Performance

Report

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| Name of service: | Werombi Court |
| Service address: | 90 Werombi Road GRASMERE NSW 2570 |
| Commission ID: | 1483 |
| Approved provider: | Carrington Centennial Care Limited |
| Activity type: | Site Audit |
| Activity date: | 28 February 2023 to 2 March 2023 |
| Performance report date: | 05 April 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 Werombi Court (**the service**) has been prepared by E Blance, 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
* the provider’s response to the assessment team’s report received 04 April 2023
* any other information given to the Commission.

# 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

I find this Standard compliant.

Consumers and representatives said staff treated them with dignity and respect. Staff were observed treating consumers with dignity and were able to describe methods they used to respect consumers’ identity, culture and diversity. Care documentation included what was important to consumers’ to maintain their identity. Staff demonstrated an understanding of respect of consumers’ personal circumstances.

Consumers and representatives were able to describe how staff provided cares and services that were culturally safe and consistent with their cultural traditions and preferences. Staff were able to describe how the consumer’s culture influenced how they delivered care. Care documentation reflected consumers’ cultural needs and preferences.

Consumers were supported to exercise choice and independence. Care documentation identified consumers’ individual choices for when cares and services were delivered, who was involved in making choices and how the service supported consumers in maintaining relationships, including intimate relationships. On entry to the service, consumers were asked who they would like involved in making decisions for their care. Case conferences were held as part of consultation processes to ensure consumers were supported to exercise choice and afforded opportunities to communicate their decisions.

Consumers and representatives said consumers were supported by staff to take risks and live their best life. Care documentation demonstrated consultation and discussions with the consumer and representatives, an understanding of the risk and consequences of continuing to take the risk.

Consumers and representatives advised the service regularly sends out information on events occurring at the service. They said the information was easy to read and understand and if clarification was required, they could ask staff. Noticeboards were observed throughout all areas of the service advertising information that was easy to understand with some information being printed in a larger format.

Consumers and representatives advised they were confident their personal information was kept secure and the staff ensured their privacy was respected, especially when providing personal cares. Staff described how they maintained a consumer’s privacy when providing care, by ensuring the door was closed, curtains or blinds were drawn, and the consumer felt comfortable prior to commencing and during the provision of personal care.

# 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

I find this Standard compliant.

Consumers and representatives said consumers receive safe and effective care services. Care documentation demonstrated consideration of risks and informed the delivery of safe and effective care and services. Staff demonstrated an awareness of assessment and care plan review processes which identified risks to the consumer’s health, safety and well-being. Risks included, but were not limited to, falls, skin integrity, weight loss and behaviour management. Staff advised the outcomes of assessments are documented in care plans and discussed with the consumer and representative.

Consumers and representatives described what was important in terms of how care was delivered. Staff said they understood consumer needs and said they could refer to the registered staff if they needed more information. Staff described end of life care planning was discussed with consumers and representatives on entry to the service and at the 3 monthly care plan reviews. Care documentation evidenced discussion and consultation had occurred with preferences and wishes being clearly documented.

Consumers and representatives confirmed they were involved in the assessment, planning and review of care and services. Care documentation reflected the consumer and others were involved in assessment and planning, including other healthcare providers as well as during case conferences with the clinical team. Other healthcare providers confirmed involvement in care planning.

Consumers and representatives said staff discuss the consumer’s care needs and the information in the care plan. Staff advised they have access to care plans and handover records. Care documentation demonstrated outcomes of assessments are documented. Although the majority of consumers and representatives interviewed said they did not have a copy of the consumer’s care plan, they are aware they can access this information if they wish.

Consumers and representatives said care and services were reviewed when the consumer’s circumstances changed, or incidents occurred. The service had a 3 monthly care plan review process. Care documentation demonstrated assessments and care plans were reviewed in a timely manner. Staff said they were aware of incident reporting processes and how those incidents trigger a reassessment or review. The service monitored clinical incidents and staff reported shift handover, alerts and messaging were used to communicate identified changes in consumers’ health status.

