**Performance**

**Report**

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| Name: | Warramunda Village Inc |
| Commission ID: | 301023 |
| Address: | 5 Warramunda Drive, KYABRAM, Victoria, 3620 |
| Activity type: | Quality Audit |
| Activity date: | 19 March 2024 to 21 March 2024 |
| Performance report date: | 16 April 2024 |

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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 1381 Warramunda Village Inc  
Service: 26443 Wurramunda Village Inc

**This performance report**

This performance report for Warramunda Village Inc (**the service**) has been prepared by Nicola Eastwood, 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 Quality Audit report was informed by [a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Home Care Packages (HCP)

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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 | **Not assessed** |
| **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 | | HCP |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives said they are always treated with respect by staff. Care planning documentation provided detailed information around consumer background and preferences. Consumers are informed about their rights to dignity, respect and inclusion through the consumer information pack. Staff explained that culturally safe care is provided to consumers on an individual level. Policies and care planning documents reflect that care is culturally safe and consumers are supported to engage in activities of cultural importance to them.

Management described how consumers contribute to directing service delivery, including where unspent funds are reallocated as requested by consumers. Care documentation reflected consideration to consumer relationships and goals in relation to their care. A privacy form is part of the consumer information pack, which records consumer consent to share information with other services and/or representatives.

Management explained how safety considerations are balanced with the consumer rights to take risks. Discussion with consumers and representatives related to risk are documented with a supporting dignity of risk form completed in consultation with consumers and their representatives. This was supported by a consumer example with services in place to maintain independent living and services to support personal choice where risks were identified.

Most consumers and representatives were satisfied they received clear and timely information from the service. Consumers and representatives confirmed they received a copy of an easy-to-understand care plan. Staff described ways they communicate information to consumers, including those with memory, sensory or language needs who require support. Management complete 4 monthly reviews with consumers and their representatives supporting effective information and communication sharing.

Staff described their awareness of the importance of confidentiality in relation to the personal information of each consumer. The organisation’s policy and procedures outlined processes to safeguard consumer’s privacy and confidentiality.

# 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 |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Management explained that subcontracted services undertake clinical health and risk assessments were required. Care staff demonstrated understanding of consumers individual care needs. Consumer assessment and care planning documentation included detail of care and services provided. Electronic care files included progress notes with attachments of recommendations and risk assessments conducted by external health care professionals.

The service employs a specialist advanced care consultant. Consumer care plans and advance care directives (ACD) were either available within their electronic care file or paper-based and included consumers goals and preferences for end-of-life care.

Consumers and representatives confirmed they are involved in care planning and assessments with management meeting with consumers regularly to discuss and review care plans. Care documentation reflected those involved in the care planning process and consumer chosen representatives. Consumers and representatives confirmed they receive a hard copy of their care plans by mail each time it is updated.

Staff explained they access information about consumer care needs through their online rostering application, or consulting care plans located in consumer homes. Where care was shared information in referrals was adequate to support continuity of care and implementation of recommendations and assessments.

Care and services are reviewed every 4 months or more frequently as needed with a full care plan review annually. A review of care file documentation reflected annual reviews and access to additional services where consumer conditions had changed.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed they are satisfied their personal and clinical care is tailored to meet their needs. Clinical care is provided through external organisations; district nursing staff as well as external allied health professionals who complete assessments. Staff described providing personal care consistent with consumer care plans and preferences. There was documented evidence of effective communication between all parties involved in consumer care.

The service maintains a high-impact, high-prevalence risk register that identifies vulnerable consumers who are at risk due to falls, infections, wounds, medications, isolation, dementia, diabetes, and choking. Monitoring and review of the register and at-risk consumers has reflected a comprehensive approach to reducing and proactively managing identified risk to consumers.

Consumers and representatives confirmed they had been offered the opportunity to develop an advance care directive and document their end of life wishes. The service has a collaborative approach to palliative with the local health service to support consumers.

Management described how they respond to consumer deterioration. Staff demonstrated their understanding of consumer conditions confirming they raise any concerns directly with the management. Staff explained they access information about consumer condition, needs and preferences through information within their online roster application, their care plan and through conversations with management. Management explained they share information about consumer health history, referrals, medical officer as well as consumer and representative contact details when engaging external clinical care providers.

Consumers and representatives interviewed confirmed they are satisfied that when needed, the service initiates appropriate referrals, involves relevant external providers, and maintains communication throughout the process.

Staff explained they have complied with hand hygiene, vaccinations, and infection prevention and control training modules and described use of Personal Protective Equipment (PPE).

# Standard 4

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| Services and supports for daily living | | HCP |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Management described how domestic and social supports are provided to consumers to support them to maintain their homes and participate in activities of their choice. Staff delivering social support confirmed they provide consumers with a choice to decide how they would like to use their social support sessions. There was evidence of arrangements made for individuals who had specific requests and extra time allocated to facilitate activities by request.

Care planning documentation included a section relating to consumers emotional spiritual and psychological well-being. The service has access to pastoral care support initiated by management offer to consumers as identified. Care documentation demonstrated participation in one-on-one social and group activities. External health care professionals such as allied health care providers and pastoral care confirmed they receive sufficient information from the service which allows them to undertake effective assessment and make recommendations. Care documentation showed examples of referrals to a range of services and supports for daily living.

While the service does not provide meals its supports consumers to access meal delivery services partially funded through packages. Equipment is only purchased following an allied health review and recommendation, following purchase a check in with consumers is carried out to review suitability and condition.

