Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Wellington Park Private Care |
| Service address: | 16 Balmoral Street WELLINGTON POINT QLD 4160 |
| Commission ID: | 5362 |
| Approved provider: | Superior Care Group Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 12 April 2023 to 14 April 2023 |
| Performance report date: | 23 May 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 Wellington Park Private Care (**the service**) has been prepared by G Hope-Simpson, 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

Consumers said staff treated them with dignity and respect, and that staff valued their identity, culture, and diversity. During the site audit, staff interactions with consumers were respectful and staff showed they understood consumers’ individual care preferences. Consumer care plans contained information about consumers’ emotional, spiritual and cultural needs.

Consumers said the service provided culturally safe care and that staff respected their values, cultures and beliefs. During interview, care staff knew consumers’ diverse cultural backgrounds and beliefs, and how to shape their care accordingly. The service had policies and procedures to guide staff in delivering safe and inclusive care.

Consumers said the service supported them to make decisions, be independent, choose who was involved in their care, and maintain their personal relationships. Care staff knew how to support consumers to make choices, maintain their independence and communicate their decisions. The service had policies and procedures that supported consumers’ to make decisions about the various aspects of their lives within the service.

Consumers said the service supported them to live how they wanted and do things that were important to them. Staff knew how to support consumers to take risks, to help them live the best lives they could. The service had a policy to guide staff in supporting consumers to take risks, and it kept risk assessments records on file.

Consumers said they were satisfied with the information staff provided, and that they felt it supported them to make informed choices. Nursing staff knew how and when to communicate with consumers and their representatives and the service’s records showed they provided regular updates. During the site audit, the service provided consumers with relevant, accessible, easy to read information.

Consumers said staff respected their privacy and that staff knocked on their doors before entering their rooms. Staff knew how to maintain consumers’ privacy, and did so by keeping computers locked and password-protected, among other practices. The service had a Personal Privacy and Dignity policy to guide staff in protecting consumers’ personal and private information and dignity.

# 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

Consumers said the service engaged them in care planning and that the service’s care met their needs. Staff knew the service’s assessment and care planning processes, and the various components of it, including those related to assessing risks. Care planning documents showed the service tailored its care to individual consumers, including assessing individual consumers’ risks to their health and well-being.

Consumers said clinical staff regularly discussed their needs, goals and preferences, including their end-of-life wishes. The service’s assessment and care planning process included end-of-life planning involving discussions with consumers and their families. Care planning documents contained information regarding consumers’ end-of-life wishes.

Consumers said the service engaged them in assessment and planning on an ongoing basis. Care documents showed the service consulted with consumers, their representatives, and a range of multi-disciplinary team members as part of the assessment and care planning process. The service had policies to guide staff in their ongoing assessment and planning activities.

Consumers said staff explained relevant information about their changing care needs, and that they could access their care plans if they wished. Staff involved consumers and their representatives in the assessment and review process. Care planning documents contained records of the service’s assessment and planning initiatives, and records showing the service engaged with consumers and their families as part of this process.

Consumers said the service regularly reviewed their care, including in response to changes of circumstances, deterioration or when incidents impacted their needs, goals, or preferences. Care plans contained evidence of regular reviews, including reviews in response to changes and incidents. Staff knew their responsibilities to report and escalate incidents and to report any changes in consumers’ condition, needs or preferences. The service had policies and procedures on clinical incident management.

# 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

Consumers said they were satisfied their personal and clinical care was safe and effective, and that it met their needs. Staff said the service gave them support, resources, and training, to ensure they were up to date with best practices in the sector. Senior staff had a good understanding of their legislative obligations, and best-practice approaches to delivering care.

Consumers said they were satisfied with how the service managed risks associated with their care and services. Care planning documents identified key risks to consumers, and relevant mitigations. The service had processes and procedures related to the effective management of high impact risks.

Consumers said staff had discussed their end-of-life wishes with them. Staff knew the service’s processes to support end-of-life care, including how and when to involve family and other health professionals. The service had guidance documents and processes to guide staff delivering end-of-life care.

