

**Performance Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Wantirna Views Care Community |
| Commission ID: | 3158 |
| Address: | 100 Harold Street, WANTIRNA, Victoria, 3152 |
| Activity type: | Site Audit |
| Activity date: | 9 December 2024 to 11 December 2024 |
| Performance report date: | 8 January 2025 |
| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 1917 Wantirna Views Care Community |

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 Wantirna Views Care Community (**the service**) has been prepared by Katherine Richards, 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 consumers, representatives, staff, management and others.
* the provider’s response to the assessment team’s report received 6 January 2025.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard has been assessed as compliant as 6 of the 6 requirements have been assessed as compliant.

Consumers said they were treated with dignity and respect, with individuality, diversity, and cultural needs understood and accommodated. Care planning documentation reflected consumers were recognised as individuals, with interests and life stories captured. Staff were aware of consumers’ cultural needs and choices.

Staff received training in culturally safe care and explained how they supported cultural needs of consumers. Consumers verified they received culturally safe care and services. Care planning documentation included information about the consumer’s cultural backgrounds and needs. Cultural celebrations were recognised within scheduled activities, and cultural and religious dietary needs recognised by kitchen staff.

Consumers reported they were encouraged to make decisions, with staff offering daily choices and respecting preferred level of participation in activities and events. Staff demonstrated awareness of others nominated to make decisions on behalf of consumers in line with care planning documentation.

Consumers said they felt supported to undertake activities of choice, including where they contained risk. Staff explained the dignity of risk process, including consultation and assessments to ensure identification and minimisation of risks. Care planning documentation evidenced outcomes of consultation and decision-making processes, informed by policies for identifying and managing risks of consumer choice.

Consumers received timely information delivered in line with assessed and documented communication strategies. Available written information included large print signage and use of symbols, with displays on noticeboards including activity schedules, menus, newsletters, and meeting minutes. Consumers described visual and audio cues used to share information, including use of the public address system to announce commencement of activities.

Staff explained methods to ensure confidential information was kept private, including storing documentation electronically with password protection. Care planning documentation included consent for sharing of information and images, and consumers were informed of the privacy policy in welcome packs. Consumers expressed confidence that personal information was kept private, and gave examples of how their privacy was respected during personal care.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

This Quality Standard has been assessed as compliant as 5 of the 5 requirements have been assessed as compliant.

Staff described the initial and ongoing assessment process, using validated assessment tools to identify needs and develop a care and services plan. Care planning documentation included assessment and planning outcomes, identified risks, and included risk minimisation strategies. Consumers and representatives said care was well planned and used to identify and understand consumer risks and needs.

Consumers and representatives said consumer’s current needs and preferences were recognised within assessment and planning processes. Care planning documentation reflected individual needs and preferences of consumers, with advance care planning and end of life wishes prominently identified. Staff explained they commenced discussion about advance care planning during the consumer’s entry process, with regular review and discussion of contents.

Staff described collaboration with consumers, representatives, and other providers of care and services to assess and plan consumer care. Care planning documentation integrated information from consumers, representatives, and other providers.

Consumers and representatives verified they received sufficient communication following review or changes of care, and a copy of the care and services plan was offered for review and further input. Staff said the review process includes discussion with consumers and representatives and a written care plan summary is made available. Staff had access to consumer care and services plans, and documentation included record of communication with consumers or representatives.

Staff explained care needs were reassessed following a change or incident, with reminders prompted through the electronic care management system, and a comprehensive evaluation is undertaken every 3 months. Care planning documentation reflected review was undertaken following change of consumer condition and included evaluation of care and service needs. Consumers and representatives provided feedback demonstrating care and services were reviewed regularly and following incident or change in circumstances.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

This Quality Standard has been assessed as compliant as 7 of the 7 requirements have been assessed as compliant.

Consumers said they received personal and clinical care tailored to their needs, preferences, and choices. Staff said they relied upon training, policies, and procedures to ensure best practice care principles were used to inform consumer care and were aware of tailored strategies within consumer care and services plans. Care planning documentation included record of provision of care with monitoring and reviewing for effectiveness of strategies.

Staff demonstrated awareness of high impact and high prevalence risks for consumers and could explain mitigating strategies in line with care planning documentation. Care planning documentation reflected monitoring of risks, application of management strategies, and evaluation of outcomes.

