Performance

Report

1800 951 822

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Performance report date: |
| Windsor Aged Care Services | 18 August 2022 |
| Commission ID: | Activity type: |
| 5207 | Site audit |
| Approved provider: | Activity date: |
| Alzheimer’s Association of Queensland Inc. | 30 May 2022 to 1 June 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 Windsor Aged Care Services (**the service**) has been considered by James Howard, 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.

**Services included in this assessment**

Windsor Aged Care Services (RACS ID: 5207)

# Material relied on

The following information has been considered in preparing the performance report:

* The Assessment Team’s report for the site audit conducted from 30 May 2022 to 1 June 2022. 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

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 said staff consistently treated them with respect and dignity, were aware of their cultural backgrounds and ensured care and services were delivered in a way that recognised these aspects of their lives. Feedback from consumers and representatives showed staff encourage and supported consumers to make their own decisions, maintain their independence, and pursue personal relationships. Consumers stated staff gave them opportunities to engage in risk and to exercise choice in their lives. Consumers reported they received timely and accurate information from staff, which helped them make decisions in their daily lives. Consumers confirmed staff always respected their privacy.

Staff demonstrated they consistently showed respect and dignity to consumers. Staff detailed how they demonstrated understanding and awareness of consumers’ individual identities and cultural backgrounds. Staff described the ways they supported consumers to make informed choices and maintain important personal relationships. Staff displayed their understanding of dignity of risk and how they helped consumers engage in risk safely and with full information. The Assessment Team observed information given to consumers assisted them to make choices and was provided in a timely and accurate fashion. Staff showed how they always maintained consumers’ privacy through their actions and followed processes in line with the service’s privacy policy.

The service showed it consistently promoted consumer dignity, respect, and diversity. The Assessment Team observed care planning documentation as well as policies and procedures which underpinned the service’s commitment in this regard. The service had a ‘rights and responsibility’ policy which guided staff to assist and encourage consumers to exercise choice, including dignity of risk, and provide a person-centred approach to care. The service’s policies and procedures showed it was committed to maintaining consumers’ privacy and dignity.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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 identify 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

Representatives advised they had ample input into the development of care plans for their loved ones, were kept informed throughout the assessment process, and were informed of any changes to their loved one’s conditions. Representatives described the way end-of-life planning was addressed by the service and were satisfied with the arrangements in place. Consumer documents and representative feedback showed the service effectively communicated the outcomes of care needs assessment and planning. Representatives confirmed they were made aware of how to access their loved ones’ care plans and had ready access to them. Representatives spoke of being advised of changes to their loved one’s care and confirmed their loved ones received safe and effective clinical and personal care.

Staff showed how care planning documents guided and informed how they provided care and services. Staff gave examples of how they involved consumers and people important to them in planning and developing care plans. Staff described how care plans reflected the needs and backgrounds of consumers and respected their diversity and how care plans were reviewed regularly every three months or following incidents or changes in condition. Staff explained how these updates were provided to representatives and consumers and they ensured they understood the outcomes of the changes.

The Assessment Team observed care planning documentation reflected adequate and appropriate ongoing assessment and care planning with relevant consideration of consumers’ needs, preferences, and risks to health and well-being. The service demonstrated it ensured care planning outcomes were effectively communicated to both consumers and representatives.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

Consumer representatives advised the care provided to their loved ones was safe and effective, both clinical and personal care met the individual needs of their loved ones and was high quality. Consumers and representatives gave examples of how risk was managed and advised they were happy with actions taken by staff. The Assessment Team sampled statements of choices which clearly set out individual consumer’s wishes for end-of-life care. Feedback from representatives indicated staff were very responsive to changes in consumers’ condition and responded appropriately. Representatives felt communication between staff was good, this resulted in good outcomes for their loved ones, and their loved ones were referred to medical officers and allied health professionals in a timely manner. Consumers and representatives confirmed staff followed good hygiene practices.

