Performance

Report

**1800 951 822**

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| Name: | Werombi Court |
| Commission ID: | 1483 |
| Address: | 90 Werombi Road, GRASMERE, New South Wales, 2570 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 22 November 2023 to 23 November 2023 |
| Performance report date: | 19 December 2023 |
| Service included in this assessment: | Provider: 2787 Carrington Centennial Care Limited  Service: 575 Werombi Court |

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 Werombi Court (**the service**) has been prepared by E Woodley, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

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

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives, and others.
* the provider’s response to the assessment team’s report received 13 December 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |

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 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)(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

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. Two of the seven specific Requirements have been assessed and found compliant.

Consumers and representatives interviewed by the Assessment Team were generally satisfied with the personal and clinical care provided at the service. The Assessment Team found wounds were being managed in line with the service’s policies and procedures, and consumer skin integrity was maintained with appropriate pressure relieving interventions. Consumer nutrition and hydration was being effectively managed including referral to appropriate allied health staff, monitoring and review of food and fluid intake, and appropriate weight monitoring. However, the Assessment Team found for one consumer their risk of falls was not effectively reviewed following fall incidents, and one consumer’s psychotropic medication was not identified as potential restrictive practice. The Assessment Team found several consumer’s pain was not always effectively assessed and managed, and behaviour support planning for one consumer did not include recommended interventions to manage behaviours.

The provider’s response to the Assessment Contact report includes additional evidence that demonstrates for consumers identified, their pain was generally assessed, monitored, and managed appropriately. The provider’s response acknowledges the areas for improvement regarding post-fall assessment, identification of chemical restrictive practice, and behaviour support planning and has identified continuous improvement action in response to these areas.

While there were some inconsistencies or areas for improvement in care assessment and planning identified by the Assessment Team, the service has implemented continuous improvement action to rectify these issues. Considering the provider’s response and the positive consumer and representative feedback during the Assessment Contact, I find that overall the personal and clinical care delivered to consumers was safe, effective, and optimising their health and well-being.

The Assessment Team found that staff receive appropriate training on standard and transmission based precautions to prevent and control infection, and observed staff practice was generally appropriate to minimise infection related risks. The Assessment Team found practices were implemented at the service to promote appropriate antibiotic prescribing and use. However, the Assessment Team found some furniture at the service was damaged and presented potential infection risks. The Assessment Team identified some issues regarding the service’s processes for cleaning and isolation of consumers where there is some infection related risk.

The provider’s response identifies that the damaged furniture identified in the Assessment Contact report has been removed, and education provided to staff regarding this. The provider’s response includes additional and clarifying information regarding the cleaning and isolation processes and plans at the service to minimise infection related risk.

Overall, I am satisfied the service has implemented standard and transmission based precautions to prevent and control infection, and practices to promote appropriate antibiotic prescribing and use.

I find the following Requirements are compliant:

* Requirement 3(3)(a)
* Requirement 3(3)(g)

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)