Performance

Report

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| Name of service: | Waratah Lodge |
| Service address: | 6 Arnott Street WAGIN WA 6315 |
| Commission ID: | 7118 |
| Approved provider: | Wagin Frail Aged Inc |
| Activity type: | Site Audit |
| Activity date: | 15 August 2023 to 18 August 2023 |
| Performance report date: | 28 September 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 Waratah Lodge (**the service**) has been prepared by M Glenn, 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.

# 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; and
* the Performance Report dated 10 January 2023 for an Assessment Contact - Site undertaken from 29 November 2022 to 30 November 2022.

The approved provider did not submit a response to the assessment team’s 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

Staff described how they respect consumers and value their identity, culture, and diversity. Staff are aware of consumers’ backgrounds and what is important to them to feel safe. Documentation showed staff monitor consumers’ behaviours to ensure they do not impact other consumers. Consumers and representatives stated consumers are treated with dignity and respect, and staff make them feel safe.

Processes are in place to assist consumers and representatives exercise choice in how consumer care is delivered and who should be involved in their care. Consumers are supported to make connections with others and maintain relationships of choice. Staff support consumers to live the way they choose by being aware of the risks they wish to take. Consumers and representatives stated consumers can maintain their independence within the service and described how the service supports them to take risks.

Consumers are regularly provided information that enables them to exercise choice. Observations showed staff asking consumers what activities they would like to participate in and staff stated all consumers are provided opportunities to exercise choice each day. Consumers and representatives feel consumers are able to exercise choice and are informed about what is happening at the service.

Policies and procedures guide staff in their approach to consumer privacy and confidentiality. Staff demonstrated how they respect consumers’ privacy and keep their personal information confidential. Consumers and representatives said they are confident and satisfied that consumers’ privacy and information is protected.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant.

# 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

Assessment and planning identifies consumers’ health risks and informs the delivery of safe and effective care and services. Staff described the process of undertaking assessments, identifying risk factors, and the ongoing monitoring and evaluation of consumer care. Discussions relating to consumers’ current needs, goals and preferences, including advance care directives and end of life planning, are regularly conducted. Consumers and representatives said they were satisfied with the care consumers were receiving.

Documentation evidenced ongoing partnership with consumers and representatives regarding care and services, including the use of internal and external providers. Consumers and representatives are invited to attend family case conferences to discuss consumer care provided. Representatives said they have attended family case conferences and also know they can ask for a copy of the care plan and speak with management whenever they wish. Consumers and representatives described how the service includes them in the assessment and planning process and were satisfied with their level of involvement and engagement.

Staff described the assessment and review process following incidents, a deterioration in consumer health, or when a consumer transfers to and from hospital. Documentation showed care plans are regularly reviewed an updated to meet consumers’ current needs. Representatives confirmed the service contacts them and reviews care after a fall or where there has been a deterioration in consumer health identified.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant.

# 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

Requirement (3)(a)

Requirement (3)(a) was found non-compliant following an Assessment Contact undertaken in November 2022 as the service did not demonstrate delivery of care was best practice, specifically in relation to falls, wound care and restrictive practices. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, providing training to the registered nurse to promote best practice wound management; and using restrictive practice as a last resort. Consumers subject to restrictive practice, had evidence to demonstrate informed consent had been obtained and monitoring and reviews undertaken.

At the Site Audit undertaken from 15 August 2023 to 18 August 2023, staff described how consumers receive care that is safe and tailored to their individual needs. Documentation showed assessment and planning is used to ensure the delivery of care considers consumers’ preferences, needs and goals. A wound protocol and practice guideline is in place which is clear, concise and easy to follow. Observations showed all consumers who had current wounds had wound assessments with regular reviews documented. Consumers and representatives were satisfied consumers receive personal and clinical care that supports their health and well-being.

Based on the assessment team’s report, I find requirement (3)(a) in Standard 3 Personal care and clinical care compliant.

**In relation to all other requirements in this Standard**, effective systems were found to be in place to manage and monitor high impact or high prevalence risks. Documentation showed care is delivered in line with consumers’ assessed needs, and staff described strategies used to ensure the safety of consumers at risk. Consumers and representatives were happy with the management of consumers’ care, including complex health conditions and high impact risks.

