Performance

Report

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| Name of service: | Willowbrae - Melton |
| Service address: | 116 Centenary Avenue MELTON VIC 3337 |
| Commission ID: | 3206 |
| Approved provider: | Norsan Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 5 December 2022 to 7 December 2022 |
| Performance report date: | 3 January 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 Willowbrae - Melton (**the service**) has been prepared by D.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; 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 said they were treated with dignity and respect, and their identify, individual culture and diversity was valued. Staff were observed treating consumers with care and respect and demonstrated an understanding of consumers’ individual choices and preferences. Care planning documentation reflected consumers' preferences, significant relationships and what was important to maintain their identity.

Consumers said the service provided care and services which were culturally safe. Staff explained and provided examples of how they supported consumers’ individual cultural needs and ensured these were met. Care planning documents described consumers’ individual cultural and spiritual requirements.

Consumers said the service supported them to exercise their own choice, independence, and decision-making about how the care and services were delivered to meet their needs. Staff described how they supported the decisions of consumers and ensured all consumers were given the opportunity to exercise their choices and encouraged independence. Staff were observed assisting consumers to maintain relationships with their friends and families.

Consumers said the service had supported them in taking risks to enable them to live the best life they could. Staff demonstrated an understanding and provided examples of how the consumers took risks and their role in supporting the consumer to take those risks. Risk assessments and dignity of risk forms were carried out to ensure consumers and their representatives understood the potential harm when making decisions about taking risks and included details on the risk being taken and strategies to support the consumer to mitigate the risk.

Consumers advised they received up to date information about activities, meals and other events happening in the service. Staff described ways in which they supported consumers to exercise choice. Posters of upcoming activities and the menu were observed on noticeboards and in consumer rooms. Various meetings held, provided consumers with up to date information, on staff and consumers who had joined or left the service, feedback and complaints and continuous improvement activities.

Consumers said they were confident their information was kept confidential. Staff described how they maintained consumer’s privacy when providing care. Observations of staff practice showed the privacy of consumers was respected and guided by policies and procedures.

# 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

Consumers provided positive feedback on their involvement in the assessment and care planning process, which resulted in the care considered right for them. Consumer’s care files confirmed individual risks such as falls, pressure injury, weight loss, and behaviours had been identified and appropriate management strategies listed. Staff described consideration of risks and how they delivered safe and effective care for each consumer informed by care documentation.

Consumers said the service regularly demonstrated their awareness and support of the needs and preferences of consumers including having discussed and documented their preferences for end of life care. Staff described the needs and preferences of consumers, which aligned with consumer feedback and care planning documentation. Assessment and care planning documentation was individualised to each consumer’s needs, reflecting their preferences for care.

Consumers confirmed they provided their input into the assessment and care planning process through formalised conversations and regular feedback. Staff reported ongoing communication with consumers/representatives to ensure a consultative and inclusive partnership in the care planning and review process. Care documentation reflected the inclusion of multiple health professionals and services in assessment and planning.

Consumers confirmed they were offered a copy of their care plan as part of the review process. Staff confirmed they had easy access to consumer care planning documents via an electronic care management system. Care documentation evidenced regular communication with consumers and representatives and a copy of the care plan was offered and readily available.

Consumers said staff regularly reviewed their care and provided them with an opportunity to give feedback or discuss changes to their preferences. Staff said the consumer and their representative were included in regular reviews and where an incident had occurred. Care documentation showed the service had completed monthly consumer care plan reviews and evaluations, and staff followed a roster to ensure they were completed in a timely manner.

# 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

Consumers reported they were receiving care safe and right for them, which also optimised their health and wellbeing. Staff were guided by systems and processes regarding the management of falls, pain, skin integrity and psychotropic medications. Care documentation reflected consumers were receiving tailored, safe, effective, care which was specific to their needs and preferences.

Consumers felt high impact and high prevalence risks were effectively managed, such as risks of falls, weight loss, skin integrity and pain. Staff recognised the term 'high impact and high prevalence' and identified individual consumer's risks and strategies in place to mitigate these. Policies and procedures were available to guide staff in high impact or high prevalence risk management. Care documentation reflected high impact and high prevalence risks were identified, and interventions had been implemented to effectively manage the risk.