Care planning documentation for a consumer receiving end of life care demonstrated use of an end of life assessment and pathway focused on optimising comfort and minimising palliative symptoms, including pain. Staff explained how they recognised when a consumer was nearing end of life, and ensured care focused on comfort, symptom management, and emotional support.

Consumers and representatives reported changes or deterioration of a consumer’s health was responded to promptly. Staff said they observed for changes in condition and followed documented guidelines on assessment, intervention, monitoring, and escalation for review or further treatment. Care planning documentation demonstrated deterioration of consumer condition was identified and responded to in a timely manner.

Consumers said staff demonstrated awareness of their preferences and needs during provision of care. Care planning documentation contained sufficient information on consumer condition, needs, and preferences to inform care. Staff said they were kept updated with consumer information through documentation within the electronic care management system, with alerts, and handover processes, and management monitored effectiveness of communication processes.

Staff explained referral processes for a range of allied health staff and specialist providers. Care planning documentation demonstrated referrals were timely and suitable to consumer needs. Consumers and representatives spoke of access through referrals to a range of providers to meet consumer needs.

Representatives were aware of actions to prevent transmission of infection, including COVID-19 precautions and staff using regular hand hygiene. Staff said consumers were monitored for signs of infection and isolated if symptomatic of contagious illness to prevent an outbreak. Antibiotic use was minimised through working with medical officers and obtaining pathology results prior to prescribing. Staff received mandatory training in infection prevention and control. Records of vaccinations evidenced use of preventative measures for consumers to minimise risk of influenza and COVID-19.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard has been assessed as compliant as 7 of the 7 requirements have been assessed as compliant.

Consumers and representatives gave examples of how their independence was supported and preferences respected. Care planning documentation reflected consumer choices and information about services and supports used to enhance well-being and quality of life. Staff outlined how consumers were supported to maximise independence, well-being, and quality of life, including through recognising interests, preferences, and goals.

Consumers said their emotional needs were understood and supported, and spiritual needs met through religious services. Staff detailed how they recognised low mood in consumers and described supportive strategies they could use. Assessment and planning processes captured social, psychological, spiritual and emotional needs and supports for each consumer. A ‘meaningful mates’ program has been implemented to develop connections and relationships between consumers and staff.

Consumers gave positive feedback on how the service incorporated interests, hobbies, and relationships of significance into the well-being program. Community connections were maintained through engagement with local schools and volunteers, and an activity schedule was developed from consumer preferences.

Service and support staff, including volunteers, explained communication methods used to share information about consumers, including verbal handover. Access to information about consumers was also available within documentation including progress notes, diaries, and electronic alerts. Consumers reported staff were well informed of their needs and preferences, and accommodated changes.

Consumers provided positive feedback on the timeliness and suitability of referrals to providers and specialists. Care planning documentation and staff interviews demonstrated how the service collaborated with external providers and organisations to meet consumer needs.

Consumers said they had sufficient options for meals, with available snacks. Consumer surveys reflected high satisfaction with provided meals. A seasonal menu was developed through collaboration with consumers with nutritional review. Staff received training to ensure provision of safe and suitable food and fluids.

Consumers described the equipment provided to them as safe and clean. Staff reported sufficient access to equipment and were provided training for safe use and cleaning. Management described processes for accessing specialised equipment if required.

# Standard 5

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

Findings

This Quality Standard has been assessed as compliant as 3 of the 3 requirements have been assessed as compliant.

The service environment included aids to support independent wayfinding, such as signage and colour coding. Staff explained how communal areas were used to support interaction between consumers and visitors. Rooms were personalised with furniture, photographs, and artwork to support consumers’ sense of belonging.

Overall, consumers reported the service was clean and well maintained, although some referenced the standards decreased at times, such as over the weekend. These comments were acknowledged by the service, attributing the issue to staffing and rostering, with actions being taken to increase hours. Staff outlined cleaning regimes with processes to report hazards for maintenance. Management said they monitor the environment daily to ensure it remained safe, clean, and supported free moment. Consumers could access external areas, with displayed instructions for accessing secured doors.

