Performance

Report

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| Name of service: | Wenonah Lodge |
| Service address: | 27-31 Mayne Street GULGONG NSW 2852 |
| Commission ID: | 0276 |
| Approved provider: | Gulgong Hostel Association Inc |
| Activity type: | Site Audit |
| Activity date: | 14 August 2023 to 16 August 2023 |
| Performance report date: | 21 September 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 Wenonah Lodge (**the service**) has been prepared by J Miaris, 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.

# 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 compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives said consumers were treated with dignity and respect, with their identity, culture, and diversity valued. Staff demonstrated knowledge of consumers’ life story, as well as their interests and preferences. Care planning documentation outlined consumers’ needs and preferences, and included information about their identity and culture. The service had policies in place to guide staff in relation to respecting and supporting the identity, culture and diversity of all consumers.

Consumers and representatives said staff respected consumers’ cultural and religious backgrounds and provided care in line with their goals, needs and preferences. Management and staff described how they provided culturally safe care and services for consumers, which was consistent with care planning documentation.

Consumers said they felt supported by the service to make decisions about their care and maintain relationships of choice. Care planning documentation reflected consumers care preferences and described how the service supports consumers to maintain relationships of choice. Staff and management described the different ways they support consumers to maintain relationships and how they support consumers to make informed decisions about their care.

Consumers said they were supported to exercise choice and take risks to live the best life they can. Management and staff described risks associated with consumers’ needs and preferences, such as leaving the service independently, and explained risk mitigation strategies in place to support consumers. Care planning documentation evidenced potential risks were identified, with mitigation strategies in place for individual consumers.

Consumers and representatives described how they were provided up to date and timely information which helped them to make choices, such as through verbal feedback and printed information. Management and staff described how they communicated information to consumers, including those with specific communication needs and preferences. Information was observed throughout the service environment to help with consumers choices.

Consumers and representatives said the service respected consumers’ privacy, and considered personal information was kept confidential. Management and staff outlined the practices to protect consumers privacy and confidentiality, such as asking for permission to enter consumers’ rooms and securely storing confidential information. The service had policies in place to guide staff in relation to respecting consumers privacy, and maintaining confidentiality of their information.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Management and staff explained how they considered risks to consumers health and well-being through assessment and planning, such as using validated assessment tools and checklists. Care planning documentation evidenced individual risks to consumers were considered, with risk mitigation strategies in place, to inform the delivery of safe, effective care and services.

Consumers and representatives said the service identifies and addresses the current needs, goals and preferences of consumers and described how advanced care planning was discussed on admission. Management and staff described how they ensure assessments and care planning were reflective of current needs and described the service's approach to end of life discussions and planning. Care planning documentation reflected the current needs of consumers and advanced care wishes were captured in line with consumers preferences.

Documentation and feedback from consumers and representatives demonstrated that the service partnered with consumers, and others who consumers wish to involve, in the planning and assessment of care. Care planning documentation evidenced involvement of a diverse range of external providers and services such as medical officers. Staff described the importance of consumer-centred care planning and explained how they actively collaborate with consumers, representatives, and other providers of care to ensure quality care is provided.

Management and staff explained how they communicated the outcomes of assessment and planning to consumers and others involved in their care. Management advised a copy of the consumers’ care plan was available upon request or during regular care plan reviews. Consumers and representatives said they were involved if changes were made to consumers care and services and they had been proved a copy of the care plan.

Management and staff explained consumers’ care plans were reviewed monthly to check consumers’ basic vital signs and confirm accuracy of information reflected. Comprehensive reviews of consumers’ care and services were undertaken on a 3-monthly basis, or when there was a change to consumers’ circumstance impacting their needs, goals, or preferences, which was evidenced in care planning documentation. The service had policies and procedures to guide staff in assessment, planning, and review processes.

# 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 compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives expressed satisfaction with the personal and clinical care provided to consumers. Management and staff described the needs and preferences of consumers and how they delivered care that was safe and right for them in relation to restrictive practices, pain management and skin management. Care documentation evidenced safe and effective care aligned to consumers’ needs and preferences.

Management and staff described high impact, high prevalence risks associated with the care of consumers, such as falls, and outlined ways they managed these risks, such as through clinical assessments and implementation of risk mitigation strategies. Care planning documentation demonstrated individual risks to consumers were assessed using assessment tools, with strategies in place.

Management and staff provided an example of how they supported a named consumer to be as comfortable as possible during the end of life transition, with care provided in a dignified manner consistent with the consumers’ needs, preferences, and goals. Staff outlined measures taken to support the consumer’s comfort, such as attending to pain management and personal care, which aligned with the consumer’s documented end of life care directives and policies and procedures.