Staff described how they provided safe and effective care to support consumers’ health and well-being. Staff advised they read individual care plans, followed the strategies listed, and followed the service’s policies and procedures to ensure consumers received the best possible care. Staff reported they provided care based on evidence-based practice to appropriately manage and mitigate high impact risk and high prevalence risk in the service. Staff described the changes in care required as consumers’ conditions changed and gave examples of when consumers were approaching end-of-life and the palliative care processes they followed. Staff gave examples of behaviour and changes in consumers that could indicate a deterioration in a consumer’s condition and how they responded when this was identified, including how these changes were communicated through the service’s electronic care management system, electronic messaging, and staff handover practices. Staff described the process followed when they referred consumers to health professionals, which ensured interventions accorded with consumers’ care planning.

The Assessment Team observed care planning documentation reflected the individual needs of consumers and progress notes indicated how the care and services provided reflected those individual needs. The service had policies and procedures on pain management, palliative care, response to falls, restrictive practices, wound management, and skin care. Through reviewing the service’s procedures, processes, documentation and also through on-site observations, the Assessment Team considered the service appropriately managed high impact risks, such as pain, falls and skin integrity. The service had a policy and procedure for managing palliative care, with the objective of providing comfort and dignity during the end-of-life phase. Staff gave examples of how they identified and responded to deterioration in consumers and the Assessment Team observed communication and documentation practices used in those cases.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 and representatives said their health, wellbeing, psychological and emotional needs were all supported and described the ways staff provided them with emotional support when they needed it. Consumers advised they were interested in the activities provided, they were tailored to their needs and preferences, and the service supported them and provided opportunities to participate in the community and maintain relationships with people important to them both inside and outside the service. Consumers reported they had positive experiences with communication from the service, including receiving regular updates about changes within the service and details of their care plans, including review outcomes. Consumers confirmed they were referred to external health providers and organisations as needed and this was done quickly and efficiently. Consumers and representatives commented positively about meals provided by the service. Consumers and representatives advised the service kept the environment clean and tidy

Staff described how they planned and designed activities in alignment with consumers’ interests and worked to maximise their health and wellbeing. Staff confirmed the activities were designed to be flexible and assist consumers’ psychological, spiritual, and emotional needs. Staff related times when they observed consumers’ moods to be low and spoke of the ways they addressed this, including utilising information from consumers’ care plans. Staff demonstrated how they always welcomed visitors into the service and supported consumers relationships with people inside and outside the service. Staff explained how they shared updates on consumers’ changing conditions, needs or preferences and described how they used the electronic care management system as part of this process. Staff also spoke of referring consumers to other health providers as necessary and engaging with networks external to the service to supplement activities held for the consumers. Kitchen staff explained how they were advised of dietary needs of consumers and the ways they sought feedback from consumers regarding meal quality and quantity. Staff confirmed they had access to equipment as they needed, with equipment always being well maintained and clean.

The service provided activities to consumers that aligned with their needs and preferences, incorporated things of interest to them and promoted their health and wellbeing. The service had policies and processes in place to support and encourage staff to help consumers engage with the community and maintain active relationships with people important to them. Staff were provided with guidance and systems which facilitated communication between themselves to ensure appropriate care was provided and referrals were made to other health professionals or organisations to assist where needed. The service provided meals of excellent quality which met consumers’ dietary requirements and equipment in the service was kept clean and in good condition for use.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 said the service environment was welcoming, easy to navigate, had pleasant outdoor areas and they felt at home in the service. Consumers said the service was kept clean and the repair person on site always made sure things were in good order. Consumers and representatives advised the furniture and fittings were kept clean and maintained to a good standard.

Staff described features of the environment designed to encourage and support consumers to move about freely. Staff gave details of strategies and methods they used to ensure visitors felt welcome and how this made consumers feel more comfortable. Staff described processes and procedures for ensuring equipment was maintained and kept in good condition, which included regular maintenance and reactive repairs. Staff confirmed there was enough equipment in the service for their requirements and proper cleaning processes were followed before and after use.

