Performance

Report

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| Name: | Windsor Park Aged Care |
| Commission ID: | 7844 |
| Address: | 110 Star Street, CARLISLE, Western Australia, 6101 |
| Activity type: | Site Audit |
| Activity date: | 3 July 2024 to 5 July 2024 |
| Performance report date: | 20 August 2024 |
| Service included in this assessment: | Provider: 934 Fresh Fields Aged Care Pty Ltd  Service: 4856 Windsor Park Aged Care |

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 Park Aged Care (**the service**) has been prepared by P. Wallner, 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 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 this 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 | |  |
| 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said staff were kind and caring, and consumers were treated with dignity and respect and felt valued. Staff knew consumers individually and described ways they respected their culture and identity. Care planning documents recorded what was important for consumers to maintain their identity and culture. The service had policies, procedures, and training to guide staff in treating consumers with dignity and respect.

Consumers and representatives confirmed the service recognised and respected consumers’ cultural backgrounds and provided culturally safe care. Staff and management knew consumers’ identity and cultural background, and explained how care and services were tailored to ensure their care was culturally safe. Policies and procedures guided staff in providing culturally safe care and services.

Consumers and representatives confirmed consumers were supported to make independent decisions about their care and services, and to maintain important relationships. Management and staff described how they supported consumers to make independent decisions, choose to involve others in their care, and to maintain their chosen relationships. Care documentation identified consumers’ decisions around their care, who was involved in their care, and their important relationships.

Consumers and representatives confirmed consumers were supported to take risks to live the best life they could. Staff described how they helped consumers to take risks and to understand the possible harms from taking risks. Completed dignity of risk forms reflected the consumer’s involvement in risk assessment discussions and agreement on risk mitigation strategies. The organisation had a current risk management policy and procedure to support consumers in taking informed risks.

Consumers and representatives said the service regularly provided current information which enabled them to make informed choices about lifestyle activities, allied health services, meals and other events. Staff and management described how they used various communication methods to support individual consumers’ needs. Care planning documents reflected consumers' preferred methods of communication. Clear and current information was observed on noticeboards throughout the service.

Consumers and representatives said staff respected consumers’ privacy, such as by knocking before entering their rooms, and closing curtains to provide personal care. and personal information kept confidential. Management and staff explained how consumers’ privacy was respected, and their personal information was kept secure on password protected computers which were kept in secure nurse’s stations. The service had a documented privacy and confidentiality policy to guide staff practice.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives confirmed the assessment and care planning, considered risks to consumers’ health and well-being, and informed the delivery of safe and effective care. Management and clinical staff described thorough assessment and planning processes which took risks to consumers’ health into account and informed safe and effective care and services. The service had established clinical policies and procedures which guide staff in assessment and care planning.

Consumers and representatives described how assessment and care planning identified and addressed their current needs, goals, and preferences, and they were active participants in advance care and end-of-life planning. Clinical staff described how assessment and planning identified consumer’s current needs, goals and preferences, and how they engaged in end of life planning discussions. Care planning documents identified consumers’ current needs, goals and preferences, and advance care and end of life plans, if the consumer wished.

Consumers and representatives said they were active partners in assessment and care planning, along with other individuals and organisations they wished to involve. Care planning documents reflected regular communication with consumers, representatives and various external providers such as medical officers and allied health professionals. Staff said assessment and care planning was undertaken in partnership with consumers, representatives, and other health professionals, and this was evidenced in care documentation.

Consumers and representatives expressed satisfaction with the regular updates about consumers’ care and services, and they confirmed they were offered a copy of the consumer's care plan. Clinical staff described their approach to documenting and communicating the outcomes of assessments. Care planning documents reflected frequent communication with consumers and representatives, and a copy of the care plan was always offered.

Consumers and representatives described how care and services were reviewed when circumstances changed, or incidents impacted on consumers’ needs, goals or preferences. Clinical staff explained care plans were regularly reviewed for effectiveness, and reviewed if there was an incident or change in circumstances. Consumers’ care plans confirmed they were reviewed regularly, and reviewed following an incident or change in condition or preferences.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives confirmed consumers received safe and effective personal and clinical care, which was tailored to their specific needs and optimised their health and well-being. Clinical staff described how personal and clinical care was consistent with best practice and tailored to the needs and preferences of consumers. Care planning documents confirmed the personal and clinical care was safe, effective, and tailored to the specific needs and preferences of each consumer. The service had established clinical policies and procedures to support the delivery of best practice personal and clinical care.

