Performance

Report

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| Name: | Water Gardens |
| Commission ID: | 3961 |
| Address: | 352 Sydenham Road, SYDENHAM, Victoria, 3037 |
| Activity type: | Site Audit |
| Activity date: | 28 February 2024 to 1 March 2024 |
| Performance report date: | 25 March 2024 |
| Service included in this assessment: | Provider: 2667 Heritage Care Pty Ltd  Service: 7465 Water Gardens |

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 Water Gardens (**the service**) has been prepared by Katherine Richards, 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 consumers, representatives, staff, management, and others.

The Approved Provider submitted an email on 20 March 2024 stating they would not be responding to the Site Audit report.

# 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.

Staff were familiar with consumers’ circumstances, backgrounds, and culture, as identified within care planning documentation, and spoke of and with consumers in a respectful manner. Consumers and representatives said staff were respectful, treated them with dignity, and understood their individual preferences. The Diversity and inclusion policy identified how diversity was valued and care was to be delivered in a manner respectful of consumers’ needs and preferences.

Consumers and representatives said staff understood and acknowledged their culture and supported their cultural customs and celebrations. Staff demonstrated awareness of consumers’ cultural needs and explained how this influenced delivery care and communication. Care planning documentation outlined cultural needs and supports, including care and dietary needs.

Consumers said they were encouraged to maintain their independence, decisions were respected, and relationships supported. Care planning documentation identified consumer choices and preferences, and recorded relationships of importance along with people involved in their care. Staff explained how they encouraged friendships between consumers, supported visitors, offered choices, and respected decisions.

Staff explained how each consumer was supported to understand the benefits and possible harm when they made decisions around taking risks, outlining the assessment process and how this may involve Allied health assessment and consent processes. Consumers said they were supported to take informed risks to live the life they chose. The Dignity of risk policy outlined processes to support and manage consumer decision making and risk taking.

Consumers described sufficiency of information to inform choices on meals, activities, and what was happening at the service and staff communicate in a manner to meet their needs. Staff explained verbal and written communication provided, with aids available to assist consumers who had language or communication barriers. Information on meals, activities, advocacy groups and translation services were displayed on notice boards.

Consumers and representatives stated personal privacy was respected and consumer information kept confidential. Staff explained actions taken to maintain privacy during personal care and ensured care needs were discussed in private. Confidential information was stored in password protected devices, and nurses’ stations were locked when not attended.

# 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.

Staff described assessment and planning processes undertaken upon consumer entry, outlining how outcomes were used to identify and manage risk. Care planning documentation demonstrated assessment and planning processes were used to inform tailored strategies relevant to the needs of the consumer. Policies and procedures guided assessment and planning processes.

Care planning documentation captured consumers’ needs, goals, and preferences, recording advance care directives and end-of-life wishes as appropriate. Staff explained how they approached end-of-life planning, encouraging consideration of advance care planning from time of entry and revisiting the topic during regular reviews.

Consumers and representatives described involvement in assessment and planning processes and were aware of other health providers involved. Staff explained how they partnered with consumers, representatives, and other providers of care and services to develop and review delivery of care. Care planning documentation demonstrated input of consumers, representatives, and other providers.

Consumers and representatives said staff explain consumer care and contents of the care and services plan, with a documented copy made available. Staff described regular communication of care and services, including changes, with consumers and/or authorised representatives, ensuring a documented copy is offered. Care planning documents were observed to be readily available to staff to inform care.

Staff explained how care and services were regularly reviewed, including following incident or change in consumer condition. Consumers and representatives confirmed reviews were undertaken regularly and as required. Care planning documentation demonstrated regular review and consideration following incidents.

# 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 care delivery was tailored to meet their personal needs and preferences. Management explained best practice is ensured through training processes, and documentation demonstrated staff practice was supported through policies, procedures, and specialist input. Care planning documentation identified individual needs and preferences for each consumer, with personalised management plans to optimise health and well-being.

Staff described risks for consumers along with management strategies and monitoring processes, including discussion within the high risk case management processes reviewed at monthly clinical meetings.

Representatives said consumers receiving end-of-life care were kept comfortable, with pain managed and the family supported. Staff explained how they adjusted care for consumers receiving end-of-life care, monitoring and managing pain and symptoms, spending additional time, meeting emotional and spiritual needs, supporting the family, and maintaining comfort and hygiene. The Palliative care policy guided staff on identifying consumers nearing end-of-life and provision of related care.