Consumers nearing end of life are monitored and regularly reviewed, and are provided the appropriate services and spiritual support. Documentation showed end of life discussions are initiated and consumers not wishing to discuss end of life planning at that time are provided opportunities to address their end of life care needs when appropriate.

Consumer deterioration is recognised and responded to in a timely manner and staff described how they assess for clinical deterioration utilising validated assessment tools. Documentation showed evidence of assessments, reviews, monitoring, and escalation of care when required. Representatives expressed confidence in the clinical leadership and care team, and provided examples of when the service identified changes in consumers’ condition and responded accordingly.

Processes are in place to ensure consumer information is documented and communicated within the organisation and with others where responsibility of care is shared. Documentation showed assessment and collaboration from other services and providers of care are an embedded practice in the clinical care of consumers. Representatives said consumers receive the care they need and are satisfied the service consults with external providers when needed.

Infection control is discussed at staff meetings and education in infection control practices is documented in training records. Staff described how they ensure good hand hygiene and wear personal protective equipment appropriately as a way of protecting consumers from infections and reduce the transmission of diseases. All infections are logged in the incident management system and discussed at multidisciplinary team meetings and monthly site meetings. Documentation showed appropriate assessments are undertaken by clinical staff and reviewed by the medical officer when consumers are suspected to be symptomatic for infections to ensure the appropriate use of antibiotics. Consumers and representatives were satisfied with how the service prevents and manages infections, such as COVID-19.

Based on the assessment team’s report, I find requirements (3)(b), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care compliant.

# 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

Documentation included information on consumers’ needs and preferences in relation to daily living supports. Staff were knowledgeable of consumers’ requirements, and supports are in place to promote each consumer’s emotional, spiritual, and psychological well-being. Consumers and representatives are satisfied consumers receive safe and effective services for daily living and staff provide support to maintain their psychological and emotional well-being.

Staff support consumers to spend time with friends and family outside and within the facility. Consumers and representatives confirmed consumers are supported to participate in the community, have personal and social relationships, and do things that are of interest to them.

Documentation showed information about consumers’ condition, needs and preferences is regularly updated and accurate. Referrals are made to other organisations and providers of other care and services with evidence of intervention being provided. Staff confirmed they receive information directly from other staff and electronic care plans in relation to the changing condition, needs or preferences of each consumer. Consumers feel staff understand their care needs and make timely referrals to other individuals, organisations or providers when required.

The menu is developed in consultation with consumers and is reviewed by a dietician. Significant changes and improvements had been noticed by consumers following complaints earlier last year regarding the food. Consumers stated they enjoy the meals and there is always enough food with alternative meal options available.

Staff ensure equipment is in good condition and working order and any issues with equipment are reported through the maintenance system. Mobility equipment is checked and cleaned and consumers stated they are satisfied with the equipment provided to assist them with daily living tasks.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant.

# 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

The service environment is welcoming and is easy to understand. Consumers were observed sitting and interacting with visitors and moving freely throughout the service. Staff said they are welcoming and supportive of consumers, family and other visitors, and encourage a homely type of environment. Consumers expressed satisfaction with the service environment stating they enjoyed living at the service, and rooms were observed to be personalised with photos, furniture, and items of importance.

The service was clean, well maintained, and equipment was stored appropriately with no obstruction of emergency exits or safety issues observed. Staff described how they report any hazards, maintenance, and cleaning issues, and this was documented in the maintenance log. Consumers felt the service environment is safe, clean and comfortable.

Preventative and reactive maintenance and cleaning schedules are in place to ensure furniture and equipment used by consumers is safe, clean and well maintained. Staff described the process for identifying and reporting hazards, maintenance issues, and cleaning requirements.

Based on the assessment team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant.

# 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

Staff described ways they support consumers to make complaints and observations confirmed feedback is encouraged and supported by the service. Information is provided to consumers regarding language and advocacy services to support them to provide feedback when they have communication barriers. Consumers and representatives said they feel supported to provide feedback about care and services, and are aware of other services that can assist them if required.

Timely action is taken in response to feedback and complaints and staff stated when things go wrong, they apologise and try to fix the issue immediately or inform management. Processes are in place to ensure all feedback and complaints are captured, analysed, trended, and reviewed to identify areas of improvement. Documentation showed improvements made throughout the service as a result of consumer feedback. Consumers are satisfied with the way in which complaints are managed and confirmed the service uses open disclosure principles when things go wrong.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant.