Consumers and representatives confirmed the service effectively managed high impact or high prevalence risks associated with their care. Clinical staff described the high prevalence and high impact risks to individual consumers and the mitigation strategies in place. Care planning documents outlined the relevant risks to specific consumers and the interventions in place to manage them.

Representatives confirmed the service had initiated end of life planning discussions, and they expressed confidence with the service’s end of life care. Clinical staff described the procedures in place for consumers nearing the end of life, and ensuring their preferences were met and their dignity and comfort maximised. The service had policies and procedures to guide staff in providing palliative and end of life care.

Consumers and representatives said the service promptly identified and responded effectively to a deterioration or change in consumers’ condition. Staff described how they identified and responded to deterioration in consumers’ condition. Consumers’ care plans confirmed the service promptly identified and responded to changes in their condition. The service had policies and procedures to guide staff in recognising and responding to clinical deterioration.

Representatives confirmed information about consumers’ condition, needs and preferences was documented and communicated effectively between staff and external providers involved in their care. Staff explained how current information about consumers’ condition, needs and preferences was communicated between staff and others involved in providing care through shift handovers, meetings, and by accessing care plans electronically. Care planning documents provided adequate information to support safe and effective care.

Consumers and representatives said referrals were timely and appropriate, and they had access to medical officers and appropriate other health services. Clinical staff described how referrals were made to other providers of care and services to ensure each consumer received quality care. Care plans confirmed timely referrals of consumers to appropriate other health services.

Consumers and representatives expressed satisfaction with the service’s infection prevention and control measures, and said they observed staff practicing good hygiene. The service had 2 infection prevention and control leads onsite, and documented policies, procedures and training to guide staff in infection prevention and control and antimicrobial stewardship. Staff were aware of the service’s outbreak management plan and the approach to minimising the use of antibiotics. Records showed staff and consumers were vaccinated against influenza and COVID-19.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said the services and supports for daily living met their needs, goals and preferences and optimised their independence and quality of life. Staff were aware of consumers needs, goals and preferences for daily living and how to meet them. Care documentation included a leisure and lifestyle plan which identified what was important to consumers, and the supports needed to do the things they liked to do.

Consumers and representatives described how the service promoted their emotional, spiritual and psychological well-being. Staff described how they supported consumers’ emotional, social and psychological needs, such as by providing religious services or spending one-on-one time. Care planning documents detailed the religious, spiritual and psychological needs of consumers and the supports needed.

Consumers and representatives said consumers were supported to participate in their community, within and outside the service, keep in touch with people who are important to them, and do things of interest. Staff described how they supported consumers to maintain relationships, engage in activities of interest, and participate in the community. Care planning documents identified consumers’ interests and important personal relationships.

Consumers and representatives said the service effectively communicated information about consumers’ current condition, needs and preferences to staff who provide daily support and others involved in providing services and supports. Staff described how daily updates to consumers’ care and services were communicated through verbal and documented handover processes. Care planning documents provided adequate information to support safe and effective services and supports for daily living.

Consumers and representatives said the service provided timely referrals to other individuals and organisations providing care and services. Care planning documents showed collaboration with external services, such as community organisations, local churches, pet therapy and the community visitor scheme, to support the diverse needs of consumers. Staff identified consumers who were referred to other providers of care and services.

Consumers and representatives said they were happy with the meals provided, and they were of appropriate quality, quantity and variety. Staff were aware of consumers’ dietary needs and preferences, and said they could provide consumers with food and drink anytime outside the standard mealtimes. Care planning documents reflected consumers' dietary needs, likes/dislikes, and any recommendations made by the dietitian. The kitchen was observed to be clean and well maintained, and a food safety audit had been undertaken. The dining experience appeared calm and unrushed, with consumers receiving appropriate assistance from staff in a dignified and timely manner.

Consumers and representatives said the equipment was safe, clean, suitable, and they knew how to report any maintenance concerns. Management and staff explained how the equipment was kept clean and well maintained. Equipment was observed to be safe, clean, suitable, and well maintained.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service environment was welcoming, open and felt like home. and easy to navigate. Consumers’ rooms were decorated with personal items, which promoted a sense of belonging. Management and staff explained the strategies in place to promote a sense of belonging, and support consumers’ independence interaction and function. Staff were observed warmly greeting consumers and visitors, and the service environment appeared personalised, well-lit, and easy to navigate.

