Performance

Report

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| Name of service: | Wharparilla Lodge |
| Service address: | 21 Hartshorn Drive ECHUCA VIC 3564 |
| Commission ID: | 3048 |
| Approved provider: | Echuca Benevolent Society Inc |
| Activity type: | Site Audit |
| Activity date: | 6 September 2022 to 8 September 2022 |
| Performance report date: | 17 October 2022 |

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 Wharparilla Lodge (**the service**) has been prepared by M.Nassif, 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 10 October 2022.

# 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

Consumers said they are treated with dignity and respect, with their identity and culture valued. Staff were familiar with consumers’ backgrounds and cultures. Care planning documents provided information on consumers’ background, identity and culture.

Staffs demonstrated awareness of consumers culture, backgrounds, values and beliefs and described how this influenced the delivery of care. Care planning documents demonstrated the service has sought information about consumers’ cultural background. Consumers said staff respect their culture, values and beliefs by supporting and learning about their values and culture.

Consumers and representatives said consumers are supported and encouraged to exercise independence. Staff described how consumers keep and maintain relationships of their choice through outings with family and friends. Care planning documents demonstrated consumers’ choice for care and support to remain independent.

Care planning documents identified areas in which consumers are supported to take risks to live the life they wish, and the strategies in place to mitigate identified risks. Staff described how they provide relevant information, so consumers can make risk-based decisions on how they live their life.

Consumers said they received the information they need to make informed choices, including what they want to eat and activities they wish to attend. Staff described how information is provided to consumers regarding their care and services, enabling them to exercise their own choice. Lifestyle activities timetables and food menus were observed in consumers’ bedrooms.

Consumers reported that their privacy and confidentiality is respected and described staff practices such as knocking on doors prior to entry and closing the door during provision of personal care. This was consistent with staff feedback. The service had a privacy policy to advise how personal information is kept confidential.

# 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

Care planning documents demonstrated effective and comprehensive assessment and planning. Consumers and representatives were satisfied consumers’ current needs and preferences are considered and risks are assessed. Staff described how they assess consumers and use care planning to deliver safe and effective care.

Consumer and representatives confirmed they are provided opportunities to discuss their current care needs, including advance care or end of life planning. Staff demonstrated a comprehensive knowledge of what was important to consumers, including personal hygiene preferences. Care planning documents identified the consumers’ current needs, goals and preferences.

Care planning documents reflected the involvement of consumers, representatives and other health professionals in the assessment and planning process. Consumers and representatives said they are actively involved in the assessment, planning and review or care and services. Staff described how consumers and representatives are included in care planning.

Consumers and representatives said the service maintains good communication, particularly around changes in care. Management acknowledged copies of care planning documents are not offered, however it is part of the service’s Continuous Improvement Plan. Staff explained how they update families on consumers care either face to face when they visit the service or over the phone.

Management explained how changes to consumers’ care or any incidents are communicated to families as soon as possible and updated in care planning documents accordingly. Care planning documents evidenced they are reviewed three monthly and further updates are made when consumers’ circumstances change or following incidents.

# 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

Care planning documents demonstrated consumers receive safe and effective personal and clinical care that is best practice, tailored to meet the individual consumer’s needs and optimises their health and well-being. Review of the service’s management of restrictive practices evidenced they align with best practices. Gaps in documentation relating to the monitoring of pressure area care and lack of interventions in place for managing pressure injuries for two consumers was identified. In response, management outlined actions taken to address the gaps including the involvement of other allied health to manage the consumer’s wound. Additionally, the representatives of both consumers did not express any concerns around wound management.

Care planning documents and service reports evidenced high-impact and high-prevalence risks are effectively managed through regular clinical data monitoring, and implementation of suitable risk mitigation strategies for consumers. Policies are available to all staff on high impact or high prevalence risks associated with the care of consumers.

Care planning documents for consumers who were nearing end of life showed their needs, goals and preferences are recognised. Representative feedback from a consumer who passed said the service was very respectful and supportive of the family on their visits, and that staff always spoke with a calming and pleasant voice. Staff described the way care delivery changes for consumers nearing end of life.

Consumers and representatives said the service recognises and responds to changes in condition in a suitable and timely manner. Care planning documents reflected timely identification of, and response to, deterioration and changes in function of consumers. Staff explained how deterioration is discussed during handovers and at staff meetings which may trigger a Medical Officer review, and review of care planning documents.

Care planning documents provided adequate information to support care. Consumers and representatives said the consumer's preferences and care needs are communicated effectively with them, and between staff. Staff described how information is shared when changes occur through staff meetings, handover and how changes are documented in progress notes and the handover sheets.

Consumers and representatives said referrals are timely, appropriate, and occur when needed. Care planning documents confirmed input of other allied health professionals who can be consulted as necessary.

The service had documented policies and procedures to support the minimisation of infection related risks through the implementation of infection prevention and control principles and the promotion of antimicrobial stewardship. Consumers and representatives said they were satisfied with the service’s management of COVID-19 precautions and other infection control practices.