# 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

I find this Standard compliant.

Consumers and representatives reported satisfaction with the care they received. Care documentation evidenced wounds and pressure injuries were consistently attended to in accordance with the consumers’ management plans and were effectively monitored as completed as prescribed. Care documentation evidenced regular pain assessments to identify the site, severity and type of pain experienced by a consumer. Staff used assessment tools depending on the consumer’s ability to verbalise their pain. Pharmacological and non-pharmacological strategies are included in care plans and was reviewed for effectiveness. The service monitored incidents monthly and provided information to staff and organisational management on individual consumers, with actions/strategies for implementation. Staff were able to describe consumer’s individual care and service needs and strategies to encourage and support those consumers.

Consumers and representatives reported satisfaction with the care they received. The service had effective processes to manage high impact or high prevalence risks associated with the care of each consumer. Care documentation identified consumers at risk, including but not limited to falls, skin integrity, weight loss and changed behaviours. Staff said they reviewed and monitored progress notes daily for risks associated with consumer care and communicated daily to all registered staff any changes in the consumer’s care needs.

Care documentation evidenced end of life needs, and wishes were documented and available for staff. Staff demonstrated an understanding of processes to support the needs, goals and preferences of consumers nearing their end of life. Staff said advance care planning was discussed on entry to the service and during the care plan review process. The service works with the consumer’s medical officer and provides support to and consults with the consumer and representative on the changing health care needs of the consumer. Clinical procedures guide staff when a consumer’s health status changes. Training for registered staff in relation to end of life discussions ensured staff were confident in having end of life discussions and understanding consumers preferences and choices.

Consumers and representatives said staff responded to the consumers’ needs quickly and care documents reflected the identification of, and response to, deterioration or changes in consumer’s conditions. Staff could advise of ways they recognised and responded to deterioration or change in a consumer’s condition. Staff said they reported any deterioration or change in health status to the registered staff. The service had policies and procedures, including, deterioration management guidelines, to guide staff practice for monitoring consumer’s deterioration.

Consumers and representatives were satisfied the consumers’ needs and preferences were effectively communicated between staff, and they received the care they needed. Staff described how changes in consumers’ care and services were documented in progress notes and discussed at handover for each shift. Care documentation and other information was available to staff, including electronic messages sent to staff in relation to changes in consumers’ care and services.

Consumers and representatives advised, and documentation evidenced consumers had access to medical officers and other health professionals when required. Care documentation evidenced referrals to other health services including occupational therapy, podiatry, physiotherapy and a dietitian. Staff described how the input of other health professional informed care and services.

The service had documented policies, procedures and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control and for the management of a COVID-19 outbreak. The service had an influenza and COVID-19 vaccination program for staff and consumers and had appointed an Infection prevention and control lead. Staff provided examples of practices to prevent and control infections.

# 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

I find this Standard compliant.

Consumers and representatives advised the service’s lifestyle program supported their lifestyle needs and said staff assisted them to be as independent as possible. Staff demonstrated knowledge of consumers’ needs, goals and preferences and the support they require to participate in activities or pursue individual interests. Care documentation evidenced the inclusion of consumer’s needs, goals and preferences and things/events that are important to them to optimise their well-being and quality of life. Staff were able to describe services and supports they provide to consumers to enhance their independence, wellbeing and quality of life.

Consumers were observed undertaking the activities being conducted. Those consumers with limited movement/dexterity (due to medical events/diagnosis) and cognitive impairment were also observed to be participating.

Consumers and representatives said they felt connected and engaged in meaningful activities that observed and acknowledged sacred, cultural, and religious practices. Staff were able to describe strategies they used to support consumers when they were feeling down including taking time to sit and talk, sharing a meal or cup of tea and walks around the grounds of the service.