Consumers and representatives confirmed changes in consumer condition were identified and responded to in a timely manner. Staff explained monitoring processes to identify changes, communicate or escalate issues, and put responsive strategies in place. Care planning documentation demonstrated identification and response to change of consumer condition, in line with relevant policies and procedures.

Staff explained how information about consumers was shared, including through care planning documentation, and written and verbal handover processes. Care planning documentation reflected changes and incidents, and staff were observed accessing and updating information within the electronic care management system. Consumers and representatives said staff were well informed of consumers’ needs.

Consumers and representatives described timely involvement of other health providers, including Allied health and specialist services. Clinical staff described referral processes for various providers, and ensured they referenced the urgency for review. Management said they reviewed all referrals to ensure timely response.

Staff explained infection control measures utilised to minimise infection related risks, with ongoing training to ensure familiarity with best practice, and clinical staff described how they ensured appropriate antibiotic use. Consumers said infections and risks were managed well, observing staff washing hands and applying personal protective equipment. Guidance documentation available to staff included policies and procedures and an outbreak management plan.

# 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 services and supports met their needs, goals, and preferences, as outlined in care planning documentation. Staff described how assessment and planning processes identified consumers’ needs, goals, and preferences, and this information was used to develop suitable programs or activities and support consumers’ participation needs.

Staff explained how they identified emotional needs of consumers and tailored supports, ensuring to spend additional time with consumers at risk of isolation. Care planning documentation identified consumer emotional and spiritual needs and supports, and scheduled activities included religious services and well-being activities such as laughter group, men’s group, and one-to-one visits. Consumers said staff understood and respected their religious practices and ensured additional support was provided if they felt low.

Consumers said they were supported to do things of interest, within the service and community, and encouraged to develop and maintain relationships. Care plans reflected interests, people of importance, and supportive strategies. Staff provided practical examples of how the supported consumers to keep in touch with friends and family, and how the lifestyle calendar included visits in and from the local community and focused on preferred activities.

Consumers said staff ensure information about them was communicated with other areas, including support workers and kitchen staff dependent upon their needs. Staff explained processes for sharing information, including handover and care planning documentation.

Staff outlined referral processes for consumers, and care planning documentation demonstrated this was timely and appropriate to consumer needs.

Consumers said they enjoyed meals, with the menu providing variety, and meals of suitable temperature. Furthermore, consumers identified they are regularly asked for feedback. Staff demonstrated awareness of consumers’ dietary needs and preferences aligning with care planning documentation. Management explained the seasonal menu is tailored to consumers’ dietary requirements, feedback, audit results, with spot checks undertaken for consumer satisfaction and alternate meal options are always available. Management identified responsive changes to the dining experience in response to feedback, outlined on the Continuous improvement plan, with consumers recognising improvements.

Consumers said equipment was safe, clean, and well-maintained. Staff explained how they ensured equipment was clean and safe for use, with processes to report if unsuitable or requiring repair. Personal mobility devices and equipment used for leisure activities were observed to be clean and in good condition.

# 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 said the environment supported independence in movement and navigating, and they were encouraged to personalise their rooms. A variety of communal areas were available for consumer use and observed to be spacious and welcoming. Staff said they ensured consumers and representatives felt welcome and encouraged feedback and addressed any concerns.

Consumers and representatives described the service environment as safe and well-maintained, with staff acting to ensure it remained clean. Staff outlined environment cleaning and maintenance processes. Consumers were observed mobilising freely within and outside the service environment.

Furniture, fittings, and equipment were observed to be clean and safe for use, with service records demonstrating scheduled maintenance was undertaken in line with documentation. Staff explained safety checks, cleaning, and maintenance processes for equipment, furniture, and fittings, and actions taken for items unsafe for use. Consumers said everything in their rooms were in good working order, and regularly cleaned, checked, and maintained.

# 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 explained methods for feedback or complaint and said they felt supported to raise issues. Staff and management said they encouraged feedback and complaints, which can be raised verbally or in writing, and staff said they would also raise issues or suggestions about the service. Documentation, including welcome pack information and meeting minutes, demonstrated feedback was encouraged and feedback and suggestion forms were available in multiple languages for consumers to submit through feedback boxes throughout the service environment.

