and ease of navigation. Management explained how consumers are orientated to the service and encouraged to personalise their space upon admission. Staff described the service environment design principles that facilitate independence and free movement via handrails, wide hallways and clear signage.

Consumers and representatives said the service environment is safe, clean and well-maintained, allowing them to move around freely. Staff described how the service environment is cleaned and maintained, and cleaning and maintenance schedules confirmed this.

Consumers and their representatives said furniture and equipment are well maintained and clean. For example, consumers confirmed that mobility aids were cleaned and kept in good condition. Staff demonstrated how they keep equipment clean and safe and provided evidence of cleaning and maintenance schedules that were complete and up to date. The preventative maintenance schedule evidenced that all equipment maintenance was completed per the schedule. For example, wheelchairs are checked 3-monthly.

# Standard 6

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

Consumers and representatives felt safe and comfortable providing feedback and making complaints. They described various avenues to submit feedback, such as feedback and complaint forms, consumer meetings, and verbal feedback to staff or management. All consumers said they know advocacy services and external complaint mechanisms but have yet to need to use such services. Staff described the process if a consumer has feedback or raises a complaint. This process includes staff investigating the details, escalating to management, discussing with the consumer and/or their representatives and implementing an action plan. Management undertakes a walk around the service and engages with consumers regularly, and said consumers are comfortable to discuss any feedback or raise complaints. Observations showed information about complaints and feedback displayed in the service's reception and throughout the service. The consumer handbook included information on the feedback and complaints handling process and avenues for external complaints.

Most consumers and representatives said the service responds to and resolves their feedback or complaints when they are raised or when an incident has occurred. Staff demonstrated an understanding of open disclosure, explaining how they would notify consumers and representatives and apologise to a consumer if something goes wrong. A review of compliments and complaints data showed that action was taken. Open disclosure is practised by acknowledging the concerns, apologising, remaining transparent and resolving the issue whilst keeping the consumer informed.

Consumers' and representatives' feedback is used to improve care and services. Management described actions taken in response and how feedback and complaints have been used to drive continuous improvement across the service. The service's continuous improvement register showed that consumer feedback gathered through meetings, feedback forms and verbal discussions were tracked in a system and used to drive improvements in care delivery and services. A recent improvement in the service resulting from consumer feedback was implementing new activities, including bowling, yoga, tandem bike riding and wood block throw.

# Standard 7

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

Consumers and representatives said that the service had sufficient staff to deliver quality care, and staff responded quickly to consumers' requests for assistance. Management described the rostering system and explained how they ensure enough staff to provide safe and quality care. They acknowledged the service had utilised agency staff frequently during 2022 due to a lack of permanent staff; however, the service has recruited across several key positions, including a clinical nurse specialist who is also used to cover registered nurse shifts, a facility manager and several care staff. The service is also currently in the process of recruiting a full-time care manager. Staff recruitment processes were evidenced as an action on the service's plan for continuous improvement with a planned completion date of 28 March 2023.

Consumers and representatives said staff are kind, caring and respectful when providing care. Staff provided examples of how they might care for specific consumers; for example, when one named consumer becomes agitated, they have found effective strategies for settling them, such as removing them from noisy environments.

Consumers and representatives felt that staff are competent, confident, and assured that they are skilled to meet their care needs. Management described how they determine whether staff are competent in doing their role. Position descriptions include key competencies and qualifications that are either desired or essential for each role, and staff must have relevant qualifications according to their role. The service had induction processes, which included training, discussion of position descriptions, allocation of a 'buddy' staff member and completion of mandatory training modules. A documentation review demonstrates that the service maintains position descriptions for each role and monitors national criminal history checks and Australian Health Practitioner Regulation Agency qualifications.

The service had completed formal performance reviews regularly for all staff, including after the staff's probation period. Staff confirmed they had undertaken a performance appraisal within the past year and recalled the experience to be useful in obtaining feedback, identifying areas of improvement in their role, and having career development discussions. The service's annual performance appraisal policy outlined the service's commitment to fostering a culture where employees are valued and supported to improve continuously.

# Standard 8

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

Most consumers and representatives said they are engaged via various mechanisms, including regular meetings, committees, verbal discussions, and surveys. Staff explained and relevant documentation, such as meeting minutes and the service's plan for continuous improvement evidenced consumer feedback, is used to drive improvement and design services that are suitable for consumers.

The governing body promoted a safe, inclusive, and quality care culture and held overall accountability. The chief executive officer described the organisational structure and how this supports accountability for care and services delivered. The Board receives a monthly report from the service via the clinical governance sub-committee. Monthly reporting includes all clinical data, and management advised that the governing body had received educated on the Quality Standards.

The organisation has effective governance systems relating to information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management provided examples of how the organisation demonstrates effective financial governance processes by being responsive to budgetary changes to support the needs of consumers, such as the recent recruitment of additional permanent care staff and a clinical nurse specialist.

The organisation had policies describing the management of high-impact and high-prevalence risks; the response to abuse and neglect; how to support consumer choice and decision-making, and the reporting and management of incidents. Staff were aware of these policies and were able to describe what they meant for them in a practical way. The service has policies and tools to support identifying, reporting, recording and reviewing Serious Incident Response Scheme Incidents. The service's electronic system captures incidents, and critical incidents are escalated to the Board.

The service had a clinical governance framework to help guide staff in providing safe care, including outlining core elements of antimicrobial stewardship, restrictive practices, and open disclosure. Each of these categories is governed in further depth by policies and procedures which had been updated in the last 6 months. Staff could describe the relevance of these policies and provide examples of how they are applied to their work.

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)