Performance

Report

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| Name: | Warrigal Care Bundanoon |
| Commission ID: | 2205 |
| Address: | 20 Hill Street, BUNDANOON, New South Wales, 2578 |
| Activity type: | Site Audit |
| Activity date: | 12 February 2024 to 14 February 2024 |
| Performance report date: | 1 March 2024 |
| Service included in this assessment: | Provider: 468 Warrigal Care  Service: 697 Warrigal Care Bundanoon |

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 P. Wallner, 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.
* other information held by the Commission, in relation to the service.

# 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers felt they were treated with dignity and respect and staff understood their identity culture and diversity. Staff demonstrated knowledge of consumers’ diverse identities and needs, and said they felt empowered to speak up if they had any concerns about respect. Staff were observed interacting respectfully with consumers, including using their preferred names. The service had policies in place to guide staff in respecting consumers with diverse identities.

Consumers said staff were aware of their background and culture and delivered care that was culturally safe. Staff were aware of consumers’ cultural diversity, and described how this influenced their care delivery and work practices. Consumers’ care preferences and culture were documented, and the service had written policies and procedures to support staff in the provision of culturally safe care.

Consumers said they were supported to make decisions about their care, maintain their independence to the extent possible, and communicate their decisions. Staff described how they ensured consumers’ choices were respected, and how they supported them to maintain their independence and important relationships.

Consumers said they were supported to maintain their independence and live the best life they could, including making choices that involved risk. Staff explained how they identified, assessed and managed potential risks to consumers and supported their choices. Documentation showed there were policies, procedures and training in place to guide staff in applying the service’s dignity of risk principles.

Consumers and representatives, including consumers with sensory difficulties, confirmed they were kept up to date with clear and current information to make informed choices about their care and daily lives. Staff described various ways they provided consumers with information to make informed choices about their care and services. Up-to-date information was displayed around the service, and documentation review revealed a focus on ensuring all consumers received appropriate information.

Consumers said staff respected their privacy and they had no concerns around their privacy or personal information. Staff described how they ensured consumers’ privacy was respected and handled sensitive personal information securely. Staff were observed following the service’s privacy and confidentiality requirements.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives were satisfied with the assessment and care planning process and said consumers’ needs were met. Staff described the assessment and care planning process, including the consideration of risks to consumers’ health and wellbeing during the admission process. Care planning documents showed comprehensive assessment and care planning which identified the needs, goals, and preferences of each consumer.

Consumers and representatives confirmed they were involved in assessment and care planning which identified their current needs, goals and preferences, as well as their advance care plans and end of life wishes. Management and staff explained the initial and ongoing assessment of consumers identified their current needs, goals, and preferences as well as their advance care and end of life plans if the consumer wished. Care plans identified whether there was an advanced care directive in place.

Consumers and representatives described being involved in the assessment and care planning process on an ongoing basis. Management and staff described how the assessment and care planning process was completed in partnership with consumers, representative and other providers of care the consumer wanted involved. Care planning documents confirmed consumers and representatives were closely involved in the assessment and care planning process.

Consumers and representatives said staff explained issues related to the consumer’s health and care, and they were aware of what was in the consumer’s care plan. Staff described how they communicated with consumers and representatives about any changes to the consumer’s health and their care plan. Care planning documents were accessible to staff and offered to consumers and representatives.

Consumers and representatives confirmed consumers’ care plans were reviewed every 3 months or when there was a deterioration in condition, or an incident impacted on the needs, goals, and preferences of the consumer. Staff described the process for reviewing care plans regularly, or when there was a change in consumers’ condition, needs or preferences. Care plans showed evidence of regular 3-monthly reviews, and review when there was a deterioration or incidents occurred, such as falls.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said consumers received safe and effective personal and clinical care tailored to their needs. Care planning documents reflected individualised care that was safe, effective, and tailored to the specific needs and preferences of the consumer. Clinical staff demonstrated knowledge of individual consumer’s personal and clinical care needs, and explained how they ensured these were met. The service had policies, procedures, and clinical tools in place to support the delivery of best practice personal and clinical care.

Consumers and representatives expressed satisfaction with how the service identified and managed risks associated with health and well-being and tailored their care and services accordingly. Staff described the high impact and high prevalence risks to consumers at the service and how they managed these risks. The service had written processes guiding staff in the effective management of high impact and high prevalence risks to consumers.

