Performance

Report

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| Name: | Wakefield Aged Care Service |
| Commission ID: | 6190 |
| Address: | 23 Moorhouse Terrace, RIVERTON, South Australia, 5412 |
| Activity type: | Site Audit |
| Activity date: | 6 August 2024 to 8 August 2024 |
| Performance report date: | 10 September 2024 |
| Service included in this assessment: | Provider: 9694 Yorke and Northern Local Health Network Incorporated  Service: 4203 Wakefield Aged Care Service |

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 Wakefield Aged Care Service (**the service**) has been prepared by Denise 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 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 felt consumers were treated with dignity, respect and made to feel valued. Care documentation reflected what was important to consumers to maintain their identity including consumers’ religious, spiritual, cultural needs and personal preferences. Staff were observed treating consumers in a dignified, respectful way, using their preferred name, and interacting in a kind manner.

Consumers and representatives confirmed their care was adjusted in consideration of their personal beliefs and preferences. Staff knew what was important to consumers including their preferences, customs and traditions to ensure culturally safe care was provided. Policies and procedures guided staff on diversity, inclusion and providing person centred care.

Consumers and representatives said consumers were supported to make decisions about who was involved in their care decisions, how their care was provided and to communicate those decisions. Care documentation reflected consumers’ care decisions, what relationships they wished to maintain and when they wished others to be included as a decision maker. Policies, procedures and the consumer handbook promoted consumer choice and decision making.

Consumers and representatives stated consumers were supported to take risks enabling them to live life as they wished. Staff were aware of which risks consumers had chosen to take and the care strategies required of them to promote consumer safety. Care documentation evidenced risk of harm was assessed and discussed, supporting consumers to make informed decisions.

Consumers and representatives advised consumers received up to date information about activities, meals, meetings and other upcoming events. Staff described how they support consumers to understand information, including the menu and lifestyle program, to enable consumers to exercise choice. Posters and flyers displayed on noticeboards were observed to be current and easy to understand.

Consumers and representatives stated consumers’ privacy was respected as doors were closed when receiving care and staff sought consent before entering consumers’ rooms. Staff advised computers were password protected, shut down when not in use and nurses’ stations were locked to maintain the confidentiality of consumer information. Policies and procedures on privacy and confidentiality guided staff practice.

Based on the information recorded above, it is my decision this Standard is 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

Staff advised a suite of validated assessment tools were used to assess risks to consumers when they entered care, outcomes of assessment were used to develop the consumer’s care plan, which informed staff of the care required to be provided by them. Care documentation evidenced staff completed assessments as scheduled and comprehensive care plans were developed. Policies, procedures and a checklist guided staff to methodically assess potential risks to consumers and implement responsive strategies to promote consumer safety.

Consumers and representatives said advance care and end of life had been discussed with them and they had communicated the consumers wishes, when they were comfortable to do so. Care documentation reflected consumer’s current assessed care needs, included their goals of care and preferences and if provided, a copy of their advance care directive was stored electronically. Staff confirmed consumers care plans were updated to ensure their current needs, goals and preferences were captured.

Consumers and representatives advised, as they participated in assessments and ongoing care plans reviews, they felt like partners in the assessment and care planning process. Staff demonstrated knowledge of their role in ensuring both, a consumer centred and multidisciplinary approach was implemented when assessing and reviewing consumer’s care. Care documentation evidenced consumers and/or their representatives participated in 3 monthly care conferences, with medical officers and allied health professionals contributing to care and service planning.

Consumers and representatives confirmed they could easily access consumers’ care plans and were verbally advised of the outcomes of assessment and care planning. Staff said all care plans were accessible through the ECMS and staff were observed referring to these were providing care. Care planning documentation evidenced consumers and representatives were given copies of care plans during case conferences, where the outcomes of assessment was discussed with them.

Care documentation evidenced consumers care was reviewed as scheduled, and consumers were reassessed in response to an incident such as a fall occurring or a wound developing, with their care plan updated if their care needs changed. Staff advised care plans were comprehensively reviewed every 3 months to determine whether the consumers planned care strategies remained effective. Consumers and representatives advised consumer’s care was regularly reviewed and reassessment occurred in response to changes in condition or an incident.

Based on the information recorded above, it is my decision this Standard is 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

Consumers and representatives stated consumer’s personal and clinical care needs were met, including when they required wound care and pain management. Care documentation evidenced wound care was attended to as per the scheduled frequency, with wounds and restrictive practices, if used, consistently monitored. Staff demonstrated knowledge of the care strategies documented to assist consumers to manage pain and the tailored behaviour supports provided to consumers prior to applying a restrictive practice.

Consumers and representatives said consumers, who were at risk of falling or who had medical conditions which required consistent monitoring, were effectively managed. Care documentation evidenced staff followed prevention strategies, post fall procedures and medical officer directives when managing high impact risks. Policies and procedures guided staff in the effective management of high impact and high prevalent risks to consumers.

