**Performance**

**Report**

**1800 951 822**

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| Name of service: | Warramunda Village Inc |
| Service address: | 5 Warramunda Drive KYABRAM VIC 3620 |
| Commission ID: | 301023 |
| Home Service Provider: | Warramunda Village Inc |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 23 November 2022 |
| Performance report date: | 19 December 2022 |

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 Warramunda Village Inc (**the service**) has been prepared by J Taylor, 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.

# Services included in this assessment

**Home Care:**

* Wurramunda Village Inc, 26443, 5 Warramunda Drive, KYABRAM VIC 3620

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 15 December 2022.

# Assessment summary for Home Care Packages (HCP)

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

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| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-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. | | Non-compliant |

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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 |

Findings

Interviews with management and documents reviewed demonstrated a review and update of the services systems had occurred to ensure assessment planning, including consideration of risk, is used to inform and support the delivery of safe and effective care. Evidence provided by the service included:

* A consumer goal directed care plan had been introduced and copies are kept in consumers’ homes.
* A registered nurse now oversees higher risk consumers on level 3 and 4 home care packages and completes a monthly review of each of these consumers.
* The service has a ‘consumer of the day’ program where all consumers are reviewed approximately every two to three months around key risks and then a full review is done every twelve months.

Consumer care plans reviewed demonstrated consumer risk was identified and mitigation strategies in place specific to individual consumers.

Based on the information above, I find the service meets this requirement and now demonstrates assessment and planning process includes consideration of risks to consumers health and well-being. I therefore find this requirement to be Compliant.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Management interviewed demonstrated systems had been reviewed and updated to ensure effective risk management process are in place for consumers. Review of the Vulnerable Client Register included information on individual consumer risk, date of the last review and when the next review is due.

Three consumer files were reviewed, including a file initially reviewed during the Quality Audit in March 2021. All consumer files reviewed were goal directed and included identification of consumer risks and mitigation activity to guide the provision of care and services.

Based on the information above, I find the service meets this requirement and now demonstrates assessment and planning process includes consideration of risks to consumers health and well-being. I therefore find this requirement to be Compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |

Findings

The service evidenced feedback and complaints are currently captured on a paper-based Hazard or Risk Register. Review of the Register for the period 20 June 2022 to 7 November 2022 did not note any complaints listed nor did the Register differentiate complaints or feedback from Home Care Package consumers from National Disability Insurance Scheme recipients.

Review of the services Continuous Improvement Plan included an action stating the service is investigating an electronic management system to capture and trend complaints and feedback, however, did not demonstrate this had been actioned.

The service provide complaint details made to the service between March 2022 and May 2022 regarding the quality of meals, the use of plastic plates and associated safety issued experienced by consumers. The Assessment Team reviewed a summary of these complaints in an untitled document dated March 2022. Review of the outcome of these complaints indicated the service had acknowledged receipt of the complaint via a letter to consumers however it was not clear what actions had been undertaken to resolve the complaints. It was noted that the provision of meals by the service had since ceased due to issues unrelated to complaints and feedback received.

While the service hold a Board Sub-Committee meeting where home services is discussed, the documentation reviewed associated with these meetings noted generic information including monthly tallies of complaints, incidents and compliments. It was noted the summary of the Board Sub-Committee meeting on 19 September 2022 two complaints regarding service delivery had been escalated to the Aged Care Quality and Safety Commission for investigation and closed. Review of the meeting minutes dated 27 September 2022 and October 2022 did not evidence discussion of these complaint or any potential improvement activity to improve the quality of care provided by the service.

The service did not demonstrate feedback and complaint information is used to inform service improvements.

In response the Assessment Report, the service advised the services Continuous Improvement Plan includes actions to transition home care consumers to an online system which includes feedback capture, monitoring and reporting to enable trend analysis and appropriate actions to be taken. The service advised the Aged Care Quality and Safety Commission contacted the service regarding the two complaints lodged stating both complaints had been closed with no formal response required. The service did not provide further information indicating if these complaints had been considered further nor included in any continuous improvement activity.

Considering the information provided above and acknowledging the transition to an electronic system to better managed feedback and complaints, this activity is not expected to be implemented until 2023. The service has not demonstrated complaints and feedback is consistently recorded or analysed to inform improved service delivery. Therefore, I find this requirement to be Non-compliant.

# Standard 8

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| Organisational governance | | HCP |
| 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. | Non-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 |

Findings

The service did not demonstrate effectively how the Board makes decisions on organisational improvements or changes through feedback and complaints. Review of the sufficiency of information provided to the Board Sub-Committee relating to feedback and complaints did not clearly define how informed decisions about service delivery are made. Further information is provided under Standard 6 above.

Management demonstrated that systems had been reviewed and updated to ensure risk management processes are effective in identifying and managing care related risks and, where risks are identified, care documentation evidenced risks are discussed with consumers and risk assessment and management strategies documented. The service evidenced a new Clinical Governance Framework which included weekly team meetings to discuss High Risk/High Prevalence and major clinical events.

In response to the Assessment Report, the service advised the Clinical Governance Framework articulates how information is presented, tabled and discussed at the Board however, did not provide evidence that this occurred. As detailed in Standard 6 comments, the service did not demonstrate that complaints and feedback are effectively monitored and used to inform continuous improvement activity.

While the service demonstrated systems are now in place to ensure risk management processes are effective, the service did not demonstrate that complaint and feedback information is effectively communicated to Board or used to inform service delivery improvements. Therefore, I find requirement 8(3)(c) to be Non-Compliant and 8(3)(d) to be Compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)