Performance

Report

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| Name: | Waroona Multipurpose Centre |
| Commission ID: | 5328 |
| Address: | 72 King Street, CHARLEVILLE, Queensland, 4470 |
| Activity type: | Site Audit |
| Activity date: | 9 July 2024 to 10 July 2024 |
| Performance report date: | 7 August 2024 |
| Service included in this assessment: | Provider: 1132 Queensland Health  Service: 3682 Waroona Multipurpose Centre |

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 Waroona Multipurpose Centre (**the service**) has been prepared by P. Sherin, 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, consumers/representatives, and others.
* the provider’s response to the assessment team’s report received 25 July 2024 acknowledging the assessment team’s findings.

# 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 are treated with dignity and respect and feel valued and accepted at the service. Staff demonstrated an understanding of consumers’ background, culture, and individual preferences which aligned with information captured under care documentation. Staff are required to undertake cultural safety training. Management described how the service supports consumers from different cultural backgrounds.

Consumers and representatives said the service supports consumers to make decisions about their care, including involving others in decisions about care and to maintain relationships with people important to them. Staff described how they provide information to support consumers to understand the choices available and to make decisions about the care and services they receive.

Consumers said the service supports their choices, even if the choice is identified as posing a risk to the safety of the consumer. Staff described how they support consumers to take risks to enable them to live the best life they can whilst also ensuring appropriate risk mitigation strategies are in place. The service has policies and procedures to guide staff in supporting consumers to take risks.

Consumers and representatives said the service provides information in a timely manner and in a way that is easy to understand. The service demonstrated and staff described, the multiple ways information is provided to consumers in an accessible manner. Staff described how information is communicated to consumers who may have vision or cognitive impairment to support the consumer to exercise choice and make informed decisions.

Consumers and representatives said consumers’ privacy is respected by staff and expressed confidence in the service maintaining confidentiality of consumers’ personal information. Staff described how they maintain consumers’ privacy, particularly when providing care. Policies and procedures are available to guide staff practice in the collection, use, sharing, and storing of confidential information. Staff were observed utilising private spaces to discuss consumer information, locking the nurse’s station when not in use, and knocking on doors to seek consent prior to entering consumers’ rooms.

# 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 identify 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, which 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

The service implements assessment and planning processes to inform the safe delivery of care and services. Review of care documentation identified assessment and planning includes consideration of risks to individual consumers and strategies to manage these risks to guide staff practice.

Staff described and care documentation demonstrated the service identifies each consumer’s current needs, goals, and preferences, including end of life preferences as part of the assessment and planning process.

Consumers and representatives said they are kept regularly involved in assessment and planning. Review of documentation identified consumers and representatives are consulted, and health professionals are involved where required in the assessment and planning process.

The outcomes of assessment and planning are documented under a care and services plan. Consumers and representatives said staff discuss the consumer’s care needs and information under the care plan with them. Staff advised they have access to consumer information via care plans stored on the electronic care management system and handover notes.

Consumers and representatives said the service involves them in regular reviews and discussions including when the consumer’s circumstances change, or incidents occur. Staff described processes the service uses to ensure regular review and reassessment of consumers. Staff explained they use clinical handover, alerts in the electronic care management system, and electronic mail to communicate identified changes in a consumer’s health status. Review of care documentation evidenced all consumers have received a care and service plan review within the last 3 months as per the service’s care planning policy.

# 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 expressed satisfaction with the personal and clinical care provided to consumers at the service. Staff demonstrated knowledge of individual consumers’ personal and clinical care needs. Review of care documentation identified care provided is safe, effective, and tailored to individual consumers’ needs and preferences.

Consumers and representatives said the service effectively manages high impact and high prevalence risks associated with consumers’ care. Care documentation demonstrated the service is effectively managing consumers at risk of falling and strategies are implemented to manage and minimise risk. Staff demonstrated knowledge of strategies to prevent consumers from developing pressure injuries and to safely manage pressure injuries and wounds. The service analyses clinical indicators and implements strategies in response to any trends identified.

Care documentation evidenced consumers’ end-of-life goals and preferences are documented to guide staff practice. Staff demonstrated knowledge of processes to follow for the provision of appropriate care to consumers nearing end-of-life ensuring their comfort and dignity is maintained.

Review of care documentation identified the service recognises consumer deterioration and implements appropriate interventions to support the changing needs of consumers. Staff are aware of the service’s escalation processes, policies, and procedures related to clinical deterioration and were observed communicating with families regarding consumers’ changed needs. Registered staff said they have confidence in the ability of care staff to recognise and report any changes in a consumer’s health and condition.

