Performance

Report

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| Name: | Warrandyte Gardens Care Community |
| Commission ID: | 4064 |
| Address: | 205 Warrandyte Road, RINGWOOD NORTH, Victoria, 3134 |
| Activity type: | Site Audit |
| Activity date: | 17 January 2024 to 19 January 2024 |
| Performance report date: | 21 February 2024 |
| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 2647 Warrandyte Gardens 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 Warrandyte Gardens Care Community (**the service**) has been prepared by S Byers, 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

# 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 were satisfied staff treat them with dignity and respect and value their identity as individuals. Staff spoke about consumers in a respectful manner and demonstrated they are familiar with consumers' individual backgrounds and preferences. Care planning documentation reflected the diversity, background, and personal preferences of consumers. The service has policies and procedures in place to guide staff practice in consumer diversity and inclusion.

Consumers and representatives described how staff value consumers' background and provide care that is consistent with their cultural preferences. Staff described how a consumer’s culture influences how they deliver care and services. Care planning documentation reflected specific cultural needs for consumers such as the religious practices they wish to maintain.

Consumers and representatives said that they are supported to maintain relationships of choice, are given choices about how and when care is provided, and their choices are respected by staff. Staff described how they support consumers to make choices, maintain their independence and engage in relationships of choice. Care planning documentation identified consumers’ individual choices pertaining to how and when care is delivered, who participates in their care, and how the service supports them in maintaining relationships of importance. The service has policies and procedures in place to guide staff practices regarding consumer dignity and choice.

Consumers were satisfied they are supported to take risks that enable them to live the best life they can. Care planning documentation reflected risk assessments, documented discussion of risks and dignity of risk documentation with recorded risk mitigation strategies. Staff demonstrated understanding of the risks taken by consumers, and described the individualised strategies in place to support consumers to engage in activities of choice with an element of risk.

The service demonstrated processes are in place to effectively provide consumers and representatives with timely, clear and easy to understand information. Consumers and representatives confirmed they are kept informed through written and verbal information, and provided examples of being informed about meal choices and lifestyle activities through daily menus and activities schedules. Information about menus and activities was clearly displayed on notice boards in communal areas and is reflective of the services offered on the day.

Consumers were satisfied their privacy is respected and private information kept confidential. Staff and management provided examples of how they respect the personal privacy of consumers at the service. All nurses’ stations were observed to be locked throughout the Site Audit, and computers password protected and locked when unattended. The service has policies and protocols in place to protect consumer privacy and confidentiality and guide staff practice.

# Standard 2

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

Findings

Staff described the care planning process, including how they consider risks for individual consumers to inform the delivery of safe and effective care and services. Care planning documentation reflected consideration of individual risks and mitigation strategies. Management and staff described the admissions process that incorporates the timely completion of assessments and care plans.

Consumers and representatives were satisfied assessment and care planning information is reflective of the consumers current care needs. Clinical staff described the organisation’s process in completing end-of-life assessments. Consumer files included advance care or end-of-life directives completed in consultation with the consumer and their representatives, where appropriate. Staff demonstrated understanding of consumers’ current needs, goals and preferences which aligned with care planning documents.

Consumers and representatives expressed satisfaction with their involvement in assessment and care planning. Staff described how consumers, representatives, other health professionals and external health service providers collaborate to ensure the delivery of safe and personalised care. Care planning documents demonstrated ongoing partnership between consumers and representatives with documented participation in care consultations, and input from other individuals and organisations involved in the care of the consumer.

Consumers and representatives said outcomes of assessment and planning are effectively communicated to them in a care and services plan that is readily available. Clinical staff described their roles and responsibilities in communicating outcomes of care planning with consumers and representatives and confirmed they offer copies of care plans to consumers and representatives. Care planning documents demonstrated outcomes of assessment and planning were documented and communicated to the consumer.

Consumers and representatives described how care and services are reviewed when circumstances change, or incidents impact an individual’s needs, goals, or preferences. Clinical staff demonstrated understanding of review processes. Care documents reflected timely and responsive review of care and services following incidents, and changes in the consumers health status, condition or preference. Care plans were updated to reflect relevant changes.

# 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 were satisfied they receive care that is safe and right for them which meets their individual needs and preferences. Management and staff described the needs and preferences of consumers and how they deliver care that is safe and tailored to their assessed needs. Consumers subject to restrictive practices had individualised assessments and behaviour support plans with documented informed consent in place with ongoing medical review. Care planning documents detailed individualised care that is safe, effective and tailored to the needs of the consumer in collaboration with allied health professionals and specialist services.

Care planning documents demonstrated risks are identified, assessed and include individualised strategies and care interventions with review and monitoring to minimise and manage the risks. Staff demonstrated an understanding of the high impact and high prevalence risks associated with each consumer and the assessed strategies to manage and minimise risk to the consumer.

Consumers and representatives expressed satisfaction with the palliative care approach provided by the service. Care documents reflected end of life needs, goals and preferences are met in accordance with consumer wishes, dignity is preserved, and comfort is maximised.

