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: | 29 November 2023 to 30 November 2023 |
| Performance report date: | 19 January 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.
* the provider’s response to the assessment team’s report received 22 December 2024.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not Applicable |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Not Applicable** |
| **Standard 7** Human resources | **Not Applicable** |
| **Standard 8** Organisational governance | **Not Applicable** |

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.

Requirement 3(3)(b)

* Ensure the effective management of high impact or high prevalence risk associated with the care of each consumer, specifically in relation to weight management and behaviour management.
* Ensure all staff consistently adhere to organisational policies and procedures in relation to management of high impact high prevalence risks, specifically in relation to weight management and behaviour management.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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 |

Findings

The Assessment team identified that some consumer assessments and care plans do not reflect their current needs, goals, and preferences specially related to weight management, wound management, restrictive practices, and nutrition and hydration. Care plans contained outdated or obsolete information and did not have the most current directives recorded.

Advanced care directives are in place for consumers, and consumers identified as needing palliative care has an end-of-life care plan. Consumers and/or representatives confirmed end-of-life care discussions had taken place.

Service management were responsive to the Assessment Team’s findings and developed and commenced an action plan to address the identified concerns.

The Approved Provider responded with additional documentation and actions taken to address the identified non-compliance.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 2(3)(b) is found Compliant.

# 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. | Not 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 |

Findings

Requirement 3(3)(a) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Consumers and/or representatives provided positive feedback about the care of consumers. Safe and effective personal and clinical care was not evident in some areas for some consumers, however the service demonstrated overall that consumer care has been best practice, tailored to individual needs and has optimised consumer health and well-being.

Consumers and/or representatives provided positive feedback about the care of consumers, however risks associated with the care of consumers have not consistently been managed effectively. The service did not consistently demonstrate the effective management of high-impact or high-prevalence risks associated with the care of each consumer, specifically related to weight management, and behaviour management.

The service maintains a consumer high-risk register, identifies the top ten consumers with high-risks associated with their care and alerts staff to this, and has regular meetings where consumers with high-risks and management strategies are discussed. Review of documentation, interviews with staff and management, observations made and interviews with consumers and representatives shows risks associated with the care of consumers have not consistently been managed effectively.

The Approved Provider responded with additional documentation and actions taken to address the identified non-compliance.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 3(3)(b) is found Non-compliant.

Requirement 3(3)(e) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service demonstrated there are processes in place to enable effective sharing and transfer of information regarding consumers including where care is shared. The service has an electronic care planning system in place which is accessible to clinical and care staff, health, and allied health professionals. Communication with health professionals may be face to face, by telephone or email. There is also an enrolled nurse who is the clinical support coordinator and facilitate doctor rounds.

The Assessment Team observed the shift handover for the incoming afternoon staff, and found it was thorough with each consumer reviewed, staff updated and discussion occurring regarding key information. Care staff stated they find the handovers helpful as they provide information about any changes in the condition of consumers and required actions. The morning management team meeting was also observed, where high-risk consumers, overnight changes and incidents are reviewed and discussed, and follow-up actions are determined and delegated.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

The Assessment Team found that consumers and/or representatives were satisfied with the food and meal service they receive. Management advised the main trend in complaints related to meals is about the variety, quality, and quantity of meals. Actions to address consumer concerns and were observed during the Assessment Contact.

Feedback from most consumers and/or representatives about the meals was positive, reporting they get enough to eat and enjoy the meals. The service has rotating seasonal menus which offer choice and a range of meal options. Catering personnel attend the monthly resident/relative meetings where food is discussed as a standing agenda item. Changes have been and are being made in response to consumer feedback.

Catering personnel explained they are emailed updated information when a consumer’s dietary needs or preferences change. Catering personnel advised they put information into the electronic system, and it maps the changed requirements against the menu and will highlight when a different meal is required.

Based on the information provided by the Assessment Team Requirement 4(3)(f) is found compliant.

# Standard 7

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| Human resources | |  |
| 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 |

Findings

Requirement 7(3)(c) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Consumers and/or representatives stated staff know what they are doing and that consumers feel confident and safe in their care. Consumers stated they can ask staff questions about their care or raise concerns. Staff reported they feel supported and said they have regular training. Staff were able to outline an example of a Serious Incident Response Scheme incident, and what constitutes elder abuse and how they would respond. Staff also demonstrated an understanding of what duties are in and out of scope relevant to their role.

Management discussed the systems in place to ensure members of the workforce are qualified and have the knowledge required to effectively perform their roles. A skills matrix has been developed outlining the skill sets required across the service and the roles undertaken by staff. The matrix identifies if a skill requires competency and training, if it is a professional expectation, and whether it is in or out of scope for each role. The matrix is used to inform recruitment and ongoing development of the workforce. The Assessment Team reviewed staff personnel files and training records, which showed staff have relevant qualifications and skill sets.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The organisation has policies and procedures in place which give management and staff guidance in relation to their related responsibilities. Effective risk management systems and practices were demonstrated for identifying and responding to abuse and neglect, supporting consumers to live their best life, and using an incident management system. However, areas for development were identified in relation to managing high-impact and high-prevalence risks associated with the care of consumers.

There are policies and procedures in place related to high-impact and high-prevalence risks associated with the care of consumers; Serious Incident Response Scheme with guidance about consumer abuse and neglect; and about incident management and prevention. There is a range of policies and procedures related to supporting consumers to live their best life, such as choice, independence, and dignity of risk. These include clear accountabilities and responsibilities and outline how oversight of service performance is to be monitored and reviewed in these areas. Management and staff demonstrated knowledge of their responsibilities, and accountability was evident through reports to and/or minutes of organisational-level and board committees.

The organisation has risk management systems and practices in place, including service-level analysis, reviews undertaken by the organisation’s central quality and compliance team, reporting on risks relevant to each service, and organisational work stream through to the governing body. At the service the clinical management team monitor the risk management system through daily review, ongoing monitoring, collection and analysis of clinical data and audits identifying opportunities for improvement. At an organisational level oversight is provided through a process of audits, reporting and escalation.

While there is high-risk and high-prevalence policy and procedure, this has not consistently informed staff practice in some domains of care. Effective oversight of some high-risk and high-prevalence risks associated with the care of consumers has not been demonstrated.

The Approved Provider responded with additional documentation and actions taken to address the identified non-compliance.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 8(3)(d) 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)