Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Warrigal Care Goulburn |
| Service address: | 7 St Aubyn Road GOULBURN NSW 2580 |
| Commission ID: | 2382 |
| Approved provider: | Warrigal Care |
| Activity type: | Site Audit |
| Activity date: | 27 February 2023 to 1 March 2023 |
| Performance report date: | 26 April 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 Goulburn (**the service**) has been prepared by E Blance, 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; 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 and intelligence held by the Commission in relation to the service.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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

I find this Standard compliant.

Consumers said they were treated with dignity and respect, staff were kind and caring, and understood their identity, culture and diversity. Staff were observed treating consumers respectfully, and knew consumers backgrounds and preferences. The approved provider’s ‘dignity for older persons’ policy which guided members of the workforce.

Care planning documents reflected consumers’ background and culture, and included cultural practices each consumer wished to maintain. The service respected consumers’ culture through celebrating days of cultural significance and hosting monthly food and music events associated with consumers’ culture.

Consumers were supported to exercise choice and independence regarding how their care and services were delivered, and to maintain connections and relationships. Staff described ways they supported consumers to exercise choice on a day-to-day basis, such as consumers preferences for staff not to assist with activities of daily living.

Consumers were supported to take risks which enabled them to live their best lives. Staff described consumers who wish to partake in risks, and how they explained benefits and harms and seek solutions to reduce risk while supporting consumers’ preferences.

Consumers said they have the information they need to make informed choices, including what they want to eat and activities they wish to attend. Menus, activity calendars and notices were displayed throughout the service.

Consumers’ privacy was respected, and their personal information kept confidential. Staff were guided by the approved provider’s privacy policy and procedure which included protocols to protect consumers’ privacy, such as locked unattended staff rooms, password protection of computers and knocking on doors prior to entering the consumers’ room.

I have placed weight on the information as assessed within the Site Audit report and also considered relevant information under other Requirements in coming to a decision of compliance.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

I find this Standard compliant.

Consumers and representatives were satisfied with the care and services provided. Staff described the assessment and care planning process, and how it informed delivery of care and services. Care planning documents evidenced a comprehensive assessment and care planning processes to identify needs, goals and preferences. Staff had a shared understanding of the assessment and planning processes, including the consideration of individual risks for consumers. Advance care and end-of-life planning were included and updated as the consumer’s care needs changed.

Care planning documents evidenced the involvement of consumers, representatives and other health professionals in the assessment and planning process. Staff described how they partnered with consumers and representatives in the assessment and planning process. This was reflective of consumer and representative feedback.

Consumers and representatives said staff explained information about care and services, they could access a copy of the consumer's care and service plan when they wanted to and knew how to do so. Care planning documents were reviewed 3-monthly, or earlier if any changes to a consumer’s condition was recognised or any incidents occurred.

I have placed weight on the information as assessed within the Site Audit report and also considered relevant information under other Requirements in coming to a decision of compliance.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

I find this Standard compliant.

Consumers considered they received safe and effective care that was tailored to their needs and optimised their health and well-being, which was reflected in care planning documents. Staff were guided by policies and procedures to direct care that was best practice. Restrictive practices were managed in line with legislative requirements. Skin integrity and pain management care were effectively delivered.

Consumers and representatives said they were satisfied high impact or high prevalence risks were effectively managed. Care planning documents reflected risks associated with clinical and personal care had been identified and were effectively managed, and risk mitigation strategies were in place.

Care planning documents for consumers who were nearing end-of-life showed their needs, goals and preferences were recognised, and their comfort maximised. Representative feedback from a consumer who passed said the service was very respectful and supportive of the family on their visits, and staff always spoke with a calming and pleasant voice. Staff described the way care delivery changes for consumers nearing end-of-life.

Staff said they recognised and responded to deterioration or changes in consumers’ conditions and reported or escalated these as relevant. Care planning documents supported deterioration was identified and strategies were applied if relevant to improve consumers’ conditions. This corroborated with consumer and representative feedback.

Progress notes, care and service plans, and handover reports provided adequate information to support effective and safe sharing of consumers' information to support care. Staff described how information and up-to-date conditions, needs, and preferences were documented in the approved provider’s electronic care management system (ECMS). Consumers and representatives said there is continuity of care and services, and they are well informed about the condition, needs, and preferences of care.

The service had a network of approved individuals, organisations and providers they referred consumers to. Care planning documents reflected referrals to other health professionals were timely and staff understood the process to refer matters to other providers. Consumers confirmed referrals were made in a timely manner.