Consumers and representatives said the service was responsive to deterioration or changes in consumers condition and planned management strategies. Staff described how they identified changes in consumers, such as changes in mobility, behaviour, or appetitive and explained how they responded to deterioration or changes in consumers in a timely manner. The service had a policy in place to guide staff in the recognition of clinical deterioration, and outlined strategies and procedures to manage different types of clinical deterioration.

Consumers and representatives said that the consumer's preferences and care needs were communicated effectively with them, between staff and with external service providers involved in consumers’ care. Staff described how information about consumer needs, conditions, and preferences were documented and communicated within the organisation and with others where responsibility for care is shared, such as through shift handovers.

Consumers and representatives said referrals were timely and appropriate, and confirmed they had access to a range of other organisations and health professionals. Management and staff outlined the referral processes in place and described how other organisations and providers of care and services were utilised to supplement the care delivered at the service. Care planning documentation evidenced referrals were completed in a timely manner for other services and supports, such as allied health professionals.

The service had an infection prevention and control lead responsible for the oversight and implementation of the service’s outbreak management plan, in addition to policies and procedures to guide staff practice. Management and staff described how they would minimise infection-related risks, and practices to promote appropriate antibiotic prescribing, such as obtaining pathology tests before and after the use of antibiotics.

# 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 compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers said they felt supported to participate in activities that align with their needs, goals and preferences, and were provided with safe and effective supports to optimise their independence, well-being and quality of life. Management and staff described the interests, needs and preferences of consumers, which aligned with their care planning documentation. Staff explained how the service provided safe and effective supports for daily living which were tailored to the interest and abilities of consumers. The activities calendar evidenced a variety of activities for consumers with varying levels of ability.

Consumers described how the service promoted their emotional, spiritual, and psychological well-being, which aligned with care planning documentation. Staff described how the service supports the emotional, spiritual, and psychological well-being of consumers and described the services and supports available and utilised by consumers. Staff explained how they recognise and support consumers who are feeling distressed by spending one on one time with them and speaking to them about their concerns.

Consumers and representatives said consumers were supported to participate in activities, maintain social and personal relationships, and do things of interest to them both within and outside of the service. Staff described the relationships and activities that consumers engage in and how the service supports consumers, which aligned with care planning documentation. Consumers were observed participating in scheduled activities, as well as several consumers leaving the service to participate in activities in the community.

Consumers and representatives said the consumer's preferences, needs, and condition were known by staff and effectively communicated to those involved in their care. Care planning documentation provided adequate information to support safe and effective care, and supports for daily living. Management and staff described the ways in which they share information and are kept informed of the changing condition, needs and preferences of consumers, and their responsibilities in relation to updating service and care planning documentation.

Consumers and representatives described the external providers of care and services utilised by consumers. Care planning documentation evidenced appropriate and timely referrals were made to other organisations and services. Management and staff described the range of external services that have been engaged to broaden the lifestyle services and supports delivered to consumers and the different services utilised by consumers.

Consumers and representatives said they were satisfied with the variety, quality and quantity of meals provided at the service. Management and staff described how they engage consumers using consumer surveys and verbal feedback, in addition to their dietary needs and preferences to inform the menu. Staff described the dietary needs and preferences of consumers and how they document and communicate this information between staff. Documentation accurately reflected consumers’ dietary needs and preferences.

Consumers and representatives reported having access to equipment to assist consumers with their daily living such as mobility aids and equipment was kept clean and well-maintained by the service. Management and staff said staff have access to equipment when they need it and could describe how equipment is kept clean and well-maintained.

# 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 compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives said that the service environment was welcoming and easy to understand, which was observed. Management and staff described features of the service that ensured each consumer to felt welcome and to optimise their sense of belonging, independence, interaction, and function. The service environment was observed to be welcoming, with sufficient lighting, handrails to assist consumers movement throughout the service, and clear signage to assist in navigation of the service.

Consumers and representatives said the service environment was safe, clean, and well-maintained and allowed them to move throughout the service. Staff described how the service environment is cleaned and maintained in accordance with cleaning and maintenance schedules, including preventative maintenance schedules in place, which were up to date. Consumers were observed moving freely both indoors and outdoors, and the service was observed to be clean and well-maintained.

Consumers confirmed that equipment and fittings were cleaned and suitable for their individual needs, which were observed. Staff described their roles and responsibilities for cleaning and maintaining, furniture, fittings and personal equipment at the service. Staff explained the processes for maintenance and how regular equipment checks were completed.