# 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

Consumers said they receive services and supports for daily living that meet their needs, goals and preferences, and enhances their independence and quality of life. Staff demonstrated awareness of consumers’ needs and preferred activities. Documentation evidenced a monthly schedule of recreational and social activities, based on consumer preferences and occasions that are meaningful to consumers.

Consumers said there are services and supports for daily living that promote their emotional and spiritual well-being. Care planning documents outlined consumers’ emotional and spiritual needs and strategies to support these needs. The service works with volunteers to supplement activities in the lifestyle program for the well-being of the consumers.

Consumers said they are supported by the service to participate in their community within and outside the service environment as they choose. Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships. Care planning documentation identified activities of interest for the consumers and how they are supported to participate in these activities and also in the wider community.

Consumers considered information is adequately communicated between staff. Staff described how communication of consumers’ dietary and daily living needs and preferences occurs via care planning documents and handover.

Care planning documents showed the service collaborates with external volunteer services to support the needs of consumers. Staff provided examples of consumers who have been referred to other providers of care and services. Consumers said the service often refer them to external providers to support their care and service needs.

Consumers said the meals provided are varied and of suitable quality and quantity. The service had processes in place where consumers can order what they want each day from the menu, and if they do not like the options on offer there are alternatives available for the consumers to choose.

Consumers said, consistent with observation, equipment which supported consumers to engage in lifestyle activities was suitable, clean and well maintained. Staff described the process for reporting faulty equipment.

# 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

The service environment was observed to be welcoming and safe, with handrails available to optimise independent mobility. Staff described how they support consumers to personalise their rooms with furniture, artwork, and bedding to promote a sense of belonging and independence. Consumers said they feel welcomed and at home at the service.

Consumers said they are free to move around the service indoors and in the courtyards. Maintenance staff onsite ensure the environment is safe and well-maintained and described how requests are logged and responded to in a timely manner.

Furniture, fittings and equipment were observed to be in good condition. Consumers said they have no concerns in relation to maintenance of the equipment and feel safe living at the service. Documentation demonstrated testing and maintenance is conducted and issues are addressed in a timely manner.

# 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

Consumers and representatives said they know how to provide feedback and make a complaint and are comfortable approaching staff directly. Staff described how they support consumers and representatives to provide feedback or make a complaint. Feedback forms around the service was observed and the resident handbook contained information on how to make a complaint.

Consumers said they were comfortable raising concerns within the service and were aware of advocacy services. Information on internal and external complaints and feedback processes and advocacy services was observed on noticeboards and brochures were available in shared areas of the service.

Consumers and representatives said their complaints are addressed in a timely manner and were happy with the follow up and outcome. This was evident in the service’s complaint and incident register which also demonstrated open disclosure process.

Consumers and representatives said they were confident that complaints and feedback would result in improvement in the quality of care and services. Complaints and feedback documentation demonstrated timely action taken in response to complaints and feedback to improve care and services.

# 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

Consumers said call bells are generally answered promptly. Staff confirmed in the event of unplanned leave, shifts are replaced by permanent staff. Documentation showed that staffing levels are managed through extending shifts and balancing duties, and call bells are answered promptly.

Consumers and their representative’s said staff are kind, caring and respectful with delivery of care and services. Documentation referenced demonstrated staff attend training on how to provide kind, respectful care, and services. Kind, caring and respectful interactions were observed between staff and consumers.

Consumers and representatives felt confident that staff were suitably skilled and competent to meet their care needs. Management described the process of ensuring staff members are competent and capable in their roles. Staff said they felt competent to provide the care consumers needed at the service.

The service had implemented systems and processes to ensure that staff are appropriately trained and skilled and supported to deliver quality care and services. Staff said they have access to training to support their role and ongoing development. Training completion is monitored and reviewed.

Management said the performance of staff is reviewed at least once a year using a formal performance appraisal process; however, not all scheduled appraisals have been completed due to the impact of COVID-19. The service plans to prioritise the catch-up of staff appraisals by the end of 2022.

# 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

Consumers said the service is run well and were satisfied with the level of engagement in the development, delivery and evaluation of care and services. Management and staff described ways consumers are encouraged to be involved and engaged, such as through resident meetings.

The service had systems and processes to monitor the performance of its service. Various reports are generated, consolidated and received by the governing body on a regular basis. The governing body uses this information to identify compliance with Quality Standards and to initiate improvements to enhance performance or monitor care.

The service demonstrated effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. For example, staff described how the service has been responsive to requests for budgetary changes to support the needs of consumers as well as the continuous improvement process.

The service had a risk management system and practice that included managing high impact and high prevalent risks, identifying and responding to abuse or neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents. Management and staff were able to describe these systems and practices.

The service had a clinical governance framework to promote antimicrobial stewardship, minimise the use of restrictive practices and the use on an open disclosure process. Management and staff shared an understanding of the governance framework and how they would apply it.

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)