# 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 undertake n. | Compliant |

Findings

Requirement (3)(c)

Requirement (3)(c) was found non-compliant following an Assessment Contact undertaken in November 2022 where it was found the workforce was not competent or staff did not have the knowledge to effectively perform their roles. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Increased clinical oversight with two registered nurses to oversee care and be on call to attend and assess consumers as needed.
* Development of a staff training feedback form to determine and monitor staff’s understanding, and the effectiveness of training sessions.
* Job descriptions and duty statements were updated.
* New staff are required to complete an induction and orientation process, face-to-face and online training, and buddy shifts with experienced staff.
* Mandatory annual competency assessments are required to be completed by all staff.

At the Site Audit undertaken from 15 August 2023 to 18 August 2023, staff said they feel supported and are provided ongoing guidance and education to undertake their duties effectively. Documentation showed the service has processes to monitor and ensure that members of their workforce have the required registrations and qualifications relevant to their individual roles. Consumers and representatives spoke positively about staff and said care and clinical staff are competent in their roles and ensure consumers’ needs and preferences are met.

Based on the assessment team’s report, I find requirement (3)(c) in Standard 7 Human resources compliant.

**In relation to all other requirements in this Standard**, staff confirmed they had enough time to deliver care and described the process to fill any vacant shifts. Staff leave is monitored and workforce planning ensures shifts are rostered in advance with consideration of skill mix to enable the delivery and management of safe and quality care and services. Consumers and representatives said consumers are provided with safe and quality care and services and are satisfied staffing levels and skill mix are adequate to meet their needs and preferences.

Interactions between staff and consumers were observed to be kind, caring and respectful. Consumers’ preferences, interests and cultural needs are captured in care plans and staff demonstrated they knew the consumers well. Documentation showed the service provided code of conduct training and reviewed their mission statement to include the values expected and the standard of care required to be provided by staff. Consumers and representatives said staff are kind, caring and treat consumers with respect.

Formal and informal training is provided to ensure staff have the necessary skills and knowledge to undertake their role. Recruitment and orientation involves an onboarding process and buddy shifts are completed on site over various shifts to enable staff to be well prepared for their role. Consumers and representatives were confident in the staff's ability to provide the care and services needed.

Assessment, monitoring, and review of staff performance is undertaken and a performance appraisal and development process is in place. Staff said they felt supported and described training opportunities provided as a result from discussions at their performance review. Documentation showed the service uses an electronic system to manage staff performance and review due dates.

Based on the assessment team’s report, I find requirements (3)(a), (3)(b), (3)(d) and (3)(e) in Standard 7 Human resources compliant.

# 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

The service conducts regular surveys and provides consumers with an opportunity to voice their opinions. The organisation has systems in place to capture consumer feedback and the plan for continuous improvement contains items as a result of consumer feedback. Consumers and representatives described involvement in the development, delivery and evaluation of care and services, such as at care plan reviews, one-on-one conversations, and surveys.

The organisation has up to date policies, procedures and frameworks in place which describe the responsibilities and expectations of all individuals within the organisation. The organisational values are promoted and communicated throughout the service, and a range of reporting mechanisms ensures the governing body is aware of and accountable for the delivery of care and services provided.

The service uses an electronic consumer record system and staff have access to the system and information required to provide care and services. Consumers and representatives said they are encouraged to provide feedback and complete surveys which is used to drive continuous improvement. Management described the process of identifying and planning where spending is required to continue to meet consumers’ assessed needs. Staff have access to policies and processes to guide their work and the service monitors legislation changes to ensure it is meeting their obligations.

Policies and procedures are in place which outline the process to support the provision of safe and quality services when identifying and managing risks. Incidents of abuse and neglect are managed and documented through the service’s incident log, with strategies implemented to prevent incidents recurring. Consumers are supported and encouraged to take risks and consumers confirmed risks and mitigation strategies are discussed with them to enable them to live the best life they can.

A clinical governance framework includes policies related to antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff knew where to find policies and described how they are used to guide staff practice. Monthly reports showed clinical data in relation to infections, clinical incidents, and psychotropic medications, are trended at the service and organisational level to identify opportunities for improvement.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant.

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)