# 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 compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they felt comfortable to provide feedback and make complaints and explained how they would inform the service if they had any concerns. Management and staff described the different feedback mechanisms available to consumers and representatives such as feedback forms, consumer meetings and direct verbal feedback. Feedback forms were observed at reception and information about the service’s complaints process throughout the service. The service’s feedback and complaints policy demonstrated the service’s commitment to encouraging and supporting feedback from consumers and representatives.

Consumers and representatives said they were aware of and had access to external advocacy and language services, but said they have not had to use either and are comfortable raising any concerns directly with the service. Management described the external advocacy and language services available to consumers and information about these services is displayed throughout the service and provided to consumers and representatives on admission. Information about external advocacy services were displayed throughout the service and included in the consumer handbook.

Consumers and representatives who had made a complaint said they were satisfied with the actions taken by the service in response to their complaint and confirmed that the service practiced open disclosure. Management and staff demonstrated an understanding of open disclosure, explaining how they would respond to an incident or complaint by acknowledging the issue, apologising to the consumer and their representative, and by keeping them informed throughout the investigation process. The service’s feedback and complaints policy demonstrated the service’s commitment to using open disclosure when things go wrong.

Consumers and representatives expressed satisfaction with the service’s feedback and complaints process and said they had noticed an improvement in the quality of care and services since providing feedback to the service. Management and staff provided examples of various complaints they had received, and the actions taken in response. Documentation reflected the various ways the service captured feedback and complaints and how data is used to inform improvements.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said that there are enough staff to meet consumers care needs, and staff respond promptly when assistance is required. Staff said that staffing levels were appropriate to meet the care needs of all consumers and shifts due to unplanned leave are filled by using casual or agency staff. Management described how the number and mix of staff currently working at the service is sufficient to provide safe and quality care to consumers. Management said they reviewed call bell reports monthly and investigate those which are over the service’s key performance indicator.

Consumers and representatives said staff interactions with consumers were kind, caring and respectful of consumers’ identity, culture, and diversity. Staff were familiar with the identity and cultural background of consumers, as well as their needs and care preferences. Staff interactions with consumers were observed to be kind, caring and gentle. The service had policies and procedures that demonstrated the service’s commitment to respectful and person-centred care.

Consumers and representatives said staff were competent and skilled to meet consumers care needs. Management described how the service ensures staff are competent and capable to perform their roles through orientations, annual training and competencies and regular toolbox education. Staff described the qualifications and training required for their position which aligned with the position descriptions.

Consumers and representatives said they feel staff are competent and qualified to do their job and did not identify or provide any specific feedback on areas where staff needed more training. Management and staff described the mandatory training and competencies staff must complete during their orientation and then annually thereafter. Management explained that staff have access to mandatory and additional training through their electronic training system and explained how training completion rates were monitored.

Management and staff described how staff performance was reviewed through annual performance appraisals for the first 3 years of employment and then every second year thereafter, in line with procedures. Staff described the performance appraisal process which involves a self-assessment, goal setting, and feedback from management. Management explained how they monitor staff appraisals, with a schedule in place.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers said that they could provide feedback about the operations of the service and management provided practical examples of how this occurred. Management described a variety of mechanisms in place to ensure consumers provide input and make their own decisions about the care and services provided to them. The service has effective systems to engage and support consumers in the development, delivery, and evaluation of care and services, this was demonstrated and reflected in documentation.

Consumers and representatives advised the service was inclusive, and the service involved them and provided an example of this. Management demonstrated how the governing body and the board were involved and informed in the delivery of care and services via platforms such as meetings and reports where service performance and trends were reviewed. The service gathers quality indicator data to ensure the service is meeting the Quality Standards. Management described the organisational governing structure and their responsibility in promoting a culture of safe, inclusive, quality care and services and is accountable for their delivery.

The service had policies and procedures to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, compliance and feedback and complaints. For example, in relation to financial governance, management said they were supported by the board to make purchases to improve the service for consumers and described funds they had access to without having the board’s approval when required.

The organisation had a documented risk management framework, which included policies describing how high impact or high prevalence risks associated with the care of consumers are managed, identifying and responding to abuse and neglect of consumers, how potential reportable incidents are identified and responded to and how incidents are managed and prevented. Management described how incidents are analysed, used to identify risks to consumers, managed, and inform improvement actions to support consumers to live their best lives. The service described an incident management system used to collect and record incident data which is analysed to guide management in risk and prevent incidents.

The service had a clinical governance framework that included policies and procedures on antimicrobial stewardship, minimising use of restraint and open disclosure. Staff have been educated in these areas and were able to provide examples of how it applied to their day-to- day work.

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)