Procedures and practice standards were in place to inform staff in relation to end of life trajectories and the care required. Care documentation confirmed staff responded in a timely manner, involved representatives regularly, palliative care was provided in line with consumers preferences and their end of life symptoms were well controlled. Staff demonstrated knowledge of how care changed at the end of life, confirmed they had access to external palliative care professionals and were observed providing ongoing care to a consumer who passed away during the Site Audit.

Consumers and their representatives said staff recognised, reported and responded in a timely manner when they had experienced a fall or were feeling unwell. Staff were guided by processes and policies for escalation of any change or deterioration in a consumer's health or wellbeing. Staff used several avenues to identify changes, including handover, progress notes, scheduled reviews, incident reports and clinical charting.

Consumers provided positive feedback about staff understanding their care needs and preferences and were confident relevant information was shared with those caring for them. Staff reported information relating to consumers' conditions, needs and preferences were documented in the electronic care management system and readily available. Staff were observed to attend shift handovers to ensure information regarding consumers was consistently shared and understood.

Consumers said they had access to the medical officer, contracted allied health providers and external health organisations when required. Staff discussed the various referral options available dependent on the consumer’s care needs. Care documentation reflected referrals to a range of services and providers in a timely and appropriate way.

Consumers provided positive feedback on the service’s process to ensure infection-related risks were minimised. Policies and procedures underpinned infection prevention and control including an outbreak management plan which contained a concise plan to respond to any infectious outbreak. Staff described practices to minimise infection-related risks, such as hand hygiene, wiping down equipment, and wearing personal protective equipment.

# 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 reported services and supports for daily living met their needs, goals, and preferences and they were supported to maintain their independence. Staff were aware of consumers' interests and identified each consumer's needs, goals, and preferences when asked. Care planning documentation provided information about the services and supports consumers needed to do the things they desired.

Consumers described services and supports available which promoted emotional, spiritual, and psychological well-being such as a one-on-one conversation. Staff provided examples of supporting consumers emotional and psychological well-being in line with care planning documentation. Care documentation was consistent with consumer interviews, detailing individual emotional support strategies and how these were implemented.

Consumers said they felt supported to participate in activities both within and outside the service and the service gave them opportunity to express their individual interests. Staff provided examples of consumers who were supported to participate in activities outside of the service. Care planning documentation identified the people important to individual consumers and their activities of interest.

Consumers said services and supports were consistent and they did not have to repeat their preferences to other staff members. Staff advised consumer care, other needs and individual preferences were shared at handovers and recorded in the consumer’s files. Care planning documentation provided adequate information to support staff in the delivery of effective services identifying and recording each consumer's condition, needs and preferences, including when they changed.

Care planning documentation reflected the service collaborated with external providers to support the diverse needs of consumers in a timely and appropriate way. Staff confirmed the engagement of external service providers to provide specific activities. External organisations were observed to supplement organised services.

Consumers gave positive feedback about the variety, quality, and quantity of food at the service. Consumer preferences were communicated to the kitchen, with staff showing how meals were adapted for consumers with different cultural backgrounds and preferences. Consumers were observed being assisted with their meals and their preferences were accommodated.

Consumers said they felt safe when using equipment and said it was easily accessible and suitable for their needs. Maintenance staff described how maintenance requests were recorded and signed off when the service was completed. Equipment used for activities of daily living was observed to be safe, suitable, clean, and well-maintained. Equipment inspection and servicing was included in scheduled preventative maintenance documentation.

# 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 they felt comfortable at the service and were encouraged to personalise their rooms. Consumers and visitors were observed using communal areas and moving independently around the service. The service was welcoming and provided furnished communal areas optimising consumer interaction and engagement as well as consumer bedrooms with ensuites.

Consumers provided positive comments about the cleaning and maintenance at the service and felt comfortable. Staff described the cleaning and maintenance practices and how any issues were reported and corrected as required. Cleaning schedules reflected how cleaning was undertaken, monitored, and reviewed. Consumers were observed moving around freely, accessing different wings and outside areas for walks.

Consumers said furniture, fittings and equipment were clean and well-maintained. Furniture, fittings, and equipment in the service were observed to be safe, clean, and well-maintained. Documentation, including preventative and reactive maintenance systems, demonstrated ongoing monitoring and timely response to equipment breakdowns and repairs required.

# 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 indicated they were comfortable in raising concerns and feedback with management and staff, at the service. Staff described their role in supporting consumers and their representatives to provide feedback, including a range of opportunities available to provide comments and suggestions and to raise concerns. Information on internal and external complaints avenues and feedback mechanisms were observed to be accessible throughout the service.

