Performance

Report

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| Name of service: | Performance report date: |
| Warrigal Care Coniston | 30 June 2022 |
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| 2543 | Site audit |
| Approved provider: | Activity date: |
| Warrigal Care | 24 May 2022 to 26 May 2022 |

This Performance Report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Warrigal Care Coniston (**the service**) has been considered by Kimberley Reed, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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, 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
* the provider’s response to the assessment team’s report received 22 June 2022
* other information and intelligence 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 | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-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

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

* Assessments are required when a change to consumers’ care has been identified, including when consumers return from hospital.
* Staff practices need to support effective infection control processes including hand washing. Mandatory training relating to infection control must be completed.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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 were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and live the life they chose. Consumers reported staff knew what was important to them and felt their identity and culture was valued. Consumers confirmed their privacy was respected and staff treated them with dignity and respect. Consumers were able to make decisions about care and services and decide who was involved with decisions about their care.

Staff identified consumers’ preferences and interests and staff interactions with consumers were observed to be respectful and considerate.

Care plans included personalised information regarding consumer likes and dislikes, culture and religion, social interests and hobbies, life events, working life and important relationships.

Information provided to each consumer was current, accurate and timely, and communicated clearly, easy to understand and enabled consumers to exercise choice. The service has a range of documents available or provided to consumers such as a seasonal newsletter, activity calendar, menu and meeting minutes.

The Site audit report contained information relating to the service being unable to demonstrate consumers were supported to take risks as documentation had not been completed or escalated, when required. I have come to a different view, it is my opinion following the review of the Site audit report in conjunction with the Approved provider’s response that consumers were supported to take risks. The site audit report contained information relating to six consumers whereby dignity of risk documentation had not been completed. It is my opinion this is not sufficient evidence to support Non-compliance in Requirement 1 (3) (d). Each consumer had documentation identifying the risk with strategies in place to manage the risk. There was no evidence to support harm had come to the consumers due to a dignity of risk assessment form having not been completed. Since the Site audit, the Approved provider has made improvements to the processes to support consumers to take risks and the identification of those risks, this information supported my decision of Compliance in Requirement 1 (3) (d). It is my decision, consumers were supported to exercise their choice in conjunction with their preferences and the staff at the service had strategies in place to support that risk. It is my decision all Requirements in Standard 1 are compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | Non-compliant |
| 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. | Non-compliant |

## Findings

Consumers considered they felt like partners in the ongoing assessment and planning of their care and services. Consumers and representatives confirmed they are consulted in relation to consumers’ care needs and are satisfied with this process. Consumers and representatives confirmed they had been informed about the outcomes of consumers’ assessment and planning, and they had the opportunity to make choices regarding consumers’ advanced care wishes.

Assessment and planning processed were based on ongoing partnership with consumers and or others the consumer wished to be involved and the service facilitated the involvement of medical and allied health practitioners on a regular and as need basis.

Care plans were accessible, the process for making them readily available to consumers and their representatives involved them asking for access. Consumers had care plans that addresses advance care and end of life preferences if that was the consumers’ choice, respect was shown to those who did not wish to discuss this information with the service.

Care and services were not reviewed for two consumers who returned to the service from hospital. Skin assessments were not completed when the consumers returned to the service despite both consumers experiencing changes to their skin integrity. The Approved provider has acknowledged this deficit in its written response and changes have been made to documentation required for completion on the return of consumers from hospital and policies and procedures are being updated to guide staff practice. While there is no evidence to support consumers did not receive safe and effective care, it is my decision at the time of the Site audit assessment processes were not effective for two consumers. It will take time for the service to implement and evaluate the changed or revised process relating to reassessment, therefore, it is my decision Requirement 2 3) e) is Non-compliant.

# Standard 3

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| Personal care and clinical care | | Non-compliant |
| 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. | Non-compliant |

## Findings

Consumers received personal care and clinical care that is safe and right for them. Consumers and representatives confirmed consumers receive the care they need including personal hygiene, meals, medication, wound and skin care, management of pain, mobility and assistance with continence care needs. Consumers and representatives confirmed consumers had access to a doctor or other health professional when required.

The service had policies and procedures to guide staff practice in providing clinical and personal care that was tailored to the needs and preferences of consumers. There was a system to identify high impact or high prevalence risks associated with each consumer’s care.