The service has a fleet of vehicles to assist with consumer transport, management acknowledged the need for a proactive service register for the vehicles which was implemented at the time of the Quality Audit.

# Standard 6

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| Feedback and complaints | | HCP |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed they were comfortable and supported to raise any issues or concerns with the service. Staff described how they respond to concerns immediately, escalating if needed, and documenting the outcome in the consumer’s progress notes. The service’s policy on feedback and complaints encourages feedback and outlines processes to support consumers to provide feedback. A review of documentation demonstrated the service’s commitment to seeking feedback is included in the consumer information pack as well as information regarding interpreter and advocacy services and feedback forms.

The service supports consumers seeking advocacy or external support to resolve complaints, including escalating to the Aged Care Quality and Safety Commission, if necessary, in line with the service policy on feedback and complaints.

The service has a feedback and complaints policy and procedure, which includes open disclosure and timelines for acknowledgement and resolution of a complaint. Consumers expressed satisfaction that issues raised were addressed promptly often without the need to lodge a formal complaint. Staff explained they received training in complaints management and confirmed they provide an apology when something goes wrong.

Feedback oversight is managed at both the service and organisational levels, with summary reports on complaints and feedback presented at relevant meetings. Consumers and representatives were confident that the service would make improvements based on their feedback and there was evidence of improvement to the telephone system following feedback submitted.

# Standard 7

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| Human resources | | HCP |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

The service employs staff on a casual or permanent basis, as well as outsourcing services including allied health, gardening and home maintenance. A review of the roster demonstrated an adequate number of staff available to provide consumer care, with no unfilled shifts occurring in the previous month. Consumers were satisfied with the provision of safe and quality care, confirming staff were punctual and reliable and notification of staff changes as they occur.

Staff were familiar with consumer identities and individual needs. Consumers and representatives confirmed staff are kind, caring and respectful while delivering care and services. Care plans, and key summary information were individualised accommodating the personal preferences, needs, and interests of each consumer.

Consumers and representatives were satisfied staff are competent and skilled to effectively perform their roles. The staff onboarding policy involves verifying qualifications, police checks, drivers’ licence, and vaccination status before allowing them to work for the service. All information is entered in the service’s electronic management system, to assist with allocating workers appropriately. Position descriptions outline required qualifications for each role to ensure staff can perform their duties safely. The electronic roster system tracks staff requirements and prevents scheduling of staff who are not up to date.

Management explained staff competency and suitability were assessed during recruitment through interviews, pre-employment references checks and registration verification. The newly implemented online training system included onboarding and annual mandatory training with staff expressing satisfaction. Mandatory training covers first aid, basic life support, Serious Incident Response Scheme (SIRS) reporting, restrictive practices, abuse and neglect, infection prevention and control, and code of conduct. The service provides additional training based on feedback received from consumers, representatives, staff and audits.

The service has policies for staff performance and disciplinary matters; however, performance reviews are currently not up to date. The service acknowledged this and included formal performance reviews into its Plan for Continuous Improvement. Although staff have not had recent formal reviews, they have received informal feedback.

# Standard 8

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| Organisational governance | | HCP |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives reported having the opportunity to provide feedback and influence the delivery of services. Management outlined organisational governance changes, including increasing consumer participation as a key aspect. A consumer advisory committee has been formed with its inaugural meeting planned for April 2024.

Performance is monitored through monthly reports on clinical indicators, incidents, SIRS reporting, risks, feedback and complaints, and financial data. The quality framework outlines a schedule of committees which supports organisational reporting and transparency.

Information is shared through various channels with staff able to access information through their mobile phones and a roster system which documents consumer needs. The service is transitioning to an electronic health information system, and an electronic document system to keep policies current and make them easily accessible to staff.

The service maintains a PCI outlining efforts to align governance and systems with the organisation’s strategic plan. Initiatives include creating a consumer advisory committee and annual client satisfaction surveys, transitioning to electronic health information and document systems, and introducing an online audit system. The service has also improved its feedback system and enhanced performance review metrics.

The service has effective financial governance systems in place to manage resources and financial requirements supporting continued delivery of care. Consumers receive itemised monthly statements. Management submits monthly financial reports demonstrating oversight of income and expenditure, including unspent funds.

The organisation has policies and procedures for workforce planning, recruitment, orientation, training, and retention. Position descriptions outline roles, responsibilities and expectations of staff, and the employee handbook covers key policies.

The service remains informed about regulatory and legislative changes through email notifications from various organisations and agencies, including the Aged Care Quality and Safety Commission and the Department of Health and Ageing. Management assesses these changes for relevance and shares them with staff through email and meetings.

Feedback is gathered through four-monthly case reviews, exit surveys and regular phone conversations, with reports on feedback and complaints provided to relevant committees.

Consumer risks were identified during risk assessments using evidence-based health assessment tools. The service maintains a risk register that monitors risks such as falls, allergies, medication, and nutrition, and is updated monthly. The incident reporting system identifies reportable incidents, abuse and neglect and restraint. Monthly incident summaries and trend analysis are reported at relevant meetings. Dignity of Risk authorisation forms are completed by the consumer and their representatives and reviewed at least annually.

The service monitors infections and the use of antimicrobials on its risk register, with the medication advisory committee reviewing related issues. Staff do not currently administer medication and are aware of restrictive practices, noting there are currently no consumer subject to restrictive practice within the service. The service register monitors psychotropic medication use.

The service’s complaints policy prioritises open disclosure for effective management and consumer partnership. Staff receive education on open disclosure and know to apologise and report adverse events or complaints to case managers or management.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)