Staff outlined measures to ensure equipment was safe, clean, and appropriate for use with maintenance requests and alerts promptly responded to. Whilst most consumers provided positive feedback on the furniture, fittings, and equipment, some consumers raised concerns on the reliability and ease of use of the pendant style call bells. Investigation for one consumer identified the battery was flat. Management acknowledged the feedback and recorded continuous improvement actions to check batteries regularly and seek alternate options for consumers who reported concerns. The provider’s response included continuous improvement activities implemented following an outage of the system in May 2024, with updated actions added following the Site Audit and evidence of monitoring and evaluation.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard has been assessed as compliant as 4 of the 4 requirements have been assessed as compliant.

Consumers and representatives said they felt encouraged and safe to provide feedback or make a complaint. Staff outlined how they supported consumers to raise concerns, either through assisting them complete complaint forms or speaking with management. Processes for anonymous feedback were available, and written information within welcome packs, forms, and newsletters welcome and encouraged consumer comment.

Consumers were provided information on available complaint services, advocates, and language services in the welcome pack, newsletters, and displayed posters. Consumers described a recent presentation made by an advocacy service to explain available complaint supports.

Staff received training in application of open disclosure, and documentation evidenced the process was used in response to complaints and things going wrong. Consumers said they received timely responses to complaints, with appropriate actions. A complaint register was maintained with management taking responsibility for ensuring improvement actions were undertaken.

Consumers and representatives gave examples of improvements made in response to their feedback or complaint. Staff said complaints were shared at staff meetings to identify solutions and improve outcomes for consumers.

# Standard 7

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

Findings

This Quality Standard has been assessed as compliant as 5 of the 5 requirements have been assessed as compliant.

Consumers, representatives, and staff said the workforce was sufficient to meet the needs of consumers in a timely manner. Management explained a new model of care had been implemented to support sufficient staffing numbers and manage planned and unplanned leave. Documentation evidenced the service met regulatory workforce requirements and considered the mix of staff to meet consumer needs.

Consumers and representatives advised all staff were kind and caring. Policies and training guided staff to deliver care in accordance with organisational values and diverse consumer needs. Staff interactions with consumers were observed to be caring and respectful.

Consumers and representatives described staff as competent, taking efforts to provide safe and professional care. Management explained the organisation’s recruitment processes verified staff held required qualifications and clearances, including police checks and references. Supportive training and onboarding practices ensured staff had required information, and staff described the workforce as skilled and competent.

Completion of training was monitored to ensure organisational expectations were met, with attendance recorded on the electronic training platform. Staff said they were offered or could request additional training to effectively perform their roles, describing mandatory training relevant to the Quality Standards such as infection prevention and control and incident reporting and management.

Staff said annual appraisals were undertaken, recalling when last undertaken or due. Performance appraisals were documented and used to identify future training requirements. Management explained reviews presented opportunities to encourage and support staff.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

**Findings**

This Quality Standard has been assessed as compliant as 5 of the 5 requirements have been assessed as compliant.

Consumers gave examples of how they were engaged in development, delivery, and evaluation of care and services, including through the consumer advisory body. Management explained opportunities for consumers to become involved in service delivery and improvements, including through meetings, focus groups, and feedback processes.

The governing body effectively maintained oversight of the quality of care and services through reporting processes, ensuring compliance and identifying opportunities for improvement. Documentation demonstrated the board received and reviewed clinical data with introduction of initiatives to improve consumer safety and care.

The service demonstrated effective organisation wide governance systems for key areas with communication of changes. Information management systems included processes to share information, access policies and procedures, and actions and instructions to maintain consumer confidentiality. Financial governance included processes and authorities for purchasing with monitoring of expenditure. The board was responsible for monitoring and implementing regulatory changes, with communication of changes to the workforce.

High impact or high prevalence risks associated with consumer care were captured within a risk register with monitoring at organisational level. Consumers were supported to live their best life by making informed decisions on risk. An incident management system captured all incidents, ensuring abuse or neglect were reported through the Serious Incident Response Scheme, and staff were aware of reporting and escalation obligations.

The clinical governance framework informed best practice principles of clinical care and ensured staff had sufficient training. Staff demonstrated awareness of their responsibilities within key areas, including antimicrobial stewardship, use of open disclosure, and deprescribing psychotropic medications used as restrictive practices.

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)