Staff had access to relevant clinical information, and they were able to share this information with allied and medical health specialists. Referrals occurred and consumers with changing conditions or deterioration were recognised and responded to in a timely manner.

The Site audit report contained information relating to documentation deficits to monitor the effectiveness of wound care and the service’s wound management policy did not provide sufficient guidance for staff as frequency of photographs were not included. There is no evidence to support wound care was not provided appropriately or that wounds were not healing at the service. The Site audit report included information relating to prolonged times between wound care, but this information was unable to be verified as the wound care frequency for three named consumers was not provided. The Approved provider in its response has confirmed the inconsistencies in documentation and measurements did not impact on consumers’ wound management outcomes. The service is reviewing its policies and procedures in relation to skin integrity which also include a guide for wound photography.

Further information was contained in the Site audit report relating to documentation deficits in relation to restraint management. The Site audit report contained information ten consumers had documents missing signatures or timely review. The Approved provider in its response has disputed this information and provided information all restrictive practice assessments, conferences and consent forms are attended on the electronic clinical information system, and signed copies are uploaded into this system. The paper-based forms referred to in the Site audit report have since been removed as the service does not rely on the folder of paper-based forms. I am not convinced the deficits in documentation demonstrates excessive or non-necessary mechanical restraint usage. It is my decision consumers received safe and effective care and therefore, it is my decision Requirement 3 (3) (a) is Compliant.

The Site audit report contains information relating to poor staff practices relating to hand hygiene which has the potential to put the safety of consumers at risk. The Approved provider in its response stated two staff members had commenced at the service during the audit and were in the process of refining their infection control practices. It is my opinion this does not diminish to risk to consumers and it is my opinion staff should not be providing care to consumers without sound knowledge and practice relating to infection control. The Site audit report provided evidence not all staff were current with mandatory training relating to hand hygiene and infection control. The Approved provider in its response stated the staff who were overdue for training were overdue for a six-week period, this has not influenced my decision of Non-compliance in Requirement 3 (3) g) as it is my opinion given the current COVID 19 pandemic hand hygiene and infection control training staff should be prioritised. Two spot check audit results were submitted as part of the Approved provider’s response; however, the results of these audits have not influenced my decision as I am unable to determine the number of staff assessed during the spot checks. All staff currently working at the service have now completed their training, however, my decision is that Requirement 3 (3) (g) is Non-compliant due to observed staff practices that put the health and safety of consumers at risk.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 received the services and supports for daily living that were important for their health and well-being and that enabled them to do the things they want to do. Consumers were supported to participate in the activities that were of interest to them to enhance their daily living. The services and supports provided enabled consumers to optimise their independence, health, well-being and quality of life.

Consumers and representatives were satisfied in the way consumers were supported with their emotional, spiritual and psychologically needs. by the service. Care plans reflected consumers’ individual emotional, spiritual and psychological requirements, staff were aware of and gave examples or ways they supported consumers to feel emotionally safe.

Consumers confirmed they were able to have social and personal relationships and able to continue to do things that were of interest to them. Staff members demonstrated examples of consumers that keep in touch with people that were important to them.

The service kept representatives informed about consumers’ conditions. Representatives confirmed they are kept updated from the service when there is a change in the consumer. Care documents were updated with progress notes of changes with the consumer.

Consumers were generally satisfied with the meals provided. They confirmed they were given choice, there is variety on the menu, special dietary needs and preferences are catered for, and they were given enough to eat. Care planning documents detailed consumers’ food likes and dislikes, any allergies or special needs such a modified meal through texture or fortification.

Consumers confirmed they had the equipment they needed, and staff confirmed they had sufficient and appropriate equipment to provide for the care and lifestyle needs of consumers. Equipment was observed to be safe, clean and well maintained.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 felt they belonged in the service and felt safe and comfortable in the service environment. The service environment was welcoming and ensured each consumer has a sense of belonging. Consumers were observed to move around freely, to use the outside area and indoor areas. There were separate areas for consumers and visitors to able to enjoy sitting inside or outside.

Consumers felt the service was kept cleaned and well maintained. Consumers with limited mobility were able to move around the service by utilising the onsite lift, hand rails and call for assistance using their call bells in their room, bathrooms and other communal areas. Cleaning staff had a cleaning schedule indicating what is to be cleaned each day. Staff members and contractors were aware of the process to follow when a maintenance requirement or issue was identified.