The service’s welcoming environment allowed for freedom of movement and independence, as well as a feeling of safety for consumers. Processes were in place to encourage visitors and make them welcome at any time of day. The service was designed with dementia care principles and design features accommodated consumers of varying physical and cognitive ability. The Assessment Team saw maintenance logs and schedules which noted maintenance issues were addressed promptly and regular cleaning and repairs were completed.

**Standard 6**

|  |  |  |
| --- | --- | --- |
| 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 their representatives advised they were comfortable with providing feedback and making complaints and provided examples of improvements resulting from their feedback and changes made as a result of complaints. Consumers confirmed they were given ample opportunities to express themselves in relation to the care and services they received and were encouraged and supported by staff to do so. Consumers understood how to access advocacy services as well as assistance organisations for language and/or literacy help. Consumers and representatives said the process was open and staff sought to find solutions.

Staff showed how they provided options to consumers and representatives in relation to giving feedback and lodging complaints, showed they were open to listening and demonstrated their knowledge of open disclosure in the complaints process. Staff described the ways consumers and representatives provided feedback and the actions taken to document and escalate concerns. Staff confirmed the information obtained from feedback and complaints was collated and reviewed to identify risks and enable continuous improvement.

The service recorded, managed and reviewed feedback and complaints and in doing so demonstrated it used this information for continuous improvement within the service. The service provided multiple opportunities for consumers and representatives to provided feedback and lodge complaints through different avenues such as consumer-led meetings, feedback forms and discussions with staff and management. The Assessment Team saw examples where feedback resulted in changes to policies and processes within the service.

**Standard 7**

|  |  |  |
| --- | --- | --- |
| 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 advised they received quality care and services when they needed them and from staff who were knowledgeable, capable, and caring. Consumers felt there were enough staff at the service and did not have to wait for their assistance. Consumers also said the staff showed familiarity with their individual needs and preferences and were kind, caring and respectful when interacting with them. Staff were described by consumers as being well trained and skilled in their jobs.

Staff advised that staff numbers had increased and they were now happier at work. Staff advised they felt there were sufficient staff to provide quality and safe care. The Assessment Team observed interactions between staff and consumers to be kind, caring and respectful. Staff expressed confidence in their training and ability to do their jobs. Staff and management described the performance review process in place and acknowledged that processes were underway to improve consistency in this area and to ensure full participation. Observations of staff practice showed staff had a shared understanding of their roles and responsibilities.

The service demonstrated it had policies and processes in place which guided and informed staff of the expected behaviours and attitude toward consumers. The service also showed it rostered and employed sufficient and suitably qualified staff to enable proper delivery of care and services. The service used appropriate recruiting standards as well as appropriate training programs, which included mandatory topics, matched with a performance management system.

**Standard 8**

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives said they had strong involvement and engagement in the development of care and service delivery within the service and felt the service was professionally managed.

The service’s governing body was accountable for the service’s culture of safe, inclusive, and quality care. The governing body demonstrated it listened to feedback and took action on issues raised. Consumers were provided with updated information regularly when changes occurred. Management identified and explained the Key Performance Indicators within the service, which included methodology for monitoring and accountability. Staff gave practical examples of how they followed the service’s clinical governance framework, such as minimising the use of restrictive practices, promoting antimicrobial stewardship, and applying open disclosure.

The service’s board provided oversight of complaints, serious incidents, regulatory compliance, clinical governance, antimicrobial stewardship, and use of restraint. The board was supported by the clinical governance framework and details of this were explained to the Assessment Team, including reporting processes from Directors of Care. The service showed it had a risk management framework, which included a risk register which assisted in identifying and managing high impact and high prevalence risk within the service. The service demonstrated its electronic consumer care system and explained its application within the service.

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)