Consumers and representatives confirmed the service had discussions with them in relation to advance care planning or end of life planning. Care plans contained advance care directives and end of life preferences. Staff described how they adjusted their care delivery to meet the needs and preferences of consumers nearing the end of life, and to preserve their dignity and maximise their comfort. The service had a documented procedure on palliative care and their approach to end-of-life care to guide staff practice.

Consumers and representatives expressed confidence in the service identifying and responding promptly to a deterioration or change in their condition. Staff described how they monitored consumers’ condition and were able to quickly identify and respond appropriately when there was a deterioration or change.

Consumers and representatives expressed satisfaction with the communication between staff at the service, and others involved in providing care and services. Staff described how information about consumers’ current needs and condition was shared effectively within the organisation, and with others involved in their care. Care planning documents were regularly updated to ensure staff had access to current information about consumers’ condition, needs and preferences.

Consumers and representatives said consumers had access to other relevant health professionals and referrals to these services were timely and appropriate. Staff described effective processes for referring consumers to other health providers, when necessary. Care plans confirmed the timely input of other health professionals such medical officers, allied health professionals, medical specialists and palliative care specialists.

Consumers and representatives expressed satisfaction with the infection prevention and control measures in place at the service. Staff described how they were trained and prepared in the event of an infectious outbreak, and how they implemented infection prevention and control practices and promoted antimicrobial stewardship. The service has documented policies and procedures to guide staff in preventing and controlling infections and promoting antimicrobial stewardship. Staff were observed to be following appropriate infection minimisation practices.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers said they received safe and effective services and supports for daily that optimised their independence, health, well-being and quality of life. Staff outlined how they provided services and supports for daily living that enabled consumers to maintain their independence and live the life they chose. Lifestyle staff described how they assessed consumers daily living needs and aligned the activities program with consumers preferences, goals and capabilities.

Consumers said their psychological, emotional and spiritual needs were supported, and they felt comfortable requesting support or choosing not to discuss certain matters. Staff described how they offered emotional support to consumers, and the referral process if consumers required further support. Staff described various religious and spiritual supports available to consumers.

Consumers said they were supported to maintain their important relationships, participate in the community both within and outside the service, and pursue their own interests. Staff described how they supported consumers to maintain key relationships, do things of interest, and participate in activities and events in their communities. Care planning documents detailed the lifestyle needs, goals and preferences of consumers and their important relationships.

Consumers and representatives said consumers’ needs and preferences for daily living were effectively communicated between staff, and others involved in meeting their needs. Staff described how they were regularly informed about changes to consumers’ lifestyle needs, goals and preferences.

Consumers confirmed the service supported them to access external service providers. Staff identified organisations the service currently partnered with, to provide additional services and supports to consumers. Care planning documents showed external organisations had provided support to consumers, and the activities calendar included activities run by external organisations.

Consumers were satisfied with the quality, quantity and variety of food provided, and confirmed it met their dietary needs and preferences. Kitchen staff were informed about each consumer’s dietary needs and preferences, and said they had systems to ensure each meal provided was appropriate for the consumer. Meal service appeared enjoyable and respectful with staff assisting, if needed. Consumers had provided feedback about the temperature of meals served.

Consumers stated the equipment was safe, clean, and suitable for their use. Staff described how they kept equipment clean, and reported maintenance requests to ensure equipment was kept safe and suitable for use. Equipment throughout the service appeared to be safe, 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service was welcoming, easy to navigate, and supported their independence and sense of belonging. Management and staff described features of the service that helped consumers feel at home, and made it easy for them to navigate, mobilise and socialise. Consumers’ rooms were personalised, and common areas were spacious, tidy and fit for purpose.

Consumers were satisfied with the cleanliness of the service and said they were comfortable requesting cleaning or maintenance. Consumers said they could move freely around the service, as they chose. Staff were observed assisting consumers to mobilise as required. Staff described how they reported any cleaning or maintenance issues and said they were responded to promptly. Cleaning and maintenance staff could describe how they ensured the service environment was kept clean, tidy and well maintained for consumers.