Care documentation for a consumer who had recently passed away, evidenced staff undertook regular comfort cares to prompt the consumers dignity and pain medications were administered to keep them comfortable. Staff demonstrated knowledge of how care delivery changed for consumers nearing the end of their life and confirmed palliative care specialists were accessible, if required. Policies and procedures guided staff practice on end of life and palliative care.

Consumers and representatives provided positive feedback in relation to the responsiveness of staff when consumers exhibited signs of deterioration. Staff knew to monitor for pain, poor appetite, weight loss, bowel movement, changed behaviours and mobility changes as indicators of deterioration and confirmed any concerns were escalated to clinical staff for them to review the consumer. Care documentation evidenced when deterioration was detected, the consumers was monitored and escalation to their medical officer occurred quickly.

Consumers and representatives felt consumers information was effectively shared as staff knew the consumers needs well. Care documentation was observed to be readily accessible to staff and others involved in the care of the consumers, via the ECMS and information was reflective of the consumers conditions, needs and preferences. Staff confirmed changes or updates to consumers care was communicated through verbal and written handover and via the ECMS.

Care documentation evidenced consumers were quickly referred to other medical or health providers when required. Staff understood procedures for making referrals and confirmed they have access to range of service providers, including dietitians, speech pathologists, dementia specialists and wound consultants. Policies and procedures guided staff in undertaking referrals and telehealth was available to ensure the timely review of consumers.

Consumers and representatives confirmed staff took the necessary precautions to prevent and control infections and when consumers had an infection, or an infectious outbreak occurred, this was managed well. Staff confirmed audits were undertaken to monitor proficiency with use of personal protective equipment, hand hygiene and rates of vaccination amongst consumers. Staff demonstrated knowledge of strategies used to reduce the likelihood of consumers contracting infections and confirmed pathological testing is undertaken prior to prescribing antibiotics.

Based on the information recorded above, it is my decision this Standard is 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

Consumers and representatives confirmed consumers were able to remain as independent as they wished, they were supported to collect their own mail from specially constructed mailboxes, which promoted their quality of life. Care documentation evidenced individualised services and supports had been planned which aligned with consumers’ needs, goals, and preferences for maintaining their independence. The lifestyle program included a range of physical, sensory, spiritual, social and intellectual activities to optimise consumers wellbeing.

Consumers and representatives said consumers emotional, spiritual, and psychological well-being was supported. Staff advised they spent time with consumers when they were feeling low, and they referred consumers to external psychological support services, when additional support was required. The activities calendar included religious services, faith-based activities and a chaplain was available to visit consumers individually, if desired.

Consumers and representatives gave examples of how consumers were assisted to do things of interest, participate in the community and to maintain relationships. Care documentation contained information on consumers’ lifestyle and activity preferences and included people of importance to them. Consumers were observed returning from outings, interacting with other consumers and their visitors.

Consumers and representatives said information about the consumers’ daily living choices and preferences was effectively communicated between staff and to other support service providers. Staff said information was shared via the handover process and their daily living needs and were documented and accessible via the ECMS. Care and catering documentation contained consistent information evidencing processes used to share consumers dietary information were effective.

Staff advised there were no current consumers who required referral to another organisation, individuals or service provider for additional support, however they were aware of volunteer and community organisations, if needed. Consumers gave practical examples of how community organisations were supporting them to renew the gardens and described how this impacted positively on their wellbeing. Posters and pamphlets were displayed which promoted consumer access to external support services.

Consumers and representatives said the food provided was good, they received suitable portions and consumers enjoyed the meals which were prepared fresh on-site. Staff said food and drinks were accessible 24 hours a day if required, they knew consumers food allergies, likes and dislikes and advised the variety of meals was ensured through a seasonal rotating menu. Meal service was observed to be calm, unhurried and staff were available to assist consumers, if required.

Consumers and representatives said consumers equipment was kept clean, it was suitable, and staff assisted with maintaining it in good working condition. Staff confirmed equipment was inspected monthly for safety and cleaning of equipment was a scheduled task. Equipment was observed to be clean and in good condition.

Based on the information recorded above, it is my decision this Standard is 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

Consumers and representatives said the environment was welcoming and supported consumers to navigate around. Staff understood this was the consumers’ home and described how they assisted consumers in maintaining their surroundings. Consumers’ rooms were observed to be decorated with their personal possessions, consumers were observed moving around independently and utilising various communal areas to meet with their friends or family.

Consumers said the environment was comfortable, clean, well-maintained and they could freely move as they wished. Staff demonstrated knowledge of cleaning processes, how to lodge requests for maintenance and confirmed supporting consumers who were immobile to get to their desired location. Cleaning and maintenance documentation evidenced tasks were completed as scheduled. Consumers were observed accessing internal and external areas and exiting to the community as they wished.

