Performance

Report

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| Name: | Wattle Hill Lodge |
| Commission ID: | 7096 |
| Address: | 2 Wattle Street, BUNBURY, Western Australia, 6230 |
| Activity type: | Site Audit |
| Activity date: | 25 June 2024 to 27 June 2024 |
| Performance report date: | 31 July 2024 |
| Service included in this assessment: | Provider: 60 Wattle Hill Lodge Inc  Service: 4624 Wattle Hill Lodge |

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 Wattle Hill Lodge (**the service**) has been prepared by M Dubovinsky, 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.

# Material relied on

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

* the assessment team’s report for the site audit report, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others; and
* a performance report dated 2 February 2024 for an assessment contact undertaken from 8 January 2024 to 9 January 2024.

The provider did not respond to the assessment team’s 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

Consumers interviewed said they are treated with dignity and respect, and the service recognises and values their identity, culture, and diversity. Additionally, consumers said care and services are culturally safe, and staff understand what is needed to make them feel respected and valued. Staff receive training in dignity and respect and have access to relevant policies on diversity and inclusion to guide their practice. Staff understand consumers’ cultural backgrounds, describing how they ensure services reflect consumers’ cultural needs and diversity, and staff interactions with consumers were observed to be inclusive, respectful, and personalised.

All consumers interviewed said they can choose the services they participate in and feel they are supported to make decisions about the care and services they receive. All consumers confirm the service recognises and supports their social connections. Care planning is undertaken in partnership with consumers, their representative, and anyone else the consumer chooses. Each consumer’s privacy is respected and personal information kept confidential. Consumers are asked to consent to the disclosure of their information prior to referrals being made and/or information being shared with other organisations/agencies.

Consumers are supported to take risks to enable them to live the best life they can. Where consumers are identified as partaking in an activity which involves an element of risk, dignity of risk processes, including assessments, are undertaken and mitigation strategies implemented, in consultation with consumers and/or representatives.

Information provided to consumers is current, accurate and timely, and communicated in a way that enables them to exercise choice. Consumers are provided with a client introduction pack which includes the charter of aged care rights, Quality Standards information, a community aged care manual and an aged care information handbook, which contains comprehensive information regarding the services offered by the organisation. Staff described how they tailor communication delivery for each consumer’s needs, and consumers said they are provided with timely and relevant information when they first commence with the service, and when something changes with the service.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant, therefore, the Quality Standard is compliant.

# 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

Consumers and representatives said staff discuss consumers’ care and service needs on entry, various assessments have taken place, and a care plan has been developed. An admissions checklist is used to guide staff in the assessment and planning process, with validated assessment tools used to assess for risk and identify care, services and supports which might be required. Information gathered through assessment processes, as well as discussions with consumers and/or representatives, is used to develop individualised care plans which include consumers’ needs, goals and preferences and strategies to inform care delivery. Consumers and representatives said staff discuss consumers’ needs and preferences with them on an ongoing basis and staff accommodate their wishes. Consumers also said they have had conversations with family members, the general practitioner, and staff about what they would like to happen as they are nearing the end of life and feel confident their wishes will be respected.

Consumers and representatives said they are involved in the care planning and review process, and consumers can include their family members or others they nominate when they wish. Consumers and representatives also said staff effectively communicate with them about care and services and outcomes of assessment, and they can access consumer care plans at any time they wish. Care files show regular involvement of consumers, representatives, allied health professionals, general practitioners, specialists, registered staff, and clinical management in assessment and planning of consumer care. Consumer and representative meetings are held where care plans and the outcome of assessments are reviewed and discussed. Meetings are held during the initial admission process, where there is a change in a consumer’s condition, or when circumstances require more frequent review.

Consumers and representatives said staff ensure consumers’ care needs are met and reviews occur when circumstances change. Care files show consumers’ care and services are reviewed on an ongoing basis, including through a monthly resident of the day process, and when incidents and adverse events impact on their needs, goals, and preferences. Staff described a range of situations which prompt a review of consumers’ care and services, including clinical incidents, and following advice from others who are involved in consumers’ care. Care files show where there is a change in a consumer’s health or well-being, relevant assessments are completed and care plans are updated to reflect consumers’ current care and service needs.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant, therefore, the Quality Standard is 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. | 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

**Requirements (3)(a) and (3)(b)** were found non-compliant following an assessment contact undertaken in January 2024 as consumers were not provided effective clinical care relating to monitoring of blood glucose levels, weight, and fluid intake; and risks relating to fluid restrictions, post falls management and blood glucose monitoring were not effectively managed. At the site audit, the provider was found to have implemented a range of improvement actions in response to the non-compliance, including, but not limited to, reviewing consumers requiring blood glucose level and fluid monitoring and providing related training to staff; reviewing policies, procedures and practices relating to fluid monitoring, diabetes and post falls management; and introducing resources, including flowcharts and checklists to improve staff understanding of processes.

