Performance

Report

**1800 951 822**

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| Name of service: | Warrigal Care Bundanoon |
| Service address: | 20 Hill Street BUNDANOON NSW 2578 |
| Commission ID: | 2205 |
| Approved provider: | Warrigal Care |
| Activity type: | Assessment Contact - Site |
| Activity date: | 19 July 2023 to 20 July 2023 |
| Performance report date: | 17 August 2023 |

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 Warrigal Care Bundanoon (**the service**) has been prepared by G Jones, 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 Assessment Contact - Site; the Assessment Contact - Site 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 | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

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 |

Findings

Requirement 1(3)(a) was found non-compliant following a Site Audit from 15 February 2022 to 17 February 2022. Since that time the Approved Provider implemented actions to address the non-compliance. During the Assessment Contact most sampled consumers and/or representatives interviewed said they are always treated with dignity and respect. Staff demonstrated knowledge and understanding of individual consumers and their backgrounds, the people important to them, preferences, and choices. Staff were observed by the Assessment Team respectfully engaging with consumers. Reviewed care planning documents detail consumers' background stories and individual preferences and identify those people important to them. Furthermore, the service has current policies on respect, dignity, culture and diversity.

Requirement 1(3)(b) was found non-compliant following a Site Audit from 15 February 2022 to 17 February 2022. Since that time the Approved Provider implemented actions to address the non-compliance. During the Assessment Contact the service was able to describe and demonstrate knowledge of how the consumer's culture influences how they deliver care and services in a culturally safe way. Staff could identify consumers from various cultural backgrounds and how this could influence their approach to care. Care planning documents evidence consumers' cultural backgrounds, interests, and preferences, and staff demonstrated awareness of accessing language information relevant to consumers from non-English speaking backgrounds. Furthermore, the Assessment Team observed staff engaging with consumers in a culturally sensitive way.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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

Requirement 2(3)(d) was found non-compliant following a Site Audit from 15 February 2022 to 17 February 2022. Since that time the Approved Provider implemented actions to address the non-compliance. During the Assessment Contact the service demonstrates it has processes in place to communicate information to consumers and/or their representatives in relation to the care plan, and the care and services plan is readily available. Overall, consumers and representatives sampled indicated they are well informed about the outcomes of assessment for their clinical and personal care and had no complaints in relation to this requirement. Consumer representatives interviewed said case conferences occur with staff, and care and services are discussed. Some consumer representatives indicated they had been offered a copy of the care plan. Most consumers and/or representatives sampled knew care plans are readily available and confirmed that their care is discussed with them regularly.

Requirement 2(3)(e) was found non-compliant following a Site Audit from 15 February 2022 to 17 February 2022. Since that time the Approved Provider implemented actions to address the non-compliance. During the Assessment Contact the service was able to demonstrate that care and services are reviewed regularly for effectiveness, when circumstances change and following incidents. The registered nursing staff conduct care plan reviews every 3 months with consumers and representatives. For the consumers sampled, care and services had been reviewed routinely for effectiveness and when circumstances had changed or following consumer incidents which had impacted on their needs, goals or preferences. Management stated each incident is reviewed individually, and care is changed if needed.

# 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 |

Findings

Requirement 4(3)(a) was found non-compliant following a Site Audit from 15 February 2022 to 17 February 2022. Since that time the Approved Provider implemented actions to address the non-compliance. During the Assessment Contact consumers expressed satisfaction that they are supported by staff to meet their care needs, goals, and preferences. Consumers said the service provides supportive services which allow them to optimise their independence, well-being, and quality of life. Staff demonstrated knowledge of consumers' needs and preferred activities. Care planning documentation identifies consumers' preferences and choices, provides information about the services, and supports consumers' need to exercise independence.

Requirement 4(3)(b) was found non-compliant following a Site Audit from 15 February 2022 to 17 February 2022. Since that time the Approved Provider implemented actions to address the non-compliance. During the Assessment Contact consumers and representatives interviewed confirmed consumers receive the support they need for their emotional, spiritual and psychological well-being. Consumers' emotional, spiritual and psychological needs, goals and preferences are assessed when consumers first come to the service. Care documentation reviewed showed that consumers are referred to counselling and mental health services as needed, and their recommendations are incorporated into the care plans. Regular emotional support through one-on-one visits is provided to support consumers.

# 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 |

Findings

Requirement 7(3)(a) was found non-compliant following a Site Audit from 15 February 2022 to 17 February 2022. Since that time the Approved Provider implemented actions to address the non-compliance. During the Assessment Contact consumers and representatives interviewed said staff are meeting the care needs of consumers. They confirmed they are satisfied with the staffing and the call bells are answered in a reasonable time. Staff said they had enough time to complete their duties. Management explained they monitor the care needs of consumers to determine the number and mix of staff to deliver the care required. They described ways they ensure the workforce is maintained to provide safe and quality care.

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