Posters on how to access the Commission, advocacy, interpreter or language services were displayed and consumers indicated they were aware of these avenues to raise complaints and provide feedback. Staff described how consumers and their representatives were provided with information to support them in raising concerns or providing feedback. Information packages, notices, and meeting minutes reflected consumers and representatives were informed of how to raise concerns, provide feedback, access interpreter or advocacy services, and how to complete feedback forms.

Consumers and representatives who had raised concerns confirmed management had or were in the process of responding to their complaint, while other who had not complained were confident management would act appropriately and promptly to any concerns raised. Staff discussed what open disclosure means to them and how they practiced this when addressing feedback or when things had gone wrong. Open disclosure principles were incorporated into the service’s complaints and feedback and incident system.

Consumers confirmed the service had implemented improvements as a result of their feedback. Staff described how opportunities for continuous improvement were identified through monthly management and governance meetings, surveys, audits, feedback forms and gap analysis audits. Documentation reflected feedback and complaints were collected and reviewed to assist in improving care and services at the service.

# 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 at times the staff were busy, however generally there were enough staff and it had not affected their care. Processes were used to ensure a suitable number and mix of staff were rostered, including a 2-weekly rotation to support the delivery of safe and quality care and service to consumers. Call bell data for recent months showed timely responses for assistance.

Consumers and representatives said staff interactions with them were kind, caring and respectful. Care documentation reflected individual needs and interventions were documented and personalised to support staff in understanding the consumer's needs and limitations. Policies and processes were in place to support the provision of respectful and inclusive care.

Consumers said staff performed their duties effectively were competent, and skilled to meet their care needs. Position descriptions were provided to staff on their commencement at the service and set out the expectations for their respective roles. Employee records reflected the service monitored professional registrations and other qualifications appropriately. Staff files contained evidence of criminal history checks and competency assessments.

Consumers stated they were confident in the abilities of staff in delivering their care and services, staff were well trained and equipped to perform their roles. Staff described the training, professional development, and supervision they received during their orientation and on an ongoing basis. An annual mandatory training schedule ensured staff were provided with regular and ongoing formal or informal training to ensure they had the knowledge to perform their roles.

Management confirmed staff performance is assessed during probation and on an annual basis. Staff commented positively about the performance appraisal process, indicating it provided them with an opportunity to evaluate their own performance and receive feedback on what they were doing and how they could improve. Policies and procedures were in place to guide staff in managing their performance and to ensure appraisals were competed as scheduled.

# 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 stated the service was generally run well, and they were engaged in the delivery and development of care and services. Policies and processes in place ensured consumers were involved in the design and delivery of service. Staff confirmed the service engaged directly with consumers and listened to them in a variety of forums and described examples of changes made in response to consumer feedback.

The governing body met monthly to monitor the performance of the service from data generated through integrated information systems, which informed them of outcomes of internal audits, consumer, representative and staff feedback and complaints, reported hazards or risks and clinical incident data. Consumers and representatives stated they were impressed with how the service handled the recent COVID-19 outbreak, and updates were communicated efficiently and in a timely manner. Documentation showed monthly management meetings included members of executive management, and monthly quality and clinical governance meetings, fed information to the Board.

The service demonstrated effective governance systems which guided information management, continuous improvement, financial governance, workforce management, regulatory and legislative compliance, and feedback and complaints. Staff confirmed they could readily access the information they required in relation to consumers’ needs, goals and preferences, staff education, policy and procedures, human resource related information and organisational communications. Management described how the Board maintained effective oversight through structured organisational reporting and management framework.

Risk management systems were implemented to monitor and assess the high impact or high prevalence risks associated with the care of consumers. Risks were identified, reported, escalated, and reviewed by the management at the service level and then at the corporate level through the quality and clinical governance committee reviews. Staff demonstrated a shared understanding of the dignity of risk and provided examples of how they supported consumers to take risks and what measures the organisation had in place to monitor them. Incident reports were used to investigate root causes and analysed to drive changes and manage those individual risks for consumers with specialised interventions.

Policies, procedures, and other tools supported effective clinical governance including the quality and safety of clinical care and promotion of antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process. Clinical staff said the service's clinical governance framework functioned effectively and reported they were trained in the systems supporting clinical governance.

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)