**In relation to all requirements**, consumers and representatives are satisfied with the standard of personal and clinical care consumers receive, stating it is tailored to their needs and optimises their health and well-being. There are processes to identify, assess, plan for, manage and review high impact or high prevalence risks associated with consumers’ care, with care files showing effective management of risks relating to fluid retention, diabetes, malnutrition, and chemical restraint. Care files also evidence involvement of general practitioners, allied health professionals and specialist services in the management of identified risks. In relation to end of life care, consumers and representatives said staff have discussed consumers’ preferences for care when they are nearing end of life with them, and staff described how they aim to meet the needs and preferences of consumers nearing end of life and maximise their comfort and dignity during this time.

Consumers and representatives have confidence in the clinical leadership team and staff to identify changes in consumers’ health and well-being, and to act accordingly. Care files show staff respond quickly to changes in consumers’ condition, with timely and appropriate care provided in response. Where required, appropriate and timely referrals to individuals, other organisations and providers of other care and services are initiated, with resulting recommendations incorporated into care plans to guide care delivery. Comprehensive information about all aspects of consumers’ care and services is documented in care plans, handover documents, and progress notes, and meeting minutes show ongoing communication within the organisation and with other providers of care. Consumers and representatives said staff know consumers’ needs and preferences and feel staff are well informed.

Staff understand how to minimise infection related risks, and said they undertake training in standard and transmission-based precautions and antimicrobial stewardship. Infection data is collected, tracked, analysed and used to minimise risks to consumers, and identify staff knowledge gaps and training opportunities.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant, therefore, the Quality Standard is compliant.

# 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

Staff described how they support consumers to be as independent as possible, by working with them to identify goals and by assisting them to carry out functional tasks for themselves. Allied health staff work with the clinical manager to set and review functional goals with consumers and to plan intervention activities, and consumer care files include individualised intervention plans. Consumers and representatives are satisfied the interventions implemented by the service enables consumers to be as independent as possible.

There are supports to promote each consumer’s emotional, spiritual, and psychological well-being, and where required, timely and appropriate referrals to individuals, other organisations and providers of other care and services are initiated. All consumers have a documented personal profile and key to me which identifies consumers who take comfort in attending religious and spiritual services. Staff across all areas of the workforce are aware of individual consumer’s preferences in relation to activities that promote emotional well-being, and consumers said staff are kind and support them when they are feeling down.

Consumers and representatives interviewed are satisfied with the range and frequency of activities available at the service and the support they receive to maintain community connections. A weekly group activity program encompasses a range of activities which include a mix of physical, social and cognitive activities. The therapy team are currently in the process of completing an updated assessment of each consumer’s leisure and lifestyle interests to ensure activities are coordinated to match their preferences.

Consumers said staff understand their care needs and representatives confirm they are kept informed when changes occur. Staff said they receive information in relation to the changing condition, needs or preferences of each consumer through access to electronic care plans, handover processes and directly from registered staff.

Most consumers said they enjoy the meals, and meals are varied and of suitable quality and quantity. Meals are prepared in line with a seasonal menu which has been assessed by a dietitian to ensure appropriate nutritional content, and snacks and sandwiches are available to enable consumers to have access to food outside of standard meal times. Staff described the dietary requirements of consumers they provide care to and were observed offering alternative choices to consumers if they did not want one of the main options. However, on the first day of the site audit, some consumers were provided food which was not in line with their texture modified dietary requirements. Following feedback, food plating processes were reviewed, with management indicating this will continue to be reviewed and monitored.

Staff said they have access to the essential equipment they require to support consumers’ daily living requirements. The occupational therapist conducts individual assessments to ensure consumers receive equipment that is suitable for them and their individual needs. Consumers and representatives are satisfied the service organises appropriate equipment for consumers when required, and the equipment is safe, suitable, clean and well-maintained.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant, therefore, the Quality Standard is compliant.

