Performance

Report

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| Name: | William Beech Gardens - Waler |
| Commission ID: | 0043 |
| Address: | Madline Street, Condobolin, New South Wales, 2877 |
| Activity type: | Site Audit |
| Activity date: | 28 November 2023 to 1 December 2023 |
| Performance report date: | 5 January 2024 |
| Service included in this assessment: | Provider: 643 RSL LifeCare Limited  Service: 59 William Beech Gardens - Waler |

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 William Beech Gardens - Waler (**the service**) has been prepared by Denise McDonald, 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 staff, consumers, representatives, and others.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers and representatives considered consumers were treated with dignity and respect. Staff said they treated all consumers with respect by getting to know them and listening to their preferences. Staff were observed to interact with consumers in a dignified and respectful manner, such as providing emotional support.

Consumers and representatives said staff were aware of, and respected consumers’ cultural background. Staff described how they provided culturally safe care and services for consumers, such as referring to information detailed in care planning documentation. In addition, staff said they held cultural events and activities, and observed days of cultural significance, as reflected in the activities calendar. A policy outlined the service’s responsibilities in providing an inclusive environment, that understands and values each person and their background.

Consumers advised staff supported their choices. Management and staff described how consumers were supported to make and communicate decisions about their care and services, and who should be involved. Management said consumers were encouraged to stay in touch with family and friends, and described how they supported consumers to maintain relationships of choice, such as providing assistance with phone calls.

Consumers advised they were supported to do the things they wanted to do, including when it involved an element of risk, by discussing risks with staff to help them make an informed decision about their choices. Management said, and care planning documentation evidenced consumers were supported to have control over their life through assessments which identified risks associated with consumers’ choices and ways to minimise potential harm.

Consumers said staff were respectful of their privacy. Staff described privacy protocols in place and were observed respecting consumers’ privacy and maintaining the confidentiality of information.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Staff described how assessment and planning processes identified risks to consumers by using validated assessment tools and incorporating feedback from multidisciplinary providers of care and services. Care planning documentation evidenced risks were assessed and monitored and included risk mitigation strategies. Guidelines, policies, and procedures guided staff in the assessment and planning, and consideration of risks to consumers.

Management and staff described how they identified and addressed consumers’ needs, goals, and preferences, including advance care and end of life planning, if the consumer wished to discuss the matter. Management said, and documentation demonstrated ongoing discussions occurred about advance care and end of life wishes to ensure the accuracy of information. Care planning documentation identified consumer’s needs, goals, preferences, and advance care and end of life directives.

Management and staff explained how they involved consumers and others in the ongoing assessment, planning, and review of consumers’ care and services, such as though face to face meetings, telephone correspondence, or through referrals. Documentation reflected consumers, representatives, and other providers of care and services in the ongoing involvement in care planning.

Consumers and representatives said staff communicated changes to consumers’ care plans and provided a copy. Management and staff described how they communicated outcomes of assessment and planning with consumers and others, such as through meetings, and shift handover processes.

Consumers and representatives said care plans were regularly reviewed, including when incidents occurred, to ensure care and services were appropriately supporting consumers’ needs, goals, and preferences. Care planning documentation evidenced care and services were regularly reviewed, including when there was a change in circumstances, such as a fall.

# 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

Management and staff said they identified consumers personal and clinical needs and ways to appropriately support consumers through assessment and planning processes. Staff described in practical terms how they would manage clinical scenarios, such as wound care, in a safe and effective manner. Care planning documentation evidenced consumers received safe, effective care tailored to specific needs and preferences. Policies, procedures, and tools supported the delivery of care.

Consumers reflected they were satisfied with the management of risks associated with their care. Staff identified high impact, high prevalence risks for consumers and described how they managed these risks, for example, undertaking observations, charting, and referrals. The service had a policy to support the management of high impact, high prevalence risks.

