Performance

Report

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| Name: | Wintringham Eunice Seddon Home |
| Commission ID: | 3881 |
| Address: | 34-42 Potter Street, DANDENONG, Victoria, 3175 |
| Activity type: | Site Audit |
| Activity date: | 9 January 2024 to 11 January 2024 |
| Performance report date: | 19 February 2024 |
| Service included in this assessment: | Provider: 1715 Wintringham  Service: 5992 Wintringham Eunice Seddon Home |

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 Wintringham Eunice Seddon Home (**the service**) has been prepared by Patricia Golledge, 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

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

Consumers said they are treated with dignity and respect. The staff know, respect and value consumers’ individual identity, cultural background, and preferences. Care planning documentation includes details about consumers’ identity, backgrounds, and cultural diversity.

Consumers said the service recognises and respects their cultural backgrounds and provides care that is consistent with their cultural traditions and preferences. Staff interviewed could explain specific cultural needs and preferences of consumers and how they assist to accommodate those. Care planning documents captured consumers cultural needs and preferences, encompassing significant relationships, life journey details, cultural background, spirituality, and personal choices.

Representatives said consumers are supported to maintain personal and social relationships. Staff were aware of consumers’ care preferences and decisions, including the importance of regularly checking whether these had changed, and described how the service supports consumers to maintain their relationships. Care plans reflected consumer choices within needs and preferences including key relationships.

Consumers said they were supported to live life how they choose, with risks associated with their choices and decisions assessed, and discussed with them. Staff were aware of the consumers who take risks and could describe strategies they practice mitigating risks. Care planning documentation included risk assessments, consumer decisions regarding dignity of risk and strategies to manage these risks. The service had a policy and procedure which outlined the commitment to respect consumers’ right to make decisions including those that involve an element of risk.

Consumers said information was provided in a timely and easy to understand manner which helped to make decisions about care and services. Staff could describe the various ways information is communicated to consumers in a manner that is accessible and easy to understand, including strategies to support consumers who are visually impaired. A range of information was observed available across the service including newsletters, menu options and activities calendars.

Consumers said their privacy is respected by staff. Staff described how they respected consumers’ privacy and maintained the confidentiality of personal information. Policies and procedures were in place to support consumer privacy and confidentiality of personal information.

# Standard 2

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

Findings

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

Clinical staff could describe assessment and care planning processes, which identified risks to the consumer’s safety, health, and well-being. Clinical assessment tools were available on the electronic clinical care system and the service had clinical guidelines for staff to access and utilise in assessment and care planning processes. Care documentation was individualised and included consideration of risks to individual consumers including but not limited to falls and diabetes.

Consumers said the service discusses their care needs, goals, and preferences, including advance care planning and end-of life wishes. Staff demonstrated understanding of consumers needs and preferences which aligned with care planning documentation. Clinical staff said advance care planning and end- of-life wishes were included in discussions with consumers and representatives, upon consumers entry to the service and future discussions occur as required.

Consumers and representatives interviewed said they were involved in assessment and care planning and consulted in relation to others involved in the care needs and services of consumers. Clinical staff described how they involve consumers, representatives, medical officers, guardians, and other health professionals in assessment and care planning processes. Review of care documentation identified regular consultation with consumers and representatives, medical officers, and other health professionals.

Consumers and representatives were satisfied outcomes of assessment and planning are communicated to them, and staff explained what was in the care plan. Representatives were aware they could request a copy of consumers care plan. Clinical staff described how consumers and representatives were involved in the assessment and care planning process through a range of ways including the Resident of the Day, care consultations and during regular review processes.

Consumers and representatives said they were satisfied changes to care are made following any concerns or incidents. Staff advised care and services are reviewed regularly for effectiveness, including via monthly Resident of the Day, the service’s 2 monthly review policy, or when a change occurs in a consumer’s condition needs or preferences. Review of care documentation evidenced consumer care and services are reviewed regularly for effectiveness when incidents occur or when circumstances change.