Consumers and representatives were satisfied with the service’s management of COVID-19 and the minimisation of infection-related risks. The service had two Infection Prevention Control (IPC) leads, and members of the workforce understood the precautions required to prevent and control infection, including treating all consumers with the COVID-19 anti-viral received through the Commonwealth Department of Health. The service had a staff and consumer vaccination program, and records were maintained for influenza and COVID-19.

I have placed weight on the information as assessed within the Site Audit report and also considered relevant information under other Requirements in coming to a decision of compliance.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

I find this Standard compliant.

Consumers and representatives confirmed they received safe and effective services and supports for daily living that met their needs, goals and preferences. The Site audit report raised, historical and current complaints identified there was not enough activities held on the weekends for consumers in the Memory Support Unit (MSU). Although the service employed a lifestyle worker for the MSU, no activities were scheduled on weekends. Management undertook immediate action to address the activities schedule for the weekends. Care planning documents include information about what is important to consumers, and the support needed to help them do the things they wanted to do.

Consumers stated their emotional, spiritual and psychological needs were supported and care planning documents included strategies to meet these needs such as, increased video calls with the consumer’s family during COVID-19 lockdowns and attending faith based activities. Staff understood the importance of culturally tailored, emotional, psychological and spiritual support for consumers and services provided were meaningful to consumers.

Consumers were supported to participate within and outside the service environment, keep in touch with people important to them, and do things of interest including going to the café, playing bowls and visiting family. Consumers were observed moving freely around the service, taking part in a variety of activities, having visitors in their rooms, and returning from external activities.

Consumers considered information was adequately communicated between staff. Staff described how communication of consumers’ dietary and daily living needs and preferences occurs via care planning documents and shift handover.

Regular, timely and appropriate referrals were made to other individuals, organisations, and providers of care where required. Care planning documents showed the service collaborated with external services to support the needs of consumers, including the local pet therapist who visited the service fortnightly.

Overall consumers were satisfied with the variety, quality, and quantity of food. The service had made several changes regarding food and catering following feedback to improve the dining experience including the purchase of extra equipment to maintain meal temperatures.

Consumers said, consistent with observation, equipment which supported consumers to engage in lifestyle activities was suitable, clean and well maintained. Staff described the process for reporting faulty equipment.

I have placed weight on the information as assessed within the Site Audit report and also considered relevant information under other Requirements in coming to a decision of compliance.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

I find this Standard compliant.

The service environment was observed to be welcoming and safe, with handrails available to optimise independent mobility, and spacious corridors for wheelchairs and motorised scooters. Staff described how they support consumers to personalise their rooms with furniture and photos to promote a sense of belonging and independence. Consumers said they feel welcomed and at home at the service. Consumers in the MSU are able to access the garden areas attached to their unit. Consumers were observed moving freely between their rooms into the communal lounge/dining areas for meals and to socialise. There are 6 wings with a mix of single or double rooms all with an ensuite at the service. Each wing has a kitchenette attached to the large communal dining/lounge area.

All areas of the service were observed to be safe, clean, well serviced, and maintained. Consumers were satisfied with cleanliness of their rooms and common areas. Regularly scheduled maintenance occurs. Laundry staff said they provide an ironing service to consumers when required, and fresh towels every day.

Furniture, fittings and equipment were observed to be in good condition. Consumers said they have no concerns in relation to maintenance of the equipment, and feel safe living at the service. Maintenance staff said the call bell system was checked monthly including in consumers’ rooms and public areas, as well as specialised nursing chairs, mobility chairs, room temperatures and beds. Documentation reviewed demonstrated testing and maintenance was conducted, and issues addressed in a timely manner.

I have placed weight on the information as assessed within the Site Audit report and also considered relevant information under other Requirements in coming to a decision of compliance.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

I find this Standard compliant.

Most consumers and representatives said they were actively encouraged to make complaints and provide feedback. Review of documentation evidenced previous complaints largely related to the provision of care and services under the previous management. Upon appointment, the new management team undertook immediate review of the complaints in consultation with relevant consumers and representatives to address the issues raised, and provided an action pathway to resolve the outstanding complaints to their satisfaction. Site Audit report raised, 2 consumer representatives expressed dissatisfaction with the provision of care and services. Management undertook open disclosure consultation with the representatives to resolve their raised feedback.

Consumers said they were comfortable raising concerns within the service and were aware of advocacy services if needed. Although at the time of the Site Audit there were no consumers who required interpreter services, staff knew how to engage them if needed. Observations showed brochures for advocacy services available in the service.

