Performance

Report

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| Name of service: | Performance report date: |
| Windermere Aged Care Facility | 31 August 2022 |
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| Approved provider: | Activity date: |
| Korlim Pty Ltd | 26 July 2022 to 28 July 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 Windermere Aged Care Facility (**the service**) has been considered by Kathryn Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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
* other information and intelligence held by the Commission in relation to the service.

# 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 | | Compliant |
| 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 felt that staff treat consumers respectfully and with dignity in all aspects of care and services. Staff consistently spoke of consumers in a way that demonstrated respect and understanding of their personal circumstances and life experiences.

Staff are aware of consumers’ preferences, cultures, values and beliefs and were able to explain how those preferences influence the delivery of care. Care planning documentation demonstrated important cultural events for consumers were identified including religious dates of importance, birthdays and Korean cultural days including the Lunar new year.

Consumers were satisfied that they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Staff demonstrated knowledge and understanding of the preferences and choices of s consumers and could describe how they are supported to make informed choices about their care and services.

Management outlined that if consumers choose to engage in activities with an element of risk, the potential risks are discussed with the consumer and their representative, and the discussion is documented. The Assessment Team observed consumers moving freely between indoor and outdoor areas and staff actively encouraging consumers to participate in activities of interest to them.

Consumers advised they are provided with information to assist them in making choices about their daily care and lifestyle choices, such as activity calendars, announcements, menu, noticeboards, meetings and visits from staff. The Assessment Team observed activity calendars in communal areas and the newsletter is available at the entry of the service.

Consumers and representatives expressed the personal privacy of consumers is respected and staff practices and interactions remain respectful through the provision of care and services. Staff described the practical ways they respect the privacy of consumers, such as knocking on consumers’ doors prior to entering and keeping doors closed when providing personal care.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

The service demonstrated assessment and care planning processes are implemented to inform the delivery of safe and effective care and services. Consumers and representatives expressed satisfaction with the assessment and care planning processes and the care and services the consumer received.

Consumers and representatives advised that assessment and planning address the consumer’s needs, goals and preferences. Care planning documentation evidenced that consumers and representatives were consulted throughout assessment and care planning, including advanced health directives.

Staff were able to describe the process for referral to allied health professionals and how medical officers and other specialists are involved in the assessment and planning process.

Care planning documentation evidenced the outcomes of assessment and planning are documented in care plans and these outcomes were accessible to staff and visiting health professionals. The service demonstrated that care plans are reviewed on a regular basis and when the consumer’s circumstances have changed, or incidents have occurred. Staff confirmed care plans are reviewed every three months or when changes in health or care needs occur.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 indicated that they receive safe and effective care that is best practice, tailored to their needs and optimises their health and well-being. Care planning documentation evidenced personal and clinical care is safe, effective and tailored to the specific needs and preferences of the consumer.

Staff described the high impact and high prevalence risks for consumers within the service and were able to describe specific risks in relation to individual consumers. The service conducts clinical audits and analyses risks such as falls, medication incidents, pressure injuries and weight loss. Monthly clinical indicator data is completed at a service level, discussed at meetings and shared with the staff.

The service demonstrated consumers who are nearing the end of life have their dignity preserved and care provided in accordance with their needs and preferences. Consumers and representatives interviewed expressed confidence that when the consumer requires end-of-life care, the service will support them to be as free as possible from pain and to have those important to them with them.

Deterioration or changes in a consumer’s health is recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Staff are guided by policies and procedures that support staff to recognise and respond to deterioration or changes in a consumer’s condition.

The Assessment Team observed progress notes on the electronic care management system, detailing the sharing of information between clinical and care staff. Consumers and representatives indicated the service is aware of the consumer’s condition, needs and preferences are documented and generally communicated with relevant persons.

Care planning documentation evidenced timely referrals to medical officers, allied health therapists and other providers of care and services. Staff demonstrated a shared understanding of the referral process and outlined how changes are documented.

The service has documented policies and procedures to support the minimisation of infection-related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship. Staff demonstrated an understanding of antimicrobial stewardship and could provide practical examples how they minimise the unnecessary use of antibiotics.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 felt supported to participate in activities of their choice and have the appropriate supports in place to assist them. The Assessment Team observed consumers engaging in group activities held in communal areas, such as social and exercise activities, and observed consumers engaging in individual activities in their rooms.

Consumers expressed the service provides support for daily living to promote the emotional, spiritual and psychological well-being for each consumer. The Assessment Team reviewed the lifestyle activity charts which demonstrated frequent engagement with consumers and their activity preferences being considered.

Care planning documentation included information about the interests of consumers and detailed the supports that assisted consumers to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do the things of interest to them. Consumers described the acitivites they enjoy and how the service assists to facilitate and organise these activities.