Consumers said they were aware of external supports for complaints, through information displayed and an advocacy service gave a talk on their role. Staff were aware of advocacy services and external complaint avenues, saying they could access brochures throughout the service in multiple languages. Information on available supports was included within consumer handbooks, newsletters, meeting minutes, and brochures were observed to be readily available.

Staff explained processes for lodgement and management of complaints, reflective of the principles of open disclosure. Management said all complaints were investigated for development of effective solutions, with evaluation of the outcomes, and this was reflected within items captured within the Feedback register. Consumers gave examples of feedback and complaints they had provided and said they were satisfied with responses.

Management described how feedback was used to identify improvements, recorded within a Continuous improvement plan. Consumers were aware of actions taken in response to feedback to effectively improve the quality of care and services. Policies and procedures, including Feedback and complaints and Continuous Improvement policies, informed effective complaint management and improvement processes.

# 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, representatives, and staff said there were enough staff to meet consumer needs without rushing delivery of care. Staff added it was unusual to have unfilled shifts, and the workforce would come together and work as a team during times of shortage to ensure consumers were supported. Management explained monitoring and planning to ensure the number and mix of staff were sufficient, with processes to fill vacant shift and unplanned leave. Sampled documentation demonstrated shifts were filled, and the service was meeting legislated requirement for Registered nurse rostering covering 24 hours each day.

Management outlined expectations on staff interactions, including requirement to talk with consumers and get to know choices and preferences. Consumers described interactions between staff and consumers were observed to be kind and respectful, and this was also observed.

Consumers reported staff were experienced and capable. Management explained recruitment processes and ongoing reviews ensured staff were competent and capable, verifying and monitoring qualifications, professional registrations, police checks, and vaccination status. Position descriptions outlined responsibilities, accountabilities, qualifications, skills, training, and experience.

Management said staff receive training through online learning and face-to-face education in line with policies and procedures. Staff said they received sufficient training to perform their roles, including relating to the Quality Standards and obligations such as identifying and reporting elder abuse, mandatory reporting of incidents through the Serious Incident Response Scheme, infection prevention and control practices, and use of open disclosure. Documentation demonstrated monitoring processes ensured staff compliance with mandatory training obligations.

Staff explained monitoring and review of performance was undertaken through performance appraisals. Management advised further to this, they also monitored performance through training completion, observations, documentation reviews, feedback, and incidents with training and support offered where areas for improvement were identified. Performance reviews were completed in line with scheduled dates.

# 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 described their engagement in the service through contributing within meetings and providing feedback. Management explained mechanisms through which consumers and/or their representatives had input in the development, delivery, and evaluation of care and services, such as meetings, feedback and complaints, care conferences, surveys, and audits. Documentation demonstrated actions to inform a consumer advisory body, although to date management advised consumers preferred this role to be maintained within the existing meeting forums.

Management described the organisational structure and involvement of the governing body’s responsibilities for the delivery of care and services. Information about the service’s performance, including performance measures and audits, was reported to and from the governing body through the Executive leadership team and respective sub-committees. Documentation, including the Organisational governance and risk policy and Clinical governance framework, outlined the reporting lines, responsibility, and accountability of the governing body to promote safe practice and risk management.

Governance systems included policies, procedures, meeting minutes, and reporting structures. Management explained processes relating to information management, financial governance, workforce governance, regulatory compliance, feedback and complaints, and continuous improvement. For example, changes relating to regulatory compliance were communicated from the Board and shared through all levels of the service through meetings, notices, handover processes and staff messaging.

The risk management framework, informed through policies, processes, assessment, and monitoring, supported identification and management of high prevalence and high impact risks, and included processes to support consumers to take risks to live their best lives. Staff and management outlined processes for identifying and managing risk, including identifying and responding to abuse and neglect, and incident management reporting obligations. Reporting lines ensured risks associated with consumer care, identified through clinical data and incidents, were escalated to the Board who maintained responsibility for oversight of consumer safety.

The clinical governance framework included policies, procedures, practices, and training, evidenced through supportive documentation. Oversight was maintained through monthly Clinical governance and risk meetings and subcommittees, including the Medication advisory committee and Infection prevention and control lead meetings, evidenced within meeting minutes. Staff received mandatory training on application of restrictive practices and complaint management including use of open disclosure and could access procedures to inform best practice.

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)