Consumers said staff recognised their complex care needs, and that staff responded to changes in their care needs promptly. Staff knew how to recognise and respond to deterioration or changes in consumers’ conditions, including by observing consumers, completing assessments, making relevant referrals, and notifying representatives. The service had procedural documents to guide staff on managing consumer deterioration and changes.

Consumers said they were satisfied service staff effectively communicated their care needs among each other and with other practitioners involved in consumers’ care. Staff knew how to communicate changes in consumers’ care through the service’s digital care management system, and during handover. Progress notes, care plans and handover reports contained sufficient information to support effective and safe care.

Consumers said they received the care they needed, including from external providers the service referred them to through its referrals process. Staff knew the referral process and they could cite recent examples of referring consumers to specialist providers. Care planning documents showed appropriate and timely referrals to external providers.

Consumers said they were satisfied with the service’s infection control practices. Staff said they received mandatory training in antimicrobial stewardship and infection minimisation strategies, including in hand hygiene and the use of appropriate personal protective equipment (PPE), among other infection control training. The service had processes to minimise infection-related risks and implement infection prevention and control principles.

# 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

Consumers said the service’s daily living supports met their needs, goals and preferences, and optimised their independence and quality of life. Care planning documents showed information about consumers’ preferences and goals, including changes to their care needs. The service’s activity calendars featured a range of activities to cater to consumer’s preferences.

Consumers said the service promoted their emotional, spiritual, and psychological well-being. Consumer care plans contained information about consumers’ spiritual and emotional needs, and their preferences for daily living activities. During the site audit, staff supported consumers emotionally by meeting the needs identified in their care plans, and responding to changes in their emotional state.

Consumers said the service supported them to keep in touch with their family and friends, and to do things they were interested in. Care plan documents showed who was important to consumers and the activities they enjoyed. During the site audit, consumers were engaged in various hobbies around the service, and in interactions with family and friends.

Consumers said service staff communicated their care needs among each other, and with external providers. Care planning documents showed consumers’ conditions, needs and preferences, providing resources for effective information-sharing between staff and external providers. The service had appropriate policies and procedures to support information sharing.

Consumers said external practitioners, such as allied health professionals, specialists and volunteers, supported them through the service’s referrals process. Staff worked with external providers to enhance consumers’ well-being and address their emotional needs. Care planning documents showed the service supported consumers with appropriate referrals to external services.

Consumers said the service’s meals were varied, good quality and sufficient, and that staff served them meals according to their choices. The service had processes and systems to engage consumers in developing its menu, and to provide feedback about the quality of its food. Catering records showed the service practiced safe food storage, preparation, and delivery.

Consumers said the service’s equipment was suitable, safe, clean, and well maintained. Staff confirmed equipment at the service was in good working order and that it was available when they needed it. The service’s maintenance records showed it engaged in regular preventative maintenance. The service had appropriate equipment maintenance policies.

# 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

Consumers said the service environment was welcoming and that it promoted their sense of belonging and independence. They said they could easily find their way around the service’s facilities. Staff supported consumers with physical and cognitive impairments to navigate the service environment. During the site audit, the service environment was welcoming with clear, wide doors and hallways to support consumers’ ability to mobilise safely.

Consumers said the service environment was clean, comfortable, and that they were able to access both indoor and outdoor areas freely. The service featured multiple common areas for consumers and representatives, and it had open outdoor spaces that consumers could access through wide doors. Staff assisted consumers to mobilise around the service, including into the outdoor areas if they needed support.

Consumers said the service’s furniture, fittings, and equipment were safe, clean, and well-maintained. The service’s furniture and equipment were suitable and the service conducted proactive and reactive maintenance to keep the service facility and equipment in good working order. Staff members knew the service’s processes for cleaning equipment and recording maintenance requests and related information.

# 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

All consumers and representatives said they knew how to raise concerns or provide feedback through a variety of channels. On admission, the service provided consumers with a Resident Handbook, which contained advice on providing feedback and making complaints. The service had a feedback and complaints policy enshrining its philosophy that staff should encourage and support consumers to provide feedback and complaints.