Staff explained how the delivery of care and services changes for consumers nearing end of life, and described ways they supported consumers’ dignity and comfort, such as attending to personal care, pain management, and providing emotional support. Management and staff said they referred to care planning documentation and clinical reports which outlined consumers’ advance care directives, and updated information accordingly if there was a change impacting consumer’s needs, goals, and preferences. Care planning documentation demonstrated end of life care was provided in a way to support consumers comfort, and in alignment with their end of life wishes.

Staff said they were familiar with consumers and were able to identify any changes or signs of deterioration in consumers, such as changes to appetite, behaviour, and weight loss. Management and staff described how they would respond to deterioration and changes in a timely manner, as reflected in care planning documentation. A policy was in place to guide staff in the timely identification and response to deterioration in consumers.

Management advised information was communicated within the organisation through meetings, shift handovers, and updating documentation. Staff described how they shared information with others responsible for care, such as through communicating assessment and planning outcomes and completing referrals. Documentation demonstrated information relevant to consumers’ conditions was regularly updated and shared with staff to support the delivery of care.

Consumers said referrals were timely and appropriate and had access to relevant health professionals, as reflected in care planning documentation. Staff described the process in place to refer consumers to internal and external providers of care and services.

Management and staff advised they obtained pathology results and consulted the medical officer to ensure antibiotics were appropriate prescribed and described measures to prevent infections. Staff described how they applied infection control practices such as wearing appropriate personal protective equipment, and practising hand hygiene. Staff were observed following 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 had access to activities and supports, which met their needs and preferences and optimised their quality of life. Staff said they tailored activities to meet consumers diverse needs and preferences, and consumers feedback was incorporated into the services and supports available as evidenced in meeting minutes. Care planning documentation included information about consumers interests and how to support consumers.

Consumers reflected their emotional, spiritual, and psychological well-being was supported by staff and through access to services and supports, as reflected in care planning documentation. Staff described how consumers well-being was supported, such as through access to religious services. Staff explained they consulted consumers support network if additional emotional of psychological support was required and completed assessments to identify how to best support consumers.

Consumers said their social and community participation, and relationships was supported, and they were able to do things of interest, and staff described how they supported this. Care planning documentation detailed how to support consumers social and community participation, relationships, and interests.

Staff said they communicated information about consumers through daily staff meetings, shift handovers, and updating documentation. Staff were observed sharing relevant information and changes about consumers a during shift handover and were noted to have access information to support the delivery of care and services.

Consumers and representatives said consumers had access to range of supports provided from external organisations and volunteers. Staff described other organisations and individuals available to support consumers. Care planning documentation reflected referrals were completed in a timely and appropriate manner to supplement services and supports.

Consumers and representatives expressed satisfaction with the food provided, and advised it was of good quality with plenty of options available. Staff said consumers feedback was incorporated into the development of the menu to cater to consumers diverse needs and preferences. The dining room was observed to be clean with tables set, with staff assisting consumers with meals as required, which contributed to the overall dining experience.

Consumers and representatives said equipment was suitable for consumers, and kept clean and well maintained, which aligned with observations. Staff said they had access to equipment for support consumers as needed, and described how they maintained the safety and cleanliness of equipment. Documentation evidenced preventative and reactive maintenance matters were attended to.

# 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

Consumers said the service environment was easy to navigate and allowed for consumers to be independent and promoted a sense of belonging. Staff said they supported consumers to feel at home at the service, by getting to know them and taking on board feedback or suggestions of ways to improve the service environment. Consumer rooms were observed to be personalised and decorated with personal items and meaningful to consumers, such as art work and photographs. The service environment was observed to be easy to navigate with clear signage and wide hallways to assist with consumers navigation.

Consumers and representatives said the service was clean and well maintained and consumers were supported to move freely within the service environment, which aligned with observations. Staff explained the processes and systems in place to maintain the safety and cleanliness of the service environment. Maintenance documentation demonstrated requests were completed in a timely manner, and cleaning was undertaken in accordance with schedule.