Consumers and representatives advised consumers were supported to participate within and outside the service, maintain social and personal relationships with people who are important to them and do the things of interest to them. Staff described how they supported consumers to participate in the community or engage in activities of interest to them and could describe specific consumers who undertook individual activities outside the service. Care documentation contained information for consumers who participated in community projects/activities, social and personal relationships of significant importance and things that are of interest to them.

Consumers and representatives said they felt confident that staff and other persons delivering their care and services were aware of the consumers’ needs and preferences. Care documentation identified information to support effective and safe sharing of the consumer’s services and supports for daily living, including consumer mobility, communication, risk and safety needs, preferred leisure activities, personal goals, cultural and spiritual preferences.

Consumers provided examples of, and staff described engagement with external organisations to help supplement the lifestyle activities offered at the service and said consumers can be referred to a local social worker or to pastoral care providers when required. The service demonstrated timely and appropriate referrals to other individuals, organisation or providers and how they collaborate to meet the needs of consumers.

Consumers and representatives were satisfied the meals provided by the service were varied and of suitable quality and quantity. Consumers were offered a range of alternative options if they chose not to select a meal offered on the menu. Consumers and representatives said they had opportunities to give feedback on the meals provided through various mediums including the consumer monthly meetings, feedback forms, directly to the Chef and the annual food surveys. Staff described how they were advised of consumers’ nutrition and hydration needs through the assessment that is completed on entry to the service which includes likes and dislikes and is amended when changes are required. Care planning documentation included nutrition and hydration information.

Consumers and representatives said consumers had access to equipment that was fit for purpose, well maintained and clean to assist them with their daily living activities. Maintenance staff explained the maintenance programme for the service and advised of the hazard identification process. Staff advised the service had a bus that is utilised for activities and excursions.

# 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

I find this Standard compliant.

The service was able to demonstrate the environment was welcoming, easy to navigate and enabled consumers to optimise their independence and ability to interact with family, friends, and others both internally and externally. Consumers said the service was a nice place to live, they felt safe and comfortable in the environment. Staff described how consumers were supported to move throughout the service environment at their own pace and how ramps and handrails assisted consumers to move from one section to another.

Consumers were observed moving freely, both indoors and outdoors and staff were able to demonstrate effective processes to ensure the environment was safe, well maintained, and clean. Consumers said the environment was safe, clean, comfortable, and well maintained.

The service was able to demonstrate an effective system for ensuring furniture, fittings and equipment were safe, clean, and well-maintained. Furniture and furnishings were observed as clean, well maintained and with no visible stains or damage. Shared equipment, such as mobility aids, and lifters, were observed to be in good condition, clean and well maintained, and stored appropriately. Equipment in the main kitchen was clean and well-maintained with test and tagged equipment currently certified.

# 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

I find this Standard is compliant.

Consumers and representatives said they felt encouraged, safe, and supported to provide feedback and make complaints, and could describe the various methods available for them to do so. Staff described the service’s procedure for receiving/recording feedback and complaints and described how they have escalated concerns if they could not resolve the concern for the consumer.

Consumers and representatives were aware of advocacy services due to information provided by the service and management. Staff demonstrated an understanding of advocacy services and posters, and brochures are available to support consumers communicate with language and advocacy services. The consumer handbook provided to consumers on entry to the service includes information regarding internal complaints mechanisms and informs consumers of the complaints processes available externally to the service for them.

Consumers and representatives who had made a complaint said management acknowledged the issue and involved the consumer and representative in the resolution process to achieve an outcome which satisfied the consumer and representative and also included an explanation of what had gone wrong and offer of an apology.

Learning and development records evidenced staff received training on complaints processes and open disclosure. Policies demonstrated the service’s approach to managing feedback, complaints and open disclosure. The service’s complaints register demonstrated management discussed complaints with the consumer and representative when they were raised, open disclosure occurred, and actions completed, including timeframes, were documented.