Consumers and representatives said the service recognises and responds to changes in condition in a suitable and timely manner. Care planning documentation, clinical charting and progress notes record the identification of, and response to, deterioration or changes in the consumer’s condition. Staff described how they monitor signs, changes or deterioration in consumers. Care staff described their responsibilities to escalate consumer deterioration by reporting to clinical staff immediately.

The service has systems and processes in place for communicating information about consumers’ conditions, needs and preferences. Information is documented in the consumer’s care plan, handover sheet and progress notes and is effectively communicated within the service and shared with external services involved in the consumer’s care. Management and staff described specific care needs and preferences of consumers, which aligned with care planning documentation. Consumers and representatives said they do not need to repeat themselves about their specific care needs and services.

Consumers and representatives expressed satisfaction with the access and referral to a range of health professionals as needed. Care planning documents demonstrated timely and appropriate referrals to individual health professionals, other organisations and providers of other care and services. Staff described the service’s referral processes.

Consumers and representatives provided positive feedback about how the service manages infections. The service has appointed 2 Infection Prevention and Control (IPC) leads who have completed the relevant competency training. The service has policies and procedures such as an outbreak management plan to guide and support staff in managing infection related risks. Management, staff, and the IPC leads demonstrated an understanding of infection control practices and described their role specific responsibilities in line with the service’s outbreak management plan. Clinical staff demonstrated understanding of antimicrobial stewardship and confirm receiving relevant training.

# 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 were satisfied with the supports of daily living the consumer receives to meet their individualised needs, goals, and preferences. Staff demonstrated understanding of consumer specific services and described how they support consumers in meeting their needs, goals and preferences to optimise their independence, health, well-being, and quality of life. Lifestyle staff described how the activities schedule is informed by consumer feedback, and tailored to meet different levels of mobility. Throughout the Site Audit consumers were observed to be engaged in group activities in line with the activity calendar.

Consumers were satisfied their emotional, spiritual, and psychological needs are supported. Care planning documents contained specific information regarding consumers social, emotional, and spiritual needs and preferences. Staff described how they support consumers when they are feeling low and provided practical examples to support consumers emotional, spiritual, or psychological well-being. The service organises regular religious services and a engages pastor who has individual sessions with consumers.

Consumers described how they are supported to participate in the community within and outside the service environment, maintain relationships with people they choose, and do things that are of interest to them. Care planning documents contained information about the consumer’s significant relationships, and information about their participation in activities of interest at the service and within the local community. Staff outlined the group activities provided at the service, and how consumers are supported with individual pursuits and personal relationships that are important to them.

The service demonstrated it has systems and processes for communicating information about consumers’ conditions, needs and preferences within the organisation and with others where responsibility for care is shared. All consumers and representatives expressed satisfaction with the level of communication from the service and that staff were aware of their specific needs and preferences. Staff described how information is shared and how timely updates are provided following changes to a consumer’s condition, needs or preferences. Care planning documentation recorded sufficient information to support effective and safe care for consumers, as it related to services and supports for daily living.

Consumers said they are supported by providers of other care and services and referred to individuals and other organisations when needed. Care planning documentation identified appropriate referrals to other organisations and services such as council community services. Staff described referral processes and provided examples of organisations regularly accessed to provide additional support to consumers.

Consumers and representatives expressed satisfaction with the variety, quality, quantity and choice of meals. Care planning documentation reflected consumers dietary needs and preferences, which aligned with information provided with consumers and staff. The service has feedback mechanisms in place including food focus meetings to support consumers to provide feedback on meals. The Assessment Team observed consumers eating meals in dining areas, with staff assisting consumers with their meals.

The service demonstrated the equipment provided to consumers is safe, suitable, clean, and well maintained. Consumers said they felt safe when using the service's equipment. Staff confirmed they have access to sufficient equipment when they need it and described the cleaning process for shared equipment, and reporting processes for maintenance and repairs. Equipment was observed to be clean and well-maintained and suitable to meet the needs of the consumers.

# 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 were satisfied the service environment is welcoming and easy to understand. Consumers described personalising their rooms, which was confirmed by observations of rooms personalised with photographs and other items of importance. Signage is in place to support consumers to independently navigate the service environment. The service offers several suitably furnished communal areas that optimise consumer interaction and engagement.

Consumers and representatives were satisfied with the cleanliness and maintenance of the service environment, and that they can move around freely, both indoors and outdoors. Consumers provided examples of accessing their courtyard and the external community. Cleaning staff described the schedule and roster in place to ensure duties such as routine and spot cleaning are completed. Maintenance staff described the preventative maintenance schedule and explained the maintenance process for building or equipment repairs. The Assessment Team observed the service environment to be safe, clean and well-maintained and consumers freely mobilising throughout the service.

Consumers and representatives were satisfied the furniture and equipment available is clean and suitable for their needs. Furniture, fittings, and equipment were observed to be safe, clean and in good condition. Staff described their role in cleaning and maintenance processes. Maintenance records demonstrated ongoing monitoring and timely response to maintenance requests and repairs.

