Performance

Report

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| Name of service: | Wahroonga House |
| Service address: | 31 Pacific Highway WAHROONGA NSW 2076 |
| Commission ID: | 2320 |
| Approved provider: | Thompson Health Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 18 April 2023 to 20 April 2023 |
| Performance report date: | 24 May 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 Wahroonga House (**the service**) has been prepared by   
D. McDonald 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.

# 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

Consumers and representatives said consumers were treated with dignity, respect and felt valued. Staff were knowledgeable of consumers’ backgrounds and described how they communicate with consumers who were cognitively impaired or linguistically diverse. Care documentation evidenced consumers’ cultural identity and strategies to provide dignified care.

Consumers said their identity, culture and diversity was valued. Staff confirmed consumers cultural background, spiritual and communication preferences, were identified upon entry. Culture and diversity policies, procedures and training were available to staff.

Consumers described being involved in planning their care, deciding the involvement of others and maintaining relationships. Staff described supporting consumers’ personal relationships and those who attend community events. Care documentation evidenced consumers making choices regarding their care and services.

Consumers gave positive feedback regarding the support provided if they wished to take risks. Staff were knowledgeable of consumers who wished to undertake activities which presented potential risks. Care documentation evidenced risk assessment, consultation with the consumer, mitigation processes and ‘dignity of risk’ agreements.

Consumers said they received timely information which they could understand, and staff relayed information to consumers with cognitive or visual impairment. Information was observed to be shared with consumers upon entry, verbally, through emails, activity calendars, newsletters and noticeboards.

Consumers said their privacy and personal space was respected. Staff knocked on doors and awaited consent to enter and closed doors prior to care delivery. Consumer information was secured in the service’s password protected electronic management system and care documentation evidenced privacy and consent agreements.

# 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

Consumers and representatives confirmed involvement in care assessment and planning. Care documentation evidenced referrals to allied health professionals, risk assessments, mitigation controls and records of assessment outcomes having been discussed with consumers and representatives.

Consumers and representatives confirmed staff speak with them regarding their needs and preferences including end of life wishes, if required. Consumer documentation evidenced consumers’ end of life needs and preferences were discussed upon entry, when a consumer wishes or during case conferences.

Consumers and representatives confirmed they were actively involved in the planning and review of care plans. Care documentation evidenced integrated and coordinated assessment, planning and review involving support services and a wide range of health professionals such as medical officers and podiatrists.

Consumers and representatives confirmed staff kept them updated regarding changes to care and services and they could access copies of care plans. Care documentation evidenced care planning was promptly communicated to consumers and representatives during meetings, over the phone or through email.

Staff confirmed consumer care plans were reviewed every 3 months or in response to changes, as was reflected in care documentation. The electronic care management system prompted staff to conduct care plan reviews, as required, and staff were supported by policies and procedures regarding care review.

# 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

Consumers said they received personal and clinical care, which was safe, tailored to their needs and supported their wellbeing, as reflected in care documentation. Care plans further evidenced collaboration with allied health professionals to assess and manage skin integrity, falls, pain, nutrition and complex care.

Consumers confirmed risks to their wellbeing such as falls, pressure injuries and weight loss were assessed, explained and managed. Care documentation reflected assessments undertaken to identify high-impact and high-prevalence risks, and responsive mitigation strategies including engagement of allied health professionals.

Staff described providing end of life care to consumers aligned to their known wishes, including with assistance from palliative care specialists, when required. Care documentation reflected advance care directives detailing consumers’ individual palliative needs and preferences.

Consumers and representatives confirmed changes to consumers’ condition were promptly recognised and responded to. Staff described discussing consumer changes during handover resulting in allied health professional review or hospital transfer, as required. Care documentation evidenced identification of, and response to, consumer deterioration.

Consumers and representatives confirmed staff communicated information regarding consumers’ condition, needs and preferences. Staff described sharing information during handover or meetings and referring to care plans. Care documentation reflected progress notes and information to support safe and effective care.

Consumers and representatives said referrals were timely and appropriately met care needs. Staff described sharing information with other care providers when making referrals and were knowledgeable of referral pathways. Care documentation evidenced input from allied health professionals involved in consumers’ care.

Consumers said the service was clean and staff were seen to use personal protective equipment. Staff were knowledgeable of infection control practices such as hand hygiene and screening visitors. Care documentation evidenced practices aligned to antimicrobial stewardship and staff were guided by 2 infection prevention control leads.

# 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

Consumers said they were supported to engage in activities of interest which promoted their independence. Staff confirmed activities were developed in consultation with consumers based on their interests, and their social, emotional and cultural needs. Consumers were observed participating in activities of interest independently or as part of a group.

Consumers confirmed their emotional, psychological and spiritual wellbeing was supported through therapy pets, listening to music and onsite church services. Staff described supporting consumers by facilitating important relationships and referring consumers to the chaplain. Care documentation reflected consumers’ social and religious preferences.