Consumers and representatives said the service was safe, clean, and well-maintained and they could move around freely, both indoors and outdoors. Maintenance and cleaning staff described effective processes in place to keep the service safe and clean. Consumers and visitors were observed moving independently throughout the service and outdoor courtyards.

Consumers and representatives said the furniture, fittings and equipment was safe, clean and well-maintained. Staff described the processes in place for ensuring the furniture, fittings and equipment was safe and clean. Documents confirmed preventative and reactive maintenance was addressed promptly. The furniture, fittings and equipment appeared to be safe, clean, well maintained, and suitable for consumers.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they were supported to provide feedback and make complaints through various methods, such as directly to management/staff, via meetings and care conferences, or through feedback forms, audits, surveys or email. Management and staff explained how they supported consumers and representatives to make complaints and provide feedback. The service had documented policies and procedures for managing feedback and complaints. Feedback forms, complaint information and locked lodgement boxes were observed around the service.

Some consumers and representatives were aware of the external advocacy and complaint services available, but all felt the service advocated for their interests effectively. Management explained the background of the consumers at the service meant the public guardian, the organisation, and other social services often advocated for them. Staff said consumers and representatives were made aware of external advocacy, language and complaints services. Information about advocacy, interpreter and complaint services was observed around the service.

Consumers and representatives said the service addressed complaints and incidents appropriately, and used open disclosure when things went wrong. Management and staff explained how open disclosure was embedded in the complaints and incident management processes, and they used open disclosure principles all the time. Complaint records confirmed the service resolved complaints using open disclosure. The service had policies and procedures to guide staff in complaints management and the use of open disclosure.

Consumers and representatives said complaints were reviewed and used to improve the quality of care and services. Management and staff described how complaints were used to improve the quality of care and services and led to actions being put on the Plan for Continuous Improvement. The service’s Plan for Continuous Improvement and other documents showed feedback and complaints were reviewed and used to improve care and services.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said there were enough staff to meet consumers’ care needs in a timely manner. Staff said there were enough staff, and they were not rushed when delivering care and services. Management explained how they planned the workforce and were meeting the targets for care minutes and registered nurse coverage. Management said they preferred to use existing staff for unfilled shifts and agency staff were only used for ‘last minute’ shift vacancies. Rosters showed there were no unfilled shifts across the service.

Consumers and representatives said staff were kind, caring, and respectful of each consumer’s identity, culture, and diversity. Staff were familiar with each consumer’s individual needs, preferences and identity. The service had policies, procedures and staff training related to dignity, choice, diversity, inclusion and privacy, and the Aged Care Code of Conduct.

Consumers and representatives said staff were competent and they had the knowledge and training to perform their roles. Management described the recruitment and onboarding processes which ensure all staff have the necessary qualifications, registrations, competencies visas, and security checks. Position descriptions and staff records confirmed staff had the necessary qualifications and requirements for their roles.

Consumers and representatives said staff were trained and supported to meet their care and service needs. Management and staff explained how staff were trained, equipped and supported to deliver safe and quality care and services. Documentation and training records confirmed staff were trained and supported to deliver the outcomes required by the Quality Standards.

Consumers and representatives expressed the belief that management assess and review the performance of staff. Management confirmed staff performance was routinely monitored, assessed and reviewed through competency assessments and regular performance appraisals. Staff confirmed their performance was monitored and reviewed by management. Records showed staff performance appraisal 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said they were engaged in the design, delivery, and evaluation of care and services. Management and staff described ways consumers and representatives were regularly involved in decisions about the development, delivery and evaluation of care and services, including through the Consumer Advisory Body (CAB). Feedback and suggestions made by consumers and representatives were included in the service’s Plan for Continuous Improvement.

Consumers and representatives said consumers felt the service provided a safe and inclusive environment with access to quality care and services. Management confirmed the Board promoted a culture of safe, inclusive and quality, care and services, and was accountable for their deliver. Management described the organisational and reporting structure and how the Board satisfied itself the Quality Standards were met through regular monitoring and reporting of key performance indicators and consumer feedback.

The organisation had effective governance systems related to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Management and staff described how the governance systems were effective in supporting quality care and services. The Board oversighted the governance systems and ensured the Quality Standards were met.

Management detailed how the service had effective risk management systems and practices for managing high-impact and high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives, and managing and preventing incidents. Consumers said they were supported to take risks to live their best life. Management and staff were knowledgeable in the identification, assessment and management of risks.

The organisation’s clinical governance framework included policies and procedures related to antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff explained how these policies and procedures were applied in the delivery of care and services.

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