Consumers said the furniture provided was comfortable, sturdy and kept clean. Staff confirmed equipment was assessed for suitability prior to use with consumers, and preventative maintenance was scheduled to ensure equipment and fittings were inspected and serviced regularly. Equipment and furniture were observed to be clean and in good condition.

Based on the information recorded above, it is my decision this Standard is 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

Consumers and representatives said they were encouraged to provide feedback and make complaints. Staff described various ways which supported consumers to provide feedback or make complaints including completing a feedback form, speaking directly with the staff or raising issues at consumer meetings. Posters and information displayed were observed to encourage consumers to give feedback and a quick response (QR) code was provided.

Consumers and representatives confirmed their awareness of the Commission and advocacy services, as they had received this information during entry processes. Staff confirmed there was not a current need for translation or interpreter services, however, knew to support consumers to access these if required. Written material, posters and brochures promoted the availability of the Commission, advocacy and language service to consumers and included their contact details.

Consumers and representatives said staff respond promptly to their complaints and their concerns had been actioned appropriately. Staff confirmed an apology was given when complaints were made, with policies and procedures guiding complaints handling processes. Complaints documentation evidenced application of open disclosure and complaints were followed up promptly.

Consumers and representatives said their feedback and complaints were used to improve the quality of care and services, with the installation of larger televisions given as an example. Management said they review feedback and complaints daily to ensure prompt responses and potential improvements to care and services were discussed at monthly meetings. Continuous improvement evidenced feedback was trended to inform improvement activities, which were monitored through to completion.

Based on the information recorded above, it is my decision this Standard is 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 undertaken. | Compliant |

Findings

Consumers and representatives stated there were enough staff as consumers do not have to wait for care to be provided or when they call for assistance. Staff said management were willing to assist with care provision if needed as they were a small team, and adjustments were made to staff ratios in response to increased consumer needs. Rostering documentation evidenced a mix of staff were allocated, all shifts were filled, total care minute targets were being exceeded and registered nurses were continuously onsite.

Consumers and representatives said staff were kind and respectful when providing care and know what is important to consumers. Staff were observed to interact with consumers in a kind, caring and personable manner. Policies, procedures and guidelines outlined the behaviour expected of staff in providing person-centred care.

Consumers and representatives said staff were efficient, confident, and knew how to meet consumers’ needs. Personnel documentation evidenced staff held the required qualifications and certifications outlined in position descriptions and their suitability to work in aged care had been vetted. Staff advised new staff undertaken an orientation program, inclusive of buddy shifts and annual mandatory core competencies were completed to ensure they were able to perform their roles.

Consumers and representatives said staff knew what they were doing and were trained to deliver the required care and services to consumers. Education records evidenced most staff had completed training in elder abuse, incident management, infection control, restrictive practices and open disclosure. Policies and procedures guided recruitment and selection processes, including for volunteers.

Personnel records evidenced all members of the workforce had their performance assessed through an annual performance appraisal, and a probationary review of new staff was completed at 6 months post-employment. Staff confirmed oversight by their peers, consumer feedback, audit results and review of care documentation were used to continuously monitor their performance. Policies and guidelines guided staff in performance assessment and review processes.

Based on the information recorded above, it is my decision this Standard is 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

Consumers and representatives confirmed they were engaged and involved in development, design and evaluation of care and services through multiple avenues including the newly established consumer advisory body. Management confirmed consumers and representatives were able to evaluate care during care plan reviews and they contribute ideas on service delivery at meetings and via surveys. Management confirmed the scheduling of afternoon tea had been changed in line with consumer’s request.

Consumers and representatives confirmed consumers felt safe, they lived in an inclusive environment and had access to quality care and services. Management advised the organisation’s governing body (the Board) was provided with monthly reports containing clinical indicators, consumer experience feedback and benchmarks to monitor the performance of the service and informs their decisions where improvement was needed. Policies, procedures and training support a safe, inclusive and accountable care and services culture.

A governance framework was in place for information management, continuous improvement, financial governance, the workforce, regulatory compliance, and feedback and complaints management including policies and procedures to guide staff practice. Management monitored and reviewed routine reporting and analysed data to ensure these policies were applied and controls were appropriate.

Risk and incident management systems were in place, with staff practice guided by policies and procedures in the management of high impact and high prevalence risks while supporting consumers to live their best life. Staff understood their roles and responsibilities in identifying, reporting and preventing elder abuse and neglect. Meeting minutes evidenced risks and incidents were reported, monitored and action taken to prevent or minimise potential harm and to continuously improve the quality of care and services.

A clinical governance framework was in place, with policies, procedures and other tools supporting clinical data to be analysed, risks to be identified and implementation of best practice clinical care. Staff demonstrated knowledge of the policies and procedures pertaining to antimicrobial stewardship, restrictive practice, and open disclosure. Care documentation evidenced compliance with policies and procedures were translated into practice by staff.

Based on the information recorded above, it is my decision this Standard is Compliant.

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