Consumers and representatives said furniture, fittings, and equipment were clean and well maintained, and suitable for consumers’ use. Staff explained how they reported maintenance concerns, and documentation evidenced systems were in place to monitor and attend to maintenance as needed. Furniture, fittings, and equipment were observed to be safe, clean, and well maintained.

# 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 said they were comfortable in raising concerns and providing feedback. Management explained consumers and others were supported to provide feedback or make a complaint through various avenues, such as feedback forms, meetings, email and telephone correspondence, and speaking directly to management and staff. Informational material was observed around the service environment to inform consumers and others of their feedback and complaints options.

Consumers and representatives advised consumers were aware of advocacy and language services available, and other ways to raise and resolve complaints. Management advised consumers were informed of alternative complaints resolution pathways through the consumer handbook, and by displaying various flyers and brochures around the service, which aligned with observations.

Consumers advised complaints and concerns were listened to resolved in a satisfactory manner. Management and staff described how they would apply the principles of open disclosure into practice, by acknowledging complaints or concerns and maintaining transparent communication. A policy and training was available to guide staff in applying an open disclosure process.

Consumers advised their feedback and complaints were acknowledged and reviewed to make improvements to care and services. Staff explained how they would acknowledge concerns, conduct an investigation, and implement improvement actions. The service’s plan for continuous improvement evidenced feedback and complaints were reviewed to make improvements, monitored and evaluated.

# 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

Management explained the processes and systems in place to maintain oversight of workforce planning and management, including contingencies for unplanned leave. Call bell data and observations evidenced requests for assistance were promptly attended to. Staff considered the workforce was appropriately allocated and had enough time to complete their work. Staff rosters evidenced an adequate complement of staff were deployed across different areas of service delivery.

Consumers said staff were caring and respectful, which aligned with observations. Staff described how they interacted with consumers in a respectful manner. A diversity and inclusion policy set out expectations in providing respectful, inclusive care and services.

Management said they ensured staff were competent and suitably qualified through recruitment verification processes, and subsequent induction and training provided to staff. Management said, and documentation demonstrated checks were undertaken to verify staff had the appropriate registrations and qualifications required for their respective role in alignment with position descriptions.

Management said staff were provided training upon induction to the service and on an annual basis. Staff considered they had the training needed for their respective role and were able to request additional training if required. Documentation evidenced training was provided covering various topics relevant to these standards, such as incident management and reporting, elder abuse, and manual handling.

Management said they maintained oversight of staff performance through formal performance appraisals, feedback from others, and observations, and described what they would do to manage staff underperformance. Staff said they received a performance appraisal on an annual basis, and documentation demonstrated appraisals were up to date.

# 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 they were supported to provide input about care and services. Management described the various ways consumers were engaged in the development, delivery, and evaluation of care and services, such as through surveys and case conferences. Consumers were observed at a meeting and were engaged in discussion about care and services provided.

Management advised the Board maintained oversight of the service and accountability for care and services delivered through reporting processes, organisational structures, committees, and audits. Consolidated reports outlining matters relevant to service delivery, such as regulatory compliance and incidents, were provided to the board to discuss and make recommendations, as reflected in meeting minutes. In addition, management advised the governing body visited the service to directly speak to consumers, representatives, and staff about care provided.

Organisation wide governance systems were in place for information, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. For example, management said, regulatory compliance was supported by monitoring changes to aged care law, and communicated through meetings and memos, with additional training provided as needed.

Management explained how they maintained oversight of high impact, high prevalence risks, such as through daily clinical meetings, clinical indicator and incident trending, and reporting mechanisms. Management and staff explained how they would respond to and manage risks associated with consumers’ care, while supporting consumers to live the best life can. Policies, procedures, and training were in place. The incident register evidenced reportable incidents were referred to the Commission within the appropriate timeframe.

The clinical governance framework was supported by policies, procedures, and training relating to but not limited to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Management and staff described what they would do to support antimicrobial stewardship, minimising the use of restraint, open disclosure.

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)