

**Performance Report**

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| Name: | Wanneroo Community Nursing Home |
| Commission ID: | 7917 |
| Address: | 9 Amos Road, WANNEROO, Western Australia, 6065 |
| Activity type: | Site Audit |
| Activity date: | 28 October 2024 to 31 October 2024 |
| Performance report date: | 26 November 2024 |
| Service included in this assessment: | Provider: 1523 Shire of Wanneroo Aged Persons Homes Trust Inc Service: 4922 Wanneroo Community Nursing Home |

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 Wanneroo Community Nursing Home (**the service**) has been prepared by A Kasyan, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/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.

# 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 provided feedback staff understood them as individuals, including their personal history and cultural backgrounds, and preferences for care and services. and them with dignity and respect. Consumers advised they are encouraged to make choices and staff support them to maintain relationships of importance to them. Consumers said they are supported to take risks including in relation to eating meals of their preference and where there is an element of risk in accessing the community independently. Consumers confirmed they receive information to assist them to make decisions about the care and services available to them and have access to information related to the wider service and their privacy is maintained.

Staff knew the consumers well including preferences specific to them and their cultural needs and preferences. Staff demonstrated they understood supporting consumer choice and assessing and mitigating risks related to consumer’ choice and involved consumers in exploring solutions to reduce risks to them.

Consumers care records outlined relevant history, interests, customs and cultural preferences to enable staff to understand what is important to them and provide care and services in line with their preferences. Training records show staff receive mandatory training on providing culturally safe care. Policies relating to consumers choice, risk management, and privacy and confidentiality are in place and known by staff.

Staff were observed to provide care to consumers in a respectful and dignified manner. Information boards are located in the service which display information for consumers and representatives to understand current renovation works being undertaken.

For the reasons outlined above, I find 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

Consumers and representatives said they are actively involved in the assessment and care planning process, have access to their care plan documents, were involved in end-of-life planning and care and services provided align with their current needs, goals and preferences. Consumers and representatives said staff recognise actual and potential risks related to their care, and staff have implemented effective strategies with the involvement of other professionals.

Staff demonstrated an understanding of the assessment and planning process, including involving consumers, their representatives, and others involved in consumers care. Staff described the assessment and planning of risk processes in place and provided examples of how they ensure assessment and planning is reviewed on an ongoing basis, and changes to consumers’ circumstances, to ensure care and services are reflective of consumers’ current needs, goals, and preferences.

Documentation reviewed demonstrated an effective assessment and planning process, including end of life planning, is in place, with a range of policies, procedures, resources, and tools to guide staff in the assessment and planning process. Assessments are completed using validated assessment tools, and risks to consumers health and wellbeing are identified, strategies to mitigate risk are implemented, documented, and communicated to staff, and inform the delivery of safe and effective care and services. Documentation demonstrated appropriate referrals to others involved in the care of consumers, and ongoing and regular review of care and services in partnership with consumers, to ensure care and services remain effective.

For the reasons outlined above, I find 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

Consumers and representatives confirmed they receive a good standard of personal care in line with their preferences. Consumers and representatives expressed their satisfaction with the management of clinical care relating to, management of complex health conditions, wound management, and diabetes, Representatives were satisfied with the standard of end-of-life care provided to their relatives, which promoted consumers wellbeing, comfort, and dignity. Consumers and representatives were confident in the service capacity to respond appropriately to risk and clinical deterioration, to ensure their safety and wellbeing.

Staff demonstrated they were knowledgeable about providing best practice personal and clinical care and managing clinical conditions and high impact high prevalence risks associated with the care of consumers. Management demonstrated they consider service improvements in best practice clinical care and managing risks and are in the process of implementing a new suite of policies to improve best practice care. Staff demonstrated understanding of their role in minimising infection risks and confirmed they completed training in infection control and antimicrobial stewardship.

Documentation demonstrated consumers with high impact risks including relating to wound management, diabetes management, catheter care, falls management, nutrition and dysphasia were effectively managed. Strategies to minimise risks were documented in care plans and implemented by staff, and monitoring and review processes are in place to ensure strategies remain effective.

Staff have access to a range of policies, procedures, and guidance materials to enable them to manage high impact high prevalence risks, infection related risks, and clinical deterioration and receive a range of training. Referral processes are in place to ensure consumers receive best practice clinical care and risks to consumers health and wellbeing are mitigated.

For the reasons outlined above, I find Standard 3, Personal, 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

Consumers said they receive a range of supports for daily living which meet their needs goals and preferences, and which optimise their independence. Consumers said they receive emotional, psychological, and spiritual supports resourced from within the service and external volunteers, counselling and spiritual services are also provided to consumers, as required. Consumers participate in a range of activities of interest to them and confirmed they are encouraged and supported to be engaged in the wider community. Consumers were observed participating in a range of activities within the service and were supported to be involved in the wider community and were observed spending time with family and friends.

Consumers expressed they are provided with meals which are appetising and varied, which they find to be nutritious and enjoyable. Documentation confirmed meals provided were in line with consumers preferences and dietary requirements. A range of mobility and adaptive equipment required by consumers is provided, and is cleaned and maintained, so it is safe and suitable for consumers’ use.

Staff demonstrated an understanding of consumers in their care including how to optimise their wellbeing and independence. Staff provided feedback which highlighted information sharing processes are in place including via access to consumer records, staff meetings, and handover. Referral processes are in place and known by staff to ensure consumers have access to individuals and other organisations and providers of care and services. Equipment cleaning and maintenance processes are in place and staff understood the processes in place to ensure equipment is safe, clean, and suitable for consumers.