Consumers and representatives said the furniture, fittings and equipment were clean, well maintained, and they felt safe using them. Staff described the processes for reporting hazards and lodging maintenance requests, and the preventative and reactive maintenance procedures in place. The furniture, fittings and equipment appeared safe, clean and suitable for use.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives felt comfortable and supported to provide feedback, or make complaints, and could describe various ways they could do so. Staff and management described the different feedback and complaint options available, and how consumers, representatives and staff were encouraged to provide feedback. Information about feedback and complaint mechanisms was displayed around the service, and staff were observed encouraging consumer feedback.

Consumers and representatives were aware of advocacy services and described alternative ways they could make a complaint however, they said they felt comfortable raising any concerns with staff and management. Staff said while all consumers currently at the service spoke English, they could support consumers to access language and interpreter services, if needed. Brochures containing information about making a complaint and accessing advocacy and language services was available around the service.

Consumers and representatives confirmed the service took appropriate action in response to feedback and complaints, and described how staff used open disclosure when something went wrong. Staff described how complaints are lodged, the process for resolution, and the principles and use of open disclosure. Management and staff described the complaint lodgement and resolution process, including the use of open disclosure. The service had written policies to guide staff in understanding open disclosure and responding appropriately to feedback and complaints.

Consumers and representatives said the service took appropriate action in response to complaints and used them to improve the quality of care and services. Management and staff described how the service used complaints to identify opportunities for continuous improvement, which were acted upon. The service created an action on the Plan for Continuous Improvement in relation to feedback about the temperature of food. The service had a Continuous Improvement Policy and Procedure.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said there were adequate staff to meet the needs of consumers, and staff responded to call bells in a timely manner. Management explained how the number and mix of staff was planned to ensure each consumers received safe, effective and quality care. Management explained the process, and further actions the service is taking to ensure the most suitable staff are in place to meet the needs of consumers. Staff stated there were enough staff of the right skills mix to support the needs of consumers.

Consumers and representatives said staff were kind, caring and respectful, and they knew what was important to them. Management and staff described how they knew consumers’ background and identity and treated them with kindness and respect. Staff and management were observed treating consumers and representatives in a kind, respectful and friendly manner.

Consumers and representatives said staff were capable and had suitable knowledge and experience to perform their roles. Management explained how during recruitment and ongoing performance review they determined whether staff were competent and had the appropriate qualifications, knowledge and experience to perform their duties. Workforce documentation showed staff had the appropriate qualifications, knowledge and experience to perform their duties.

Consumers and representatives considered staff to be adequately trained and equipped to do their jobs and meet the needs and preferences of consumers. Management described the comprehensive induction and orientation program and ongoing training and support provided to staff. Staff confirmed they received adequate training and support to perform their assigned duties. Workforce and training records showed the workforce was recruited, trained, equipped and supported to deliver the outcomes required by the Aged Care Quality Standards.

Management explained various ways they assessed, monitored and reviewed staff performance such as through consumer feedback, supervision, observations, training sessions, staff meetings and performance appraisals. Management and staff described the annual performance appraisal process and records showed these were completed regularly.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said they could engage in the development, delivery and evaluation of care and services. Management described different avenues available to encourage consumer input into the service such as Resident and Relative meetings, feedback and complaints, care conferences and daily interactions with staff and management. Documentation confirmed consumers and representatives were supported to provide input into the operation of the service on an ongoing basis. Suggestion forms and boxes were displayed at the main reception area of the service.

Consumers and representatives said the organisational culture at the service was safe, inclusive, and professional. Management described how the organisation’s governing body (the Board) received regular reports and was accountable for the performance of the service and the quality of care and services. Organisational documents and the quality framework showed the Board promoted a culture of safe, inclusive, and quality care and services and was accountable for their delivery.

The organisation demonstrated effective documented governance systems in place relating to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. Key performance indicators and governance systems were monitored to ensure they were effective and that the Quality Standards were met.

The organisation demonstrated effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, preventing and responding to abuse and neglect, supporting consumers to live their best lives, and managing and preventing incidents. Management and staff could describe the processes for identifying and managing risks and were guided in risk management by documented policies, procedures and relevant training.

The service had a documented clinical governance framework in place which included policies, procedures, and staff training addressing antimicrobial stewardship, restrictive practices and open disclosure. Staff and management demonstrated an understanding of their role within the clinical governance framework, and their associated responsibilities.

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)