Consumers and representatives said previously the service did not always respond to complaints in a timely manner, and did not use an open disclosure process and were not transparent. However, since commencement of new management, appropriate actions and responses have been implemented. Staff and management described the process followed when feedback or a complaint was received and knew the underlying principles of open disclosure. Review of training records identified members of the workforce were trained in open disclosure.

Consumer and staff feedback demonstrated the approved provider had a system for receiving and actioning feedback and complaints and used them to inform continuous improvement. Site Audit report raised identified examples of service-level improvements made in response to consumer complaints and feedback, such as implementing a guard of honour for consumers who had passed away at the service.

I have placed weight on the information as assessed within the Site Audit report and also considered relevant information under other Requirements in coming to a decision of compliance.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

I find this Standard compliant.

The service’s workforce was planned and the number and mix of personnel deployed was sufficient to support delivery and management of safe and quality care and services. Staff said during COVID-19 it was difficult at times however, staffing levels had improved. Consumers and representatives said staff were busy at times, however they had noticed a marked improvement in the numbers of staff, and improvements in the delivery of care and services.

Consumers and representative’s said staff were kind, caring and respectful with delivery of care and services. The Site Audit report identified a consumer representative felt although staff were efficient, they did not always explain or reassure consumers living with dementia when delivering care. Management, responded to this information by holding a case conference with the consumer and representative, and conduct training regarding communication with consumers when providing care. Policies and training for caring, dignity, and respect for consumer’s was available to guide staff practice, as well as ‘Code of Conduct’ training which is a mandatory module for all staff. Staff were observed interacting with consumers in a caring manner, engaging them in activities, sharing laughter and conversation with them and respectfully assisting them with meals and personal care.

Consumers said they feel the workforce is competent and have the qualifications and knowledge to effectively perform their roles. Position descriptions set out the expectations for each role and recruitment processes include verification of minimum qualification and registration requirements. Staff expressed satisfaction with the support that other staff and management provide to them.

The approved provider had systems and processes to ensure staff were recruited, trained, and supported to deliver care and services. Staff confirmed they received training and support to provide the care and services consumers required. Consumers and representatives felt staff were well trained to deliver the care and support they required.

Several completed appraisals demonstrated appraisals include discussion between staff and management including outcomes and planning for individuals’ future goals and performance indicators. The timetable for appraisals was delayed however management had a plan in place to complete all staff appraisals by June 2023.

I have placed weight on the information as assessed within the Site Audit report and also considered relevant information under other Requirements in coming to a decision of compliance.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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

I find this Standard compliant.

The service was engaging consumers through a variety of mechanisms such as consumer and representative meetings, food focus committees and regular surveys. The continuous improvement plan evidenced consumers were consulted regarding decisions to changes in care and service delivery. Consumers confirmed they are involved in the evaluation of their care and services.

Management confirmed the governing body promoted a culture of quality, safety, and inclusion, and described how the board satisfied itself the Quality Standards were met through analysis of internal audit results and monitoring of clinical indicators, consumer and workforce feedback. Monthly reports are brought to the attention of the Executive Leader on all aspects of the service including clinical, operational and administrative matters. Data provided is analysed and collated and presented to the board monthly. The Board approved extra management staff at the service to ensure effective and responsive clinical and operational oversight.

The approved provider had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The approved provider has effective electronic management systems to support staff and others involved in providing care. The continuous improvement plan is centred on the Aged Care Quality Standards and references individual standards and associated requirements for each item documented. The Board has a Business Risk and Audit Committee which meets monthly and oversees business risk and financial functions including annual financial and prudential audits and quarterly reporting. A ‘People and Culture’ unit oversees all workplace issues including workforce governance and ensures that all positions have clear responsibilities and accountabilities as assigned either by the Board or executive management and are documented in position descriptions. All new and changed regulations and legislation are interpreted and disseminated across the organisation by various means to relevant managers accompanied by summaries of the regulatory changes, links to the full information and where there are changes to care and practice methodologies processes to follow are also included. The approved provider has a complaints and feedback policy and the service has a register of complaints and feedback correlated to the Quality Standards.

The organisation had an effective risk management system to monitor and assess high impact or high prevalence risks associated with the care of consumers. The approved provider has a policy and procedure to support consumers’ dignity of risk and staff had been trained in their obligations to identify and respond to abuse and neglect, under the Serious Incident Reporting Scheme.

The approved provider has a documented clinical governance framework, which included policies and guidelines relating to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff described processes in relation to minimising the use of restrictive practices, antimicrobial stewardship and providing open disclosure to consumers and representatives when things went wrong.

I have placed weight on the information as assessed within the Site Audit report and also considered relevant information under other Requirements in coming to a decision of compliance.

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