Consumers and representatives said consumers’ needs and preferences are effectively communicated between staff, and they receive the care they need. Staff described how changes in consumers’ care and services are documented in care plans and discussed at clinical handover. Registered staff were observed communicating consumers’ care and service needs with care staff, consumers’ representatives, and medical professionals.

Consumers said they have access to medical officers and other health professionals as required. Review of care planning documentation identified input from medical officers, allied health and other specialist health professionals based on consumers’ needs. Staff are aware of the service’s referrals process and confirmed they have access to allied health and various medical professionals at the hospital and health service located adjacent to the service.

The service has appointed an Infection Prevention and Control Lead and has policies and procedures to guide staff practice on infection prevention and control. Registered staff receive training on antimicrobial stewardship and demonstrated knowledge of this. Review of care documentation identified appropriate management of infections in consumers.

# 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 said staff assist consumers in maintaining their independence and participating in activities of interest to them. Staff demonstrated knowledge of individual consumers’ interests and described strategies used to support consumers to engage in activities as their needs, interests, or condition changes. Care documentation captures information on interests and activities important to each consumer to guide staff practice. Consumers were observed engaging with lifestyle staff and participating in various activities.

Consumers and representatives said they have access to various activities and support networks to meet their individual emotional, spiritual, and psychological needs. Staff described a range of activities and supports available to help support consumers’ emotional and psychological wellbeing. Staff described how they support consumers who are feeling low and how referrals to external services are placed. Consumers have access to group and one on one worship through the local community ministry group who attend the service regularly.

Consumers and representatives said consumers are encouraged to participate in community and social activities within and outside the service as often as they like. A range of activities are offered under the service’s activities calendar. The service is partnered with a local club and consumers are invited to participate in group meetings, luncheons, and activities at the club. Staff described how they assist consumers to leave the service to attend activities they enjoy and how they support consumers to maintain social and personal relationships. Staff are aware of external activities consumers choose to engage in and the relationships of importance to them; this aligned with information under care planning documentation.

Consumers and representatives said staff are aware of the consumer’s needs and preferences, and services and support consumers receive from staff is consistent. Staff confirmed they have access to consumer records and described various ways they use to keep informed of the changing needs, condition, and preferences of consumers.

Consumers said they are satisfied with the service’s referral process and provided positive feedback on the services and supports provided by those they have been referred to. Policies and processes are in place to guide staff in making referrals. Staff described, and review of documentation identified the service refers consumers to external providers and services as needed.

Consumers and representatives provided positive feedback on the meals consumers receive, stating they are varied, and of suitable quality and quantity. Staff demonstrated knowledge of consumers’ dietary needs and preferences consistent with information captured under care plans. Meals were observed being provided in a relaxed and comfortable dining environment with staff offering consumers more food, drinks, and alternative options. Food focus groups are held monthly. Consumer feedback is used to implement improvements to the menu.

Consumers said they have access to and are satisfied with the various equipment provided to support their daily living needs. Staff are aware of how to report any maintenance and safety issues with equipment. Equipment used to support activities for daily living was observed to be safe, suitable for consumer use, clean, and well-maintained.

# 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 consumers and visitors are made to feel welcome at the service. Consumers described how they are supported to bring personal effects to decorate their room which optimises their sense of belonging at the service. The service environment was observed to be welcoming and easy to navigate with wide hallways and clear signage. Staff and consumers provided examples of how consumer feedback and suggestions on the service environment are considered and implemented.

The indoor and outdoor service environment was observed to be kept clean and well-maintained, with consumers enjoying communal areas and moving freely around the service. Consumers and representatives said consumers feel safe living at the service and any cleaning and maintenance tasks are attended to promptly. The service implements effective cleaning processes and preventative and reactive maintenance schedules.

The service demonstrated an effective system for ensuring furniture, fittings, and equipment are kept safe, clean, and well-maintained. Review of maintenance records evidenced regular maintenance has occurred as per schedule. Management advised equipment is checked for safety and ongoing suitability via regular audits. On-site maintenance staff perform regular checks and servicing of equipment consumers use daily such as wheeled walking aids and wheelchairs. Maintenance checklists are in place and manufacturer servicing applies to most of the larger equipment used, such as hoists.

# 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

Whilst sampled consumers and representatives could not identify any areas where they have recently made a complaint, they said they felt comfortable raising any concerns with staff and management directly. The service demonstrated consumers and representatives are supported to raise feedback and complaints in various ways, including but not limited to consumer and representative meetings. Staff described how they would support consumers who wish to make a complaint and respond by attempting to address the complaint immediately and/or escalating to their team leader as required.

Promotional material to access advocates, language services, and external complaints mechanisms was observed to be displayed throughout the service and is provided to consumers on entry to the service. Management advised the service regularly engages with advocacy services and shares information with consumers and representatives.

