Performance

Report

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| Name: | Warrigal Mount Terry |
| Commission ID: | 0769 |
| Address: | 95 Daintree Drive, ALBION PARK, New South Wales, 2527 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 16 May 2024 |
| Performance report date: | 24 June 2024 |
| Service included in this assessment: | Provider: 468 Warrigal Care  Service: 5709 Warrigal Mount Terry |

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 Mount Terry (**the service**) has been prepared by Therese Solomon, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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

The service demonstrates that care and services are reviewed regularly for effectiveness, and when circumstances change, or incidents impact the needs, goals, or preferences of the consumer. Consumers and/or representatives provided positive feedback regarding consumer care and stated they are informed when changes in condition occur.

The service has a process in place to ensure care and services are reviewed and evaluated regularly, or when consumer care needs change. The Assessment Team reviewed care and service documentation for which showed evidence of adjustments made to care planning following incidents, hospital admissions, or changes in consumer health and wellbeing, care needs or preferences. Staff demonstrated an understanding of the process for care plan review and what assessments are required for re-evaluation, and which aspects of care need to be discussed as part of the care plan review. A schedule and allocations for care plan reviews are available at the nursing stations.

Assessment and care planning processes include a regular three-monthly review of the care plan, and an annual case conference to ensure care plans are evaluated and up to date. Review of care planning documents identified regular reviews are undertaken and care plans are updated when changes occur. A review of care is also organised following an incident, hospitalisation and/ or change in a consumer's condition The regular clinical risk meetings, and incident reports enables ongoing review and discussion of interventions and outcomes for consumers.

The management team routinely discusses any consumers of concern, incidents, and interventions with the clinical and multidisciplinary team, and provide further advice, and insight into any current interventions and strategies that may be helpful. Consumers captured in the risk register, reviewed care plans and clinical documents evidenced that assessment and planning were responsive to changes and incidents.

Incidents are investigated and closed by the deputy service manager. The incident review includes ensuring all assessments and referrals are completed, and where an in-depth review may be beneficial this is discussed at the daily clinical meetings or directly with the service manager for further follow up.

The service manager stated the organisation has an incident management team which audits incidents and their management, and any Serious Incident Response Scheme incident is escalated to this team immediately for oversight and internal investigation. Root cause analyses is completed by the team and results shared among service managers for their insight and learning. The education calendar demonstrated how the organisation uses incidents to inform staff training and education.

Based on the information provided by the Assessment Team, Requirement 2(3)(e) is found compliant.

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