# Standard 6

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

Findings

Consumers and representatives said they feel comfortable and supported to provide feedback and make complaints and described the different mechanisms available to them. Management and staff described the services feedback and complaints handling process and provided examples of how they encourage and support consumers to provide feedback and make complaints. The Assessment Team observed feedback forms and locked boxes readily available and on display throughout the service.

Consumers and representatives said they are aware of and have access to advocates, language services and other methods for raising and resolving complaints, however preferred to raise concerns directly with management. Management and staff described the external advocacy and language services available to consumers and how they access these services. The Assessment Team observed information about external advocacy services including pamphlets in multiple languages displayed throughout the service and in the consumer handbook

Consumers and representatives were satisfied that appropriate action is taken in response to complaints. Management and staff described their responsibilities in relation to reporting and investigating complaints and incidents, noting the importance of practicing open disclosure when things go wrong. Complaints and feedback documentation reflected appropriate action is taken and the service documents feedback and complaints in a timely manner. The service demonstrated it has complaints and open disclosure policies and processes in place to guide staff practice.

The service demonstrated that feedback and complaints are reviewed and used to improve the quality of care and services. Consumers and representatives expressed satisfaction with the service’s feedback and complaints process, confirming their feedback is reviewed and informs improvements to care and services. Management provided examples of improvements to care and services that were driven by consumer and staff feedback. Service documentation reflected feedback and complaints are regularly reviewed and trended to make improvements across the service.

# 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

Most consumers and representatives expressed satisfaction with staff levels at the service. Management described the workforce planning strategies in place including management of unplanned leave and ongoing recruitment to ensure the number and skill mix of staff reflect consumer care needs and legislative requirements. Most staff described workforce levels are appropriate to meet consumers care needs, and unplanned leave is covered. Roster and allocation documentation demonstrated no unfilled shifts for the fortnight prior to the Site Audit. Call bell reports demonstrated staff respond to call bells in a timely manner. Monitoring processes are in place for call bells that exceed the services benchmark, with action plans and investigations completed to resolve the issue.

Consumers and representatives were satisfied that staff are kind and caring, and always gentle when providing care and services. Staff were observed to be interacting with consumers in a positive, caring, and respectful manner throughout the Site Audit. The service has policies, procedures that guides staff practice in the delivery of person-centred care that is respectful of consumers identity, culture and diversity.

Consumers and representatives were satisfied that staff perform their duties effectively and expressed confidence in staff competency. Management and staff described the service’s orientation process which includes mandatory training and competencies. Staff described their responsibilities, and the competencies and qualifications required for their roles, in line with documented position descriptions. Service documentation reflected legislative checks and registrations for all staff are current, with monitoring processes in place.

Most consumers and representatives said that staff are well trained and have the knowledge and skills required to deliver safe and quality care and services. Staff confirmed they are supported by the service, provided with sufficient training, and can request additional training, where needed. Training records reflected that annual training modules had been completed by staff. The service demonstrated it identifies additional or supplementary staff training needs through staff performance, consumer feedback, incidents or trends in clinical indicators.

The service demonstrated that processes are in place to regularly assess, monitor and review the performance of the workforce. Management explained the performance of staff is monitored through annual formal performance appraisals, continuous informal monitoring and review, and ad-hoc performance management when the need arises. Staff confirmed participating in annual performance appraisals. Service documentation reflected that staff performance is regularly monitored and reviewed in line with the service’s policy.

# 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 said the service is well run, and described their involvement in the development, delivery and evaluation of care and services including consumer meetings, and communication with management. Management described how they support consumers to engage in consumer meetings, feedback and complaints processes, surveys and regular care plan review processes. Meeting minutes confirmed consumer and representatives’ participation in meetings.

Consumers and representatives said they feel safe living at the service and live in an inclusive environment with the provision of quality care and services. The organisation has a suite of policies, procedures and work instructions that support and guide management and staff to provide a safe and inclusive culture for consumers and stakeholders. Reporting processes are in place to ensure the Board is regularly informed of the services performance. The Board is supported by established committees to ensure accountability in the delivery of quality care and services.

The service demonstrated effective governance systems in relation to information management, continuous improvement, financial and workforce governance and regulatory compliance. Management and staff demonstrated understanding of the policies and processes that supported each of the governance systems. All staff interviewed confirmed they can easily access the information they need to perform their roles. Changes in regulatory compliance are discussed with the Board and communicated to the workforce and consumers. Workforce governance is effectively managed to ensure the workforce is sufficient in numbers and skills, and a system is in place to effectively manage feedback and complaints, which are trended to inform continuous improvement.

The organisation demonstrated it has effective risk management systems in place supported by policies and procedures documented to manage risk, abuse and neglect of consumers, supporting consumers to live the best life they can and incident management. Risks are reported, escalated and reviewed. Staff demonstrated understanding of the service’s incident management system and described their responsibilities based on their position. Staff have completed training in SIRS. Management described how incidents and SIRS are monitored at an organisational level, including the Board level, through meetings and reports.

The organisation demonstrated it has a clinical governance framework which includes antimicrobial stewardship, minimising the use of restraint and open disclosure policies and procedures. Staff confirmed receiving education about the policies and procedures and were able to provide examples of the relevance to their work.

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)