The service had well maintained, clean safe furniture, fittings and equipment, there was evidence that the preventative maintenance schedule was being followed and care was taken to have no damaged furniture of fittings that would cause harm to the consumers. Outdoor furniture and indoor furniture were well maintained and safe for consumers and visitors to use.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 were encouraged and supported to give feedback and make complaints, and appropriate action was taken in response. Consumers stated although they were generally happy with care and services, they could make complaints and felt safe to do so.

Staff described how they supported consumers and representatives to provide feedback through a variety of mechanisms such as verbal, feedback forms or consumer meetings. The service had a feedback and complaints management policy available to all staff detailing the complaints handling process and provided information regarding the steps involved for staff when dealing with complaints. The service monitored complaints and feedback and how these may contribute to improvements of the environment and delivery of care and services for consumers.

Consumers were aware of the various methods to raise feedback or complaints and were provided access to internal and external complaint mechanisms. Staff supported consumers to access advocates or language services and demonstrated how they assisted consumers with communication difficulties to raise concerns or provide feedback. To support diverse and vulnerable consumers to provide feedback and make complaints the service ensured they kept in close contact with representatives or other relevant advocates.

Consumers and representatives confirmed if they raised issues staff responded to their concerns immediately and provided them with an apology if required. Staff had knowledge of what open disclosure involves and understood the importance of following this when things go wrong. To ensure complaints were followed up and appropriate action was taken, all feedback is logged on the electronic register. The organisation had key performance indicators for response and action to feedback and this was monitored at the corporate level.

Feedback and complaints were reviewed and monitored regularly to ensure concerns were actioned and tabled at a range of forums including staff and clinical meetings and management reports. Management monitored suggestions and complaints, and systemic improvements were included in the Continuous improvement plan to improve the quality of care and services across the service.

**Standard 7**

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| Human resources | | Compliant |
| 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

Consumers received quality care and services when required from people who are knowledgeable, capable and caring. Consumers and representatives stated staff were kind, caring, and gentle when providing care. Positive feedback was received from consumers regarding staff members knowledge and competency to effectively perform their roles.

The service had systems to manage the employment and rostering of staff including replacement of vacant shifts and ensuring a mix of staff to the various areas of the service, this was reflected in the feedback from consumers and representatives.

Staff are trained and equipped to provide safe and quality care and services and there were processes for the ongoing assessment, monitoring and review of the performance of all staff.

The Site audit report contained information the workforce was not adequately trained as staff had not completed their mandatory training in relation to hand hygiene or infection control. I have considered this information alongside the Approved Provider’s response and have deemed this information is more relevant to Requirement 3 (3) (g). There is further information in the Site audit report regarding the effectiveness of training for staff relating to consumers being supported to undertake risks. I have considered this information when making the Compliance decision for Requirement 1 (3) (d) and I do not believe that information carries any weight to Requirement 7 (3) (d). It is my decision all Requirements in Standard 7 are compliant.

**Standard 8**

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| Organisational governance | | Compliant |
| 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 considered the service was well run and that they could partner in improving the delivery of care and services. Consumers were satisfied with the care and services they received at the service and were confident their preferences and wishes were considered to provide them with safe and effective care.

Consumers described a variety of ways in which they were encouraged and supported to participate in the development, delivery and evaluation of care and services including meetings, feedback and complaint mechanisms, surveys, one-to-one meetings with management and individual planning and assessment.

The organisation had effective governance systems to support the safe delivery of quality care for consumers. The organisation implemented risk management systems and practices to ensure high-impact and high prevalence risks and the abuse and neglect of consumers are responded to and safely managed to ensure consumers are supported to live the best life they can.

There was a clinical governance framework that encapsulated, open disclosure, minimising the use of restraint and antimicrobial stewardship.

The Site audit report contained information the service was unable to manage high impact and high prevalence risks, in Requirement 8 (3) (d), this information is in contrast to the information recorded in Requirement 3 (3) (b) which recommended the service was effectively managing high impact and high prevalence risk, therefore I have not considered this information in relation to Compliance in Requirement 8 (3) (d).

Further information is recorded in the Site audit report regarding the service’s inability to support consumers to live their best life. I have considered this information when making the Compliance decision for Requirement 1 (3) (d) and did not support this evidence led to Non-compliance in that Requirement. It is also my decision this information is contradictory to other evidence brought forward in the Site Audit report. Therefore, I am not considering that information in Requirement 8 (3) (d). It is my decision all Requirements in Standard 8 are Compliant.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)