Consumers and representatives indicated the consumer’s condition needs and preferences are effectively communicated within the organisation and with others responsible for care. Staff described the ways in which they share information and are kept informed of the changing condition, needs and preferences for each consumer. Staff further described how the service engages with external organisations to supplement the lifestyle activities offered within the service. The service is guided by organisational procedures regarding referral processes to services outside the service.

Consumers and representatives provided positive feedback regarding the quality and quantity of the meals provided by the service and advised the meals aligned with their preferences and dietary requirements. Care documentation recorded dietary and nutritional information for consumers captured upon entry to the service in collaboration with the consumer and representative. Consumer dietary needs and preferences are updated in accordance with any changes to a consumer and communicated to the catering staff.

The Assessment Team observed equipment that supports consumers to engage in lifestyle activities to be suitable, clean and well maintained. Consumers and representatives indicated they have appropriate access to equipment, including mobility aids, shower chairs and manual handling equipment, to assist them with their daily living activities.

## Standard 5

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| Organisation’s service environment | | Compliant |
| 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 and representatives said that consumers felt at home within the service and that the service optimises their sense of belonging and independence. The Assessment Team observed the service environment to be welcoming and contained shared areas for consumers to interact within and spaces for quiet activity.

The service was observed to be safe, clean, well maintained and comfortable, consumers were able to move freely throughout the facility, both indoors and outdoors. Staff described the process for reporting maintenance issues and stated that logged issues are promptly resolved.

The Assessment Team Reviewed the preventative maintenance schedule, monthly routine maintenance checklist and reactive maintenance requests which demonstrated that regular maintenance of equipment and furniture is being completed, and that reported maintenance issues for equipment and furniture are resolved promptly.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 felt encouraged, safe and supported to provide feedback and make complaints, and said they are able to do so anonymously or with the assistance of staff. Staff were able to describe the avenues available for consumers and representatives if they wanted to provide feedback or make a complaint, and the process they follow should a consumer or representative raise an issue with them directly.

Staff demonstrated a shared understanding of the internal and external complaints and feedback avenues, and advocacy and translation services, available for consumers and representatives. Consumers and representatives were aware they had access to advocates, language services and other methods for raising and resolving complaints, however they indicated they are comfortable with raising concerns directly with staff and management.

The service was able to demonstrate that appropriate and timely action is taken in response to complaints, and an open disclosure process is consistently applied when things go wrong. Consumers and representatives indicated that the service takes appropriate action in response to complaints and the practice of open disclosure is utilised.

Management advised that the service trends and analyses feedback and complaints made by consumers and representatives and uses them to inform continuous improvement activities across the service. Consumers and representatives described the changes implemented at the service as a result of feedback and complaints and were confident that feedback is used to improve the quality of care and services.

**Standard 7**

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| Human resources | | Compliant |
| 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 indicated there were adequate staff and they delivered safe and quality care. Staff expressed they have sufficient time to complete their duties each day and confirmed all vacant shifts are filled.

Consumers and representatives expressed staff engage with consumers in a respectful, kind and caring manner, and are gentle when providing care. Staff demonstrated personal knowledge and understanding of the individual characteristics of consumers, including their needs and preferences.

Management advised the service ensures the workforce is competent and have the qualifications and knowledge to effectively perform their roles through a variety of methods, such as, performance appraisals, the service’s induction program, qualification and registration requirements and mandatory trainings. Consumers and representatives expressed staff perform their duties effectively, and they are confident that staff are trained appropriately and are skilled to meet their care needs.

The service was able to demonstrate how the outcomes required by the Quality Standards are delivered through a workforce that is adequately recruited, trained, equipped, and supported. Staff described the training, support, professional development, and supervision they received during orientation and on an ongoing basis.

Management and staff described the orientation and onboarding processes that are in place, and management confirmed that it is through the probationary period that staff capabilities are determined and additional training for new staff is provided if necessary. Staff confirmed the service has probationary and ongoing performance review system in place and that performance reviews are conducted annually.

**Standard 8**

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| Organisational governance | | Compliant |
| 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

Management advised consumers and representatives are actively engaged in the development, delivery and evaluation of care and services and are supported in that engagement. A review of the resident and carers meeting reflect positive consumer engagement and coverage of the development, delivery and evaluation of care and services, as well as feedback and complaints.

The service was able to demonstrate that the governing body is accountable for the delivery of care and services, and promotes a culture of safe, inclusive, and quality driven culture. The organisation has implemented systems and processes to monitor the performance of the service and to ensure the governing body is accountable for the delivery of safe, inclusive, and quality care and services. The Board has an established executive management presence to oversee clinical governance and risk factors and develop strategies for continuous improvement.

There were organisation wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management.

The organisation provided a documented risk management framework, including policies describing how to manage high impact or high prevalence risks, identifying and responding to consumer abuse and neglect, supporting consumers to live the best life they can and how to manage and prevent incidents. Staff confirmed they had been educated on these policies and could provide practical examples of their relevance to their work and responsibilities.

The service was able to demonstrate a clinical governance framework and supporting polices that addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of these policies and their application in a practical setting.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)