Consumers and representatives said they were able to provide feedback and make suggestions which were actioned by management. The service trended and analysed complaints; feedback and concerns raised and used this information to inform continuous improvement activities across the service which were documented.

# 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

I find this Standard compliant.

The service was able to demonstrate the workforce was planned to meet the needs of consumers to deliver quality care and services and had systems and processes in place to ensure there was a sufficient number of staff rostered across all shifts. Consumers and representatives said staff had the time to deliver their care and services and they did not make them feel rushed and attend quickly in response to requests for care. Registered and care staff advised they always had enough staff and received a handover sheet for any changes. The service employed a mix of registered and care staff including a clinical manager to oversee clinical services to ensure appropriate staffing is in place to meet the acuity of consumers care needs.

Consumers and representatives said staff had a kind and caring attitude and a peaceful, calm, home like environment was observed. Staff demonstrated and described how they respected consumers identity, culture and diversity. Feedback received from complaints and surveys contributes to the monitoring of staff behaviour and to ensure interactions between staff and consumers met the organisation’s expectations.

Consumers and representatives said staff performed their duties effectively, provided cares and services in a safe manner and they are confident that staff are skilled to meet the consumers’ care needs. Management monitored and reviewed staff to ensure they are competent to carry out their roles. Staff competency was monitored through feedback, audits, surveys, reviews of clinical records, performance appraisals and observations of care delivery. Professional qualifications and regulatory requirements of staff evidenced all staff had the required current checks in place.

The service demonstrated the workforce was recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards. Staff completed training on a regular basis and had the appropriate experience and skills to perform their roles. The organisation had processes in place to ensure staff completed mandatory training. Consumers and representatives felt staff had the appropriate training to be able to deliver the assessed cares and services they required.

The service demonstrated monitoring and review of the performance of its workforce occurred. Documentation evidenced, the regularity of performance assessment and monitoring was disrupted by COVID-19 however outstanding performance appraisals are being actioned through a strategic plan to ensure all performance appraisals were completed and documented.

# 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

I find this Standard compliant.

Consumers and representatives said they were supported to be involved in development and evaluation of the care and services provided by staff at the service. They considered the service to be well run and they could provide feedback and suggestions to management which was actioned. The service’s continuous improvement evidenced the service actively engages consumer feedback to initiate improvements in care and service delivery.

The Board met monthly with the executive team to review information and reports relating to combined clinical and incident data/trend analysis; operational and financial information; results of internal audits, surveys and complaints trends. The Board used the information to identify the service’s compliance with the Quality Standards, to enhance performance and mitigate risks, and to monitor and take accountability for care and service delivery.

Review of the organisation’s governance framework identified a leadership structure with the governing body holding overall accountability for quality and safety. The service had established a number of committees with responsibilities for the monitoring of care, risk, quality indicators, compliance, funding and staff training. These committees met on a weekly basis with management to discuss the service’s outcomes and consider areas for improvement prior to monthly reports being forwarded to the Board.

Staff described the systems and processes of organisational wide governance relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service was able to demonstrate they had systems in place to identify and assess risks to the health, safety and wellbeing of consumers. While processes were in place to manage high impact or high prevalence risks, consumer abuse and neglect and supports for consumers to live their best life, some Serious Incident Response Scheme related incidents had not been reported as per legislative requirement, however impact was not identified for these consumers. The organisation collated reports relating to incidents in the service’s electronic systems, and critical incidents were escalated to senior staff or management to action in a timely manner.

The operational governance frameworks ensured that management and the Board were informed of any risks through reporting structures within the organisation.

The service was able to demonstrate an effective clinical governance framework in relation to antimicrobial stewardship, restrictive practice and open disclosure. Staff demonstrated an understanding of antimicrobial stewardship, restrictive practices and open disclosure practices. The service had documented policies in relation to care and service delivery in line with the Quality Standards and these formed part of the service’s clinical governance framework. Staff said these policies had been discussed and were able to explain what they meant in a practical sense.

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)