Documentation demonstrated consumers’ needs, goals, preferences, interests, and relationships of importance are recorded, and used to guide staff in tailoring supports for daily living which meet their needs. Programs are in place which include a variety of activities to cater for consumers interests, needs and preferences, and consumers with cognitive decline have a tailored program to support their engagement. Monitoring and review processes are in place to ensure consumers are supported to participate in activities they enjoy, receive 1:1 support if preferred and they enjoy and receive the emotional, spiritual, and psychological services they need. Feedback mechanisms are in place which enable consumers to communicate their preferences and interests including relating to activities of interest and meals.

For the reasons outlined above, I find 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

Consumers felt comfortable in the service environment and enjoy their rooms which they can personalise, as well as communal areas where activities, church services and events occur, and quiet reflection spaces. Consumers enjoy the gardens which they were observed to be able to access as they choose. Consumers felt the service environment, and furniture, fittings and equipment were clean and well maintained.

Staff demonstrated an understanding of the cleaning and maintenance processes and procedures and were clear on their roles and responsibilities to provide a clean, welcoming and maintained environment.

Observations showed a welcoming home like environment, with consumers moving freely within the service and garden areas. Equipment, furniture, and fittings were observed to be clean and well maintained.

Documentation confirmed cleaning schedules are in place which include daily room cleaning, scheduled cleaning of service areas, furniture, and fittings. Reactive and preventative maintenance schedules are in place, and there is a system to ensure maintenance is prioritised and attended to in a timely manner, to ensure the safety and wellbeing of consumers. Environmental audits, equipment, and electrical testing are scheduled and completed.

For the reasons outlined above, I find 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

Consumers, and their representatives confirmed they can provide feedback about all aspects of care and services and there are a range of methods in which they can do this. Consumers feel comfortable providing their feedback and expressed feedback is considered and actioned appropriately and in a timely manner.

Staff demonstrated an understanding of the various feedback mechanisms available to consumers and described the ways in which they supported consumers to provide their feedback, and how they applied an open disclosure process when things go wrong. Management demonstrated they review and respond to feedback, take appropriate action in a timely manner and use an open disclosure process.

Documentation showed consumers are providing their feedback in person, via surveys, meetings, and feedback forms, and this information is used to drive continuous improvement. Residents meeting minutes showed the service encourages consumers and their representatives to provide feedback and/or make a complaint. Various information brochures are available to consumers to enable them to understand the complaint resolution process and how to contact external complaints bodies, if they wish.

For the reasons outlined above, I find 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 undertaken. | Compliant |

Findings

Consumers confirmed staff are kind, caring and respectful in their dealings with them. Consumers confirmed staff know them well and are knowledgeable, skilled, well trained, and capable to perform their roles. Overall, consumers and representatives are satisfied with the number of staff and confirmed they did not have extended wait times for help when it was needed.

Staff confirmed overall there are enough staff available to meet the needs of consumers and management provided feedback which showed processes are in place to ensure the skill mix of the workforce is considered and staffing levels are adjusted relating to occupancy rates, care minutes and acuity of consumers. Staff said they are provided ongoing training on a range of topics, opportunities for professional development are provided, and they have regular performance appraisals.

Process and procedures are in place to enable the planning of the workforce, to ensure the delivery of safe quality care and services. The number and mix of staff are reviewed on an ongoing basis in response to consumer needs. Documentation showed staff are receiving ongoing training, roles and responsibilities are documented to ensure staff understand what is needed from them, where specific registration or competencies are required to perform roles, these are tracked and completed to ensure a competent workforce. Assessment, monitoring, and review processes of the workforce are in place, including a formal performance planning process. The service has process in place to respond to staff who may have performance issues which need to be addressed.

Staff were observed to be kind and caring in their interactions with consumers and their visitors.

For the reasons outlined above, I find 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**

Consumers feel they are safe, care and services provided are of good quality. Consumers were satisfied the service is well run, and they are supported to be engaged in the development and delivery of care and services. Consumers take part in meetings and can participate in the consumer advisory committee, which enables engagement at a service and organisational level.

A consumer advisory committee is in place and a range of information is provided to this group for discussion an input including, clinical matters, emergency planning, palliative care best practices, regulatory compliance, accreditation, care minutes required, feedback trends and quality and safety data. The service has a food focus group is in place to enable consumer engagement and consumer led service improvement about meals and the dining experience.

A range of information and communication processes are in place to ensure the governing body is engaged with, and responsible for, care and services provided to consumers, in accordance with the Quality Standards.

Effective governance systems relating to information management, workforce governance, financial governance, regulatory compliance, and continuous improvement are in place. A range of policies, procedures, and processes are in place to ensure an effective risk management system. Clinical incident data is collected, analysed, and trended to mitigate high impact high prevalent risks to consumers and improve the standard of care and services. Where adverse events occur, incidents are reviewed and investigated and the organisation have processes in place to ensure transparency and clear oversight. Documentation shows staff receive education on managing risk, incident management, including serious incidents reportable under the Serious Incident Response Scheme (SIRS), elder abuse, antimicrobial stewardship and infection management, prevention, and control.

An effective clinical governance framework inclusive of antimicrobial stewardship, minimising the use of restraint and open disclosure is demonstrated. The clinical governance framework includes effective reporting and monitoring systems, policies, procedures, and processes. The framework is supported by clinical staff, leadership and oversight at a service and organisation level, including a clinical governance committee, and reporting mechanisms to the Board.

Reporting and monitoring processes and a range of governance meetings ensure clear oversight. Monitoring the use of psychotropic medications occurs, and policies, procedures and education provided, guide staff in understanding restrictive practices and minimising restrictive practice usage in accordance with relevant legislation and regulatory requirements. The application of open disclosure principles is evident through the review of incident and complaint data, and training records show staff receive education on open disclosure and staff could show their understanding of open disclosure and its application.

For the reasons outlined above, I find 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)