Where a consumer had difficulty communicating, staff assisted them to provide feedback or raise a complaint. Staff also supported consumers to access advocacy and interpreter services. The service had policies to guide staff in supporting consumers to provide feedback, including guidance for staff to help consumers access external advocacy and resolution services.

Consumers said the service’s response to complaints was satisfactory. Staff could cite recent changes in response to feedback or complaints and they knew the service’s complaint management process, including how to apply open disclosure principles. The service maintained a feedback and complaints register, which detailed the content of complaints and the actions staff took to rectify them.

Consumers said the service made changes to its care in response to feedback and complaints. Staff consolidated feedback and complaints into the service’s complaints register to enable it to inform its plan for continuous improvement. The service had feedback and complaints handling policies obligating it to use feedback and complaints to inform continuous improvement activities.

# 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

Consumers said the service had sufficient staff to provide safe and effective care and that they received assistance when appropriate. The service’s rostering documents showed consistent staffing ratios and its call bell records showed staff responded to call bell activations promptly. There were few staff absences in the two weeks prior to the site audit, and at least one registered nurse had been rostered on for every shift.

Consumers said staff were kind, caring, and respectful, and that staff knew what was important to them. During the site audit, staff were caring and respectful. The service addressed any instances of consumer disrespect or mistreatment promptly and it maintained copies of the Charter of Aged Care Rights in prominent locations around the facility, to help maintain consumers’ awareness about their right to be treated with respect.

Consumers said staff were capable and experienced. Management tracked whether staff were competent and capable in their roles, including during the service’s recruitment processes and through ongoing supervision, monitoring and training. The service’s human resources records showed staff had appropriate qualifications, knowledge, training, and experience to perform their duties.

Consumers said staff were capable and that they performed their roles to an acceptable standard. Staff said they received adequate training to perform their duties. The service had an electronic training platform that recorded staff attendance at training events and that also issued follow-up reminders for mandatory training. The service’s training register showed staff were up to date with mandatory training modules, including for incident management, infection control, and health and safety modules.

The service administered staff performance through ongoing supervision, informal processes, one-to-one discussions, mandatory training and formal performance management. The service had an annual performance review process that fostered staff training and development opportunities. Staff said they were adequately supervised and supported to perform their roles.

# 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

Consumers said staff supported them to provide feedback and suggestions. Staff engaged consumers to develop, deliver and evaluate their care and services through a variety of channels, including through surveys, Resident and Representative Meetings, an open-door policy, and dedicated feedback forms. The service had feedback forms and suggestion boxes located throughout the facility.

The service’s governing body was involved delivering care and services through the service’s various reporting and governance mechanisms. Management maintained oversight of the service’s operations through governance meetings and by analysing performance markers and care trends. The service had a clinical governance policy that formalised the governing body’s obligation to promote a culture of safe, inclusive, quality care and services.

The service had a range of policies, procedures and systems to show it had appropriate governance for information management, continuous improvement, financial and workforce governance, and regulatory compliance. It had clear processes for identifying continuous improvement opportunities, seeking changes to budget expenditure, and monitoring compliance with relevant regulations. Staff had access to up-to-date governance information to support them in their roles.

Management knew the service risks profile and staff knew the service’s processes for identifying, managing, and minimising risks and incidents, including those connected to consumer abuse, harm and neglect. Staff recorded consumer risks in the service’s electronic care management system. The service maintained policies relevant to managing risk in several areas, including policies on identifying risk trends, documenting consumers’ risks, managing and minimising risks, and managing consumer incidents.

The service had a clinical governance framework, which included an outbreak management plan and policies relating to antimicrobial stewardship, minimising use of restraint, and open disclosure, among other policies. Evidence within the framework documents showed the service had updated relevant policies regularly and the framework included a range of supporting process and procedures to guide staff in giving effect to the framework. Staff understood their responsibilities under the framework.

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