# 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

The service environment is welcoming, with appropriate wayfinding signs, and private and communal spaces to promote consumer independence, interaction, and function. All consumers interviewed said the environment is homely, they are comfortable in private spaces, such as their bedrooms which they can personalise, there are sufficient communal areas to interact with each other and visitors, and they can find their way around the service easily.

Consumers said they feel safe and comfortable in the service environment and they can move freely both indoors and outdoors as they choose. Cleaning of consumer and communal spaces is undertaken in line with a schedule, and reactive and proactive maintenance processes are in place. Furniture, fittings and equipment are safe, clean, and suitable for consumers, and are maintained through safety checks, cleaning schedules and maintenance processes. Consumers and representatives said furniture and equipment is safe, appropriate for consumers’ needs, and any maintenance issues are resolved quickly.

Based on the assessment team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant, therefore, the Quality Standard is compliant.

# 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

Consumers are provided information relating to feedback and complaints avenues, including external services, on entry and ongoing, and this information is displayed at the service. Staff complete training relating to feedback, complaints, how to assist consumers to give feedback and how to make complaints. All consumers interviewed said they know how to make a complaint and provide feedback, including by speaking with staff or management or completing feedback forms, and are aware of external complaints avenues, advocacy and language services.

Consumers said the service listens to and is responsive to their feedback and handles complaints appropriately. Complaints documentation shows appropriate action is taken in response to complaints and open disclosure is used as part of the complaint management process. Staff said they resolve issues identified by consumers immediately and report it through the feedback processes. A feedback and complaints register is maintained to log and monitor feedback, complaints and incidents, and includes actions taken in response. Feedback and complaints are reviewed at weekly staff meetings and monthly governance meetings, where data is analysed to ensure that systematic errors are addressed within the service. A continuous improvement plan includes several entries related to improving services and identifying ongoing training needs resulting from consumer feedback.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant, therefore, the Quality Standard is compliant.

# 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

Consumers and representatives interviewed are satisfied there are sufficient staff to meet consumers’ needs. There is a system to calculate and coordinate allocation of staff, taking in to account the different needs of consumers in each separate wing of the service, and there are processes to manage planned and unplanned leave. Staff said there are sufficient staff rostered to get things done and systems to ensure vacant shifts are covered.

All consumers and representatives interviewed said staff are kind, gentle and caring. Staff have received training relating to ensuring every consumer is treated with dignity and respect, and staff described actions they would take if they observed a staff member treating a consumer poorly, including escalating to senior staff. Where complaints or incidents have occurred relating to staff attitude or interactions, documentation shows these instances are dealt with promptly.

Consumers and representatives feel staff are competent and have the required training. Recruitment is undertaken by service management, and an onboarding process includes mandatory training, an induction and buddy shifts. There are processes to monitor professional registrations, police checks, and banning orders. Staff competence is monitored through feedback, complaints and incident reporting, with additional training provided where trends or areas for improvement are identified. Staff performance is reviewed through the probation period at six and 12 months, then every two years, and there are processes to manage poor staff performance. Staff performance is monitored ongoing through feedback, complaints and incident data. Staff said they undertake regular performance reviews where they can identify their personal strengths and areas for improvement, as well as any additional training they may wish to undertake.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources compliant, therefore, the Quality Standard is compliant.

# 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

Consumers are supported to engage in the development, delivery and evaluation of care and services through meeting forums and feedback and complaints avenues, with feedback gathered through these avenues used to influence decisions at an organisational level. Two representatives described their involvement in the consumer advisory committee, where with the service’s support, they are driving improvements to feedback mechanisms, providing comment on the consumer perspective to executive level meetings and contributing to the evaluation of service delivery by conducting consumer surveys.

The organisation has embedded a culture of quality and safety, driven by leadership of the senior management team, and overall governance processes promote transparency, continuous improvement, and accountability for service delivery. The board receives regular performance reports with meaningful data and detailed analysis, enabling proactive interrogation of data. Consumers and representatives feel the service is well run, stating the new facility manager and clinical team are visible on the floor and are approachable if they have any concerns.

A governance structure is in place to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and the governing body is aware of and accountable for the delivery of services. The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system. A clinical governance framework is supported by policies, procedures and training to guide staff practice, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Awareness of organisational policies and procedures relating to clinical governance was further demonstrated through evidence presented in other Standards.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant, therefore, the Quality Standard is 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-1)