Consumers said they were supported to undertake activities within the service and community, and staff described support available to enable consumers’ participation and maintenance of important relationships. Consumers were observed socialising in the service’s café and staff assisting consumers to go into the community with visiting family.

Consumers said the service effectively coordinated care and services, including sharing information with those involved in their care. Staff were knowledgeable of consumers’ needs, likes, dislikes, preferred activities and support from external providers. A range of allied health practitioners provided onsite services to consumers and care documentation evidenced consumers’ condition, needs and preferences for daily living.

Consumers confirmed referrals to specialised services were undertaken promptly and aligned with their individual needs. Staff described other service providers involved in supporting consumers including musicians, chaplains and hairdressers Care documentation evidenced collaboration with a range of allied health professionals and specialised support services.

Consumers said they received quality meals and could choose from a variety of options. Staff participated in kitchen hygiene training, were aware of consumers’ dietary needs and confirmed changes made to food service in response to consumer feedback. Staff were observed providing consumers with adaptive cutlery during meal service and assisting when required.

Consumers said they could access equipment and it was suitable, clean, and well-maintained. Staff confirmed additional equipment could be purchased if required and consumers were observed using a range of mobility and recreational equipment that was clean and in working condition.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives said the service was welcoming and easy to navigate. The service environment included private dining rooms, gardens, a café, a chapel and a theatre. The service environment was observed to be tidy; and consumers had personalised their rooms with photographs and décor.

Consumers and representatives provided positive feedback regarding the cleanliness and maintenance of the service and said they could move freely inside the service and out to the surrounds. Staff described cleaning processes and consumers were observed moving freely across the service environment.

Furniture, fittings, and equipment were observed to be safe, clean, and well-maintained. Staff and allied health professionals were knowledgeable of processes to request maintenance through the electronic care management system. Servicing for specialised equipment was outsourced to appropriately qualified providers.

# 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

Consumers said they were encouraged to provide feedback or make a complaint and were comfortable to approach staff. Management described avenues to provide feedback or make a complaint, including through feedback forms, meetings, surveys or speaking with staff. Meeting minutes confirmed consumers were encouraged to raise concerns and that their input was used to improve care and services.

Consumers said they were aware of advocacy services and were comfortable raising issues with staff. Staff were knowledgeable of advocacy and translation services and how to support consumers’ access to them. Noticeboards displayed posters regarding advocacy and language services.

Consumers and representatives said management promptly responded to their complaints, or to incidents, and worked to reach resolution. Staff described and documentation evidenced processes to respond to feedback and complaints, including the use of open disclosure, were established. Records confirmed staff underwent training in relation to open disclosure.

Consumers described changes made in response to their feedback or complaint which improved care and services. Management described analysing feedback to inform continuous improvement activities and documentation reflected routine discussion with consumers regarding changes and improvements.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers provided positive feedback regarding staffing numbers and prompt responses to their calls for assistance. Rosters reflected full coverage by care and clinical staff based on consumer need and permanent staff were scheduled to fill any vacancies. Care delivery was observed to be calm, timely and professional.

Consumers and representatives said staff were kind, caring and respectful when providing care. Staff participated in cultural diversity training, were knowledgeable of consumers’ needs and preferences, and were observed interacting with consumers in a kind and caring manner.

Consumers and representatives said staff were sufficiently skilled to meet consumers’ needs. Staff confirmed receiving adequate support to perform their duties and recruitment documentation evidenced qualifications, registrations and vaccinations required to be eligible for advertised roles.

Staff confirmed participating in annual mandatory training including for infection control, manual handling and serious incidents. Management confirmed, and records evidenced, a high proportion of staff had completed required training and attendance was monitored and discussed during performance appraisals.

A performance framework is in place and outlines performance management processes, mandatory training and competency requirements to assess and monitor staff performance. Staff confirmed and documentation evidenced staff had completed an annual performance appraisal.

# 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

Consumers said they were involved in the development and delivery of care and services through meetings, surveys, and care conferences. Management described including consumer input in the service’s quality improvement system and minutes from consumer and representative meetings evidenced consumer engagement.

The organisation implemented systems and processes to monitor service performance and ensure governing body accountability. The service routinely advised the governing body of risks, incidents, complaints and clinical indicators which informed improvements. Policies and procedures promoted a culture of safe, inclusive and quality care and services.

The service had an established suite of systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation’s systems and processes complied with relevant legislation and the continuous improvement plan was monitored to ensure appropriate action in response to feedback and complaints.

A systematic approach was used to manage high-impact and high-prevalence risks to identify, report, escalate and review risks and incidents to improve care delivery. Staff confirmed participating in training to manage falls, infections, behaviour and restrictive practices. Management described processes to identify and respond to incidents and records evidenced serious incidents were managed in accordance with legislation.

Staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure. Management and staff understood their responsibilities in relation to these practices and had participated in relevant training.

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)