# 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 compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives considered consumers received safe, effective clinical and personal care which met their needs. Staff described individual consumers’ care needs and strategies in place to support their care. Care planning documentation evidenced consumers received individualised care that was safe, effective, and tailored to specific needs and preferences.

Consumers and representatives said high-impact or high-prevalence risks to consumers are managed effectively by the service. Care planning documentation evidenced high-impact, high-prevalence risks were identified, assessed, and monitored with strategies in place, including, wound management, catheter care, pressure injuries, and diabetes management. Staff were aware of individual consumers’ risks and described strategies in place to manage and minimise those risks.

Staff described how the delivery of care and services changed for consumers nearing end of life, and documentation evidenced palliative care was delivered in a way to support consumers’ comfort. Palliative and end of life care guidance was available to support staff in recognising and addressing consumers’ needs, goals, and preferences.

Representatives said changes in consumer care needs were identified and addressed. Staff demonstrated effective knowledge regarding recognition of clinical deterioration and escalation and reporting procedures. Care documentation demonstrated staff recognise and respond to deterioration in a consumer’s health, capacity, and function in a timely manner, and any changes in the consumer’s needs and condition are communicated to those involved in their care.

Consumers said their needs and preferences were accurately communicated between staff resulting in them receiving safe and effective care. Staff could describe the type of information accessible to inform consumer care needs and preferences, including care plans, progress notes and information shared during hand over processes. The services physiotherapist advised they receive verbal handover from the Clinical Manager and Registered staff in relation to changes to consumers' needs and said they have access to consumer care planning documents.

Representatives said the service’s referrals were timely and appropriate and consumers had access to a range of external health professionals. Care planning documentation identified timely and appropriate referrals to medical and other health professionals with consultation involving consumers and their representative.

The service had an infection prevention and control lead, processes, and protocols to minimise infection related risks. Staff have received training in infection minimisation strategies and demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

# 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 compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers said they were supported with their preferences and individual interests. Lifestyle staff were able to describe the process of assessing consumers for their individual needs and interests. Staff demonstrated knowledge about the interests and preferences of the sampled consumers. Care planning documentation included information about each consumers needs and preferences.

Lifestyle staff provided examples of how consumers were provided with emotional support including one to one interaction providing reassurance and reminiscing with consumers about favourite memories. Care planning documentation evidenced consumers’ emotional and spiritual needs were considered and included individualised strategies to fulfil these needs.

Consumers said the service supported them to participate in their community within and outside the service environment, to have social and personal relationships, and do things of interest to them. Lifestyle staff said they utilise feedback from consumers and representatives when designing the activity program and one-on-one activities. Lifestyle staff described the services and supports in place to promote consumers’ social interaction and relationships, such as bus outings, and camping trips. Care planning documents included information about consumer’s interests.

Consumers said staff are well informed about their needs and preferences. Staff described how they are informed of any changes to the consumer’s condition and needs such as via daily handover, care plans, and dietary lists. Care documentation identified adequate information to guide staff practice in relation to services and supports for daily living.

Care documentation demonstrates the service communicates with other individuals, organisations, or providers to support the diverse needs of consumers. Consumers said, and documentation evidenced referrals were completed in a timely manner for various individuals, other organisations, and providers including volunteer organisations. Volunteers were observed engaging with consumers throughout the Site Audit.

Consumers said the meals are enjoyable, varied, and of suitable quality and quantity and their requests for alternative meals were accommodated. Consumers and staff advised consumers were supported in providing feedback about meals and would implement solutions to meet consumers’ needs. Staff had access to consumers dietary information to provide suitable meals for consumers, including dietary cards in the kitchen and available on tea trolleys.

Consumers considered equipment was safe, suitable, clean, and well maintained. Staff said they had access to supplies and equipment for daily living and described the processes in place to maintain the safety and cleanliness of equipment. Equipment used to support consumers to engage in lifestyle activities was observed to be