Consumers and representatives expressed confidence that the service’s management would address any complaints promptly by providing an apology, investigating and resolving the complaint. Management and staff demonstrated knowledge of the service’s processes to follow when a complaint is received. The service has policies and procedures to guide staff practice on feedback and complaints management and open disclosure. Review of the service’s feedback and complaints register identified feedback and complaints are responded to in a timely and appropriate manner.

Consumers and representatives expressed confidence in the service using feedback and complaints to improve the quality of care and services. Consumers confirmed they are involved in providing feedback and suggestions on improvement such as via consumer and representative meetings. Management advised the service analyses and trends feedback and complaints received and described various improvements made in response to consumer suggestions, feedback, and complaints. Management advised feedback and complaints are discussed during staff meetings as well as handovers, to provide staff the opportunity to contribute to improvements and be part of the solution. Review of the service’s plan for continuous improvement evidenced various improvements made in response to feedback and complaints.

# 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

The service demonstrated the workforce is planned to enable the delivery of safe and quality care and services. Most consumers and representatives sampled said staff are available when needed and attend quickly in response to call bells. Staff said they generally have sufficient time to undertake their allocated tasks and responsibilities. Management advised the rural location of the service creates challenges in attracting and retaining staff and discussed ongoing strategies to assist in recruitment and retention such as financial incentives, visa sponsorship opportunities, and relocation assistance. The roster is developed using a set of preferred shifts for permanent staff, with any gaps filled using agency and casual staff. The service has a preferred call bell response time of under 8 minutes. Management review monthly call bell reports and conduct checks of live response times to ensure consistency is maintained.

Consumers said staff are kind, caring, and respectful. Staff confirmed they have undertaken training in dignity and respect. Care staff were observed speaking to consumers kindly, calling consumers by their preferred name, and providing care and assistance in a patient manner. Management said they use observations and consumer/representative and staff feedback to monitor staff behaviour and ensure workforce interactions meet the organisation's expectations.

Consumers and representatives felt the workforce is competent and well-trained. Staff reported they understand the responsibilities of their role and are provided with appropriate training and support. Management advised staff competency is monitored through performance reviews, consumer/representative feedback, audits, surveys and reviews of clinical records and indicators. Systems and processes are in place to recruit staff and to obtain and monitor staff criminal record checks and qualifications relevant to each role.

The service demonstrated systems in place to ensure monitoring and oversight of staff training and development. Staff considered they are appropriately trained, supported, and equipped to perform their roles. Management advised new staff receive buddy shifts and undergo induction and training on specific mandatory topics through the service’s online training system. Review of mandatory training records identified staff are current with the service’s mandatory training requirements.

The service demonstrated systems in place to regularly assess, monitor, and review staff performance. Staff described the appraisal process, said they are regularly engaged in their professional development, and are provided opportunities to request specific training relevant to their role. Management described various ways staff performance is monitored with any issues in performance identified through these mechanisms addressed immediately. Formal staff appraisals are completed annually. Review of the service’s staff appraisal report identified staff appraisals are up to date.

# 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 felt the service is well run and they are engaged in various ways to provide feedback and suggestions which are considered. Management provided examples of how the service involves consumers and representatives and incorporates their feedback and suggestions into improvements implemented. Consumer and representative meetings are conducted regularly. The service also maintains a consumer advisory network for consumers and representatives to participate in.

The service demonstrated the governing body promotes a culture of safe, inclusive, and quality care and services. A review of the organisation’s governance framework identifies a leadership structure with the governing body holding overall accountability for quality and safety. Management described various ways the organisation communicates with consumers/representatives and staff regarding updates on policies, procedures, or changes to legislation. Management provided examples of how the organisation monitors and ensures the service’s compliance with the Quality Standards. The organisation engages third party contractors to conduct regular audits; any deficiencies identified are reported to the organisation’s governing body and used to implement improvement measures documented under the service’s continuous improvement plan.

The service demonstrated effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

The service demonstrated effective risk management policies, processes, and systems in place to manage high impact and high prevalence risks, identify abuse and neglect of consumers, and to support consumers to live the best life they can. Staff demonstrated knowledge of individual consumers with high impact or high prevalence risks and how these are managed. An incident management system is implemented, and staff undertake mandatory training on incident reporting, escalation, and management processes. Management described how the service supports consumers to live their best life through direct consultation with consumer/representatives and dignity of risk management processes.

The service has a clinical governance framework to guide staff practice on provision of safe care including outlining core elements of antimicrobial stewardship, restrictive practices, and open disclosure. Policies, procedures, and training are in place to guide staff practice in these areas. Staff demonstrated knowledge of the application of these policies as relevant to their roles.

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)