Performance

Report

**1800 951 822**

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| Name: | Western Port Bay Care Community |
| Commission ID: | 3572 |
| Address: | 30 The Crescent, TYABB, Victoria, 3913 |
| Activity type: | Site Audit |
| Activity date: | 8 January 2024 to 11 January 2024 |
| Performance report date: | 20 February 2024 |
| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 26593 Western Port Bay Care Community |

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 Western Port Bay Care Community (**the service**) has been prepared by Katherine Richards, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.

The provider submitted an email on 5 February 2024 acknowledging findings within the Site Audit report.

# Assessment summary

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 6 out of 6 Requirements have been assessed as Compliant.

Consumers said they are treated with affection, dignity, and respect and take time to understand their background and what is important to them. Staff were familiar with consumers’ personal histories and backgrounds, and interactions between staff and consumers were observed to be respectful. Policies, procedures, and training outline expectations on staff interactions with consumers and respecting consumer diversity.

Consumers explained how staff took time to understand their cultural background and meet associated needs. Staff identified what is culturally important to consumers in line with care planning documentation. Special activities are scheduled to recognise cultural needs of consumers, and the service maintained a register of cultural and linguistic diversity.

Consumers described how staff support the choices they make about their care, and they maintain relationships and involve these people within care. Staff said they assist consumers make decisions about care each day and respect preferred routines. Management explained how they foster friendships and encourage consumers to maintain connections.

Staff and management could describe risks taken by consumers and strategies used to minimise potential harm. Consumers felt supported to take risks to continue to enjoy or improve their quality of life. Care planning documentation demonstrated risks were identified and discussed, with mitigating strategies developed and reviewed regularly to optimise consumer safety.

Consumers said they receive information through activities schedules and staff alerting them. Staff explained available information, and how they ensured communication needs of consumers were considered and met. Menus were available in each dining area, however, consumers could not recall being asked in advance what they would like to order. Hospitality staff acknowledged recent changes to the process due to personnel changes, with management acknowledging intention to reintroduce the consultation in coming weeks.

Consumers said privacy is respected through actions such as knocking on doors and closing blinds during personal care. Management explained expectations and processes for staff to maintain confidentiality, such as use of secure systems to store consumer information and shredding documentation for disposal. The privacy policy defined personal and sensitive information and outlined when information could be disclosed in line with relevant legislation.

# 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 assessed as Compliant as 5 out of 5 Requirements have been assessed as Compliant.

Staff explained assessment and planning processes, detailing how this informed care delivery. Care planning documentation included consideration of individual risks to develop tailored management strategies. Policies and procedures guided in development of care planning documentation through assessment processes.

Care planning documentation recorded current needs, goals, and preferences for consumers, with end-of-life wishes documented where specified. Clinical staff explained how ensured consumer needs, goals, preferences, and advance care directives with end-of-life wishes were discussed with consumers and/or representatives on admission and during routine reviews. Although not all consumers and representatives could recall having discussions regarding advance care directives, with management explaining not everyone wanted to discuss these upon entry, providing evidence of availability for some of the consumers, and coordinating meetings with others. Clinical staff received training on advance care planning documentation and reviews.

Consumers and representatives described how staff involve them in assessment and planning. Staff described active collaboration with consumers, representatives, and other providers of care. Care planning documentation demonstrated input from consumers, representatives, allied health staff, and external specialists.

Consumers and representatives said they received regular updates on consumer care and most said they had access to care planning documentation, with one consumer explaining they could read the copy of the care and services plan kept on the back of their bathroom door. Some representatives said they could not recall being offered a copy of the care planning documentation, however, were not concerned as they had sufficient information provided verbally. Clinical staff said they provide regular verbal updates to consumers and/or representatives following review of the care and services plan, including following incidents, and this was evidenced in care planning documentation. Care and services plan summaries were observed to be available in each consumer’s bathroom.

Clinical staff explained routine review of care planning documentation every 4 months, or after change, incident, or deterioration of health. Care planning documentation demonstrated evaluation was undertaken in line with service directives, with relevant assessments updated following incident or change in circumstance.

# 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 assessed as Compliant as 7 out of 7 Requirements have been assessed as Compliant.

Documentation for one consumer with increased pain following a fall did not demonstrate all medical directives had been followed, however, the named consumer expressed satisfaction with the pain management regime consisting of pain relief and physiotherapy. Management acknowledged identified areas for improvement relating to wound care documentation, identified within the internal audit process 3 months prior to the Site Audit with continuous activities scheduled and staff practice being monitored. Representatives explained how provision of tailored care to meet consumer needs has improved health of consumers. Care planning documentation included assessment and monitoring processes, and staff were able to describe the provision of tailored care to meet individual needs of consumers.

Staff demonstrated awareness of risks for consumers and explained personalised management strategies reflective of those within care planning documentation. Consumers verified staff knew of their risks and management strategies were utilised. Management explained processes to monitor effectiveness of risk management strategies, with investigation carried out after incidents to determine if further strategies or staff training would be beneficial.

Staff explained how end-of-life care delivery focused on comfort, including pain management, hygiene, and emotional support. Care planning documentation for a late consumer demonstrated monitoring and provision of care to ensure end-of-life goals were honoured. Policies and procedures informed staff on provision of best practice palliative care.

Consumers and representatives verified changes in condition were recognised and responded to in a timely manner. Staff described monitoring processes to identify signs of change or deterioration in consumer condition, and stated all changes were documented and escalated. Care planning documentation demonstrated consumers were monitored for change of mental health or cognitive and physical changes, with appropriate responsive action where identified.

Consumers said staff had an effective handover to ensure staff are familiar with care needs, and they did not need to repeat themselves. Staff explained processes to share information, such as verbal handover and through documentation in consumer care files, with information for Allied health shared in communication books. Care planning documentation included sufficient information to inform staff of consumer care needs and changes.

Care planning documentation demonstrated timely and effective referrals to Allied health providers and external specialists. Staff explained the current network of providers and clinical staff can liaise with external providers to meet consumer needs. A representative explained they are contacted for consent prior to referrals being made and consider consultation to date has been timely.

Consumers and representatives were familiar with infection control practices, including COVID-19 precautions. Staff explained actions to minimise use of antibiotics and ensuring appropriate prescribing. Entry screening processes were used to reduce outbreak risk, and staff and visitors were observed using personal protective equipment in line with current guidance.

# 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 assessed as Compliant as 7 out of 7 Requirements have been assessed as Compliant.

Management described programs to maintain independence and enhance their quality of life, including the monthly program to fulfill a consumer’s wish. Staff described assessment and planning processes to capture consumers’ likes and dislikes and develop appropriate supports. Consumers’ functional abilities were considered in activities to optimise independence in participation.

Consumers said they felt their emotional and psychological needs were supported through staff building relationships. Care planning documentation outlined consumers’ spiritual and religious needs, with lifestyle staff church services are currently screened on television but there are plans to recommence on-site services. Staff said they engage in one-on-one conversations with consumers to improve mood and well-being. Management described a program through which each member of staff is paired with a consumer to have one-on-one catch ups and promote social connection, and these interactions were recorded and tracked.

Consumers gave examples of how they were supported to participate in the wider community, as well as within the service, to do things of interest. Staff explained how they supported consumers to keep in touch with people of importance, with volunteer visits arranged for consumers who are less socially active. Activities provided opportunities for consumer connection, with events scheduled to include families, and lifestyle staff explained tailoring the program to meet consumer likes and preferences.

Staff explained methods for sharing information, for example, hospitality staff said they receive daily updates on dietary needs and preferences of consumers. Care planning documentation detailed information on consumers’ conditions, needs, and preferences in relation to services and supports, such as volunteer visits.

Although consumers were unaware of referrals for services and supports, staff provided evidence of timely referrals to community volunteer services and pastoral care providers. Care planning documentation included record of referrals and corresponding visits.

Overall, consumers were satisfied with the variety and quality of food, with second servings, alternatives, and snacks also available. Whilst one consumer expressed a preference for spicier food, options were available to customise dishes, and hospitality staff said they try to vary the menu to suit all consumers tastes and preferences. The rotating seasonal menu is set at organisational level but adapted for consumers with input through food-focused meetings.

Staff demonstrated cleaning and maintenance processes to ensure a safe standard of provided equipment. Most consumers could recall staff actions to check personal equipment, and staff said they observe and report deterioration. Equipment was observed to be operational, 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 assessed as Compliant as 3 out of 3 Requirements have been assessed as Compliant.

Consumers explained how they were supported to personalise their room and found the environment easy to navigate. Management detailed the input of dementia specialists in designing the environment to incorporate dementia-friendly design principles. Clear signage, good lighting, and large windows supported wayfinding, with independent movement facilitated through wide hallways with handrails, and lifts to travel between floors. Communal areas supported interaction between consumers and visitors.

Consumers described the environment as clean and well maintained, and they can move freely within the indoor and outdoor areas of the service. The secured front door was accessed with the code displayed above the keypad and management advised the code is provided to consumers on entry and fobs made available unless the consumer was subject to environmental restraint. Cleaning schedules included daily and weekly tasks and infection control procedures, with monitoring for completion.

Consumers said they found the furniture and equipment to be safe, clean, and well-maintained, with staff ensuring items like call-bells were working and within reach. Registers demonstrated testing and maintenance was undertaken in accordance with schedules. Staff explained cleaning processes for shared equipment, and furniture, fittings, and equipment were observed to be clean, in good condition, and being used by consumers. Management detailed workarounds and responsive actions to restore the call bell system, damaged by a power surge just prior to the Site Audit.

# 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 assessed as Compliant as 4 out of 4 Requirements have been assessed as Compliant.

Consumers and representatives said they felt safe and supported to provide feedback or make complaints and were aware of various available communication methods. Staff described verbal and written complaint processes, with management explaining all feedback is logged for tracking and trending. Information on how to make complaints, along with feedback forms, were observed in each wing with locked letterboxes for provision of anonymous information.

Consumers and representatives were familiar with available external advocacy and complaint services, with flyers displayed at reception. Management said information was also shared through consumer and staff handbooks, lifestyle newsletters and services were discussed at consumer meetings. Whilst staff said there was no current requirement for language services, information on translating and interpreting services was available within guidelines and displayed in nurses’ stations.

Management and staff said they received training in incident management and open disclosure and demonstrated understanding of underlying principles. Consumers and representatives expressed satisfaction with how the service addressed and resolved complaints. Documentation demonstrated complaints and actions were recorded, and open disclosure applied to communicate and resolve issues.

Management explained how complaints were used to identify trends and develop improvement activities. Documentation, including the Continuous improvement plan and consumer meeting minutes, demonstrated feedback and complaints were reviewed and used to improve care and services. Policies and procedures outlined the organisational commitment to identifying and addressing opportunities for improvement in response to feedback and complaints.

# 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 assessed as Compliant as 5 out of 5 Requirements have been assessed as Compliant.

Overall, consumers and representatives said there were enough staff to meet consumer needs in a timely manner. In response to those who considered there should be more staff to provide timely care, management advised the service is currently transitioning into a new mode of care, involving recruitment of staff and redistribution of workload to enable clinical staff to be more accessible. Staff said there were enough staff to ensure tasks were completed whilst maintaining a standard of quality, and consumer needs have been considered in scheduling. Management described processes to cover unplanned leave, with ongoing recruitment and retention strategies to meet legislative requirements. Monitoring processes, including call bell response times, care minutes, and complaints, demonstrated there were enough staff to meet expectations.

Consumers and representatives said staff were kind, caring, respectful and gentle. Documentation, including policies and staff handbook, outlined the organisation’s commitment to treating consumers with dignity and respect, and staff received associated training. Interactions between staff and consumers were observed to be respectful and gentle.

Management explained how staff competency is ensured through training, and orientation and onboarding processes. Staff explained receipt of position descriptions outlined required qualifications, skills, and competencies. Documentation included records of registration with professional bodies and legislative requirements, such as police checks and vaccination records. Most consumers and representatives believed staff sufficiently skilled, and in response to feedback received relating to dementia care and behaviour support strategies, management demonstrated ongoing training and coordinated a further education support session.

Staff detailed provided training to deliver outcomes within the Quality Standards, such as use of restrictive practices, application of open disclosure, incident management and reporting obligations under the Serious Incident Response Scheme. Available records including mandatory and compulsory training modules and attendance, with management explaining they monitor compliance and outstanding training is due to staff who were recently employed or on extended leave.

Management explained the formal and informal processes used to monitor staff performance. Staff described the annual performance appraisal process as including positive feedback and areas for improvement. The performance management policy and procedure outlines how staff performance was assessed, monitored, and reviewed.

# 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 assessed as Compliant as 5 out of 5 Requirements have been assessed as Compliant.

Consumers and representatives said they are supported to be involved through consumer meetings, focus groups, feedback and complaint mechanisms, and the consumer engagement committee. Management explained initiatives to involve consumers in daily operations, and the development of the consumer advisory committee to enhance consumer engagement. Meeting minutes evidenced consumer input in all areas of care and services.

Management explained the organisational structure and reporting processes to enable oversight and accountability of quality care and services. Management compiles monthly reporting of quality indicators, with this information combined with audit reports to generate a clinical governance report to identify areas for improvement. Minutes from Board and subcommittee meetings demonstrate review of quality indicators and trends. Policies and procedures include defined roles and responsibilities aligned to the Quality Standards, as well as requirement to develop improvements to support the governing body, management, and staff in the promotion of safe, inclusive, and quality care and services.

Processes and mechanisms in place ensured organisational governance systems were effective and informed staff to effectively provide care and services. Information management systems ensured access to training, policies, and procedures, as well as supporting capturing information on incidents, audit outcomes, and reporting. Workforce governance included systems for recruitment and management of staff with defined skills and competencies. Financial governance included development and management of budgets, with processes for expenditure to meet consumer needs.

An effective risk management framework was demonstrated through implementation of policies and procedures. Management explained processes to monitor and address risks, which are reported at an organisational level. The incident management system supported reporting, recording and review of incidents, including mandatory reporting. Staff outlined policies and procedures followed relating to risk, elder abuse and neglect, incident management, and supporting consumers to live the best possible life.

Clinical governance consisted of a framework including policies, procedures, and guidelines. Antimicrobial stewardship is discussed in staff meetings and trended and analysed within clinical indicators. Management advised restrictive practice use is monitored in consultation with Medical officers, specialists, and representatives, and reported through to the Board. Staff receive training and support to practice open disclosure. Management outlined the role of the clinical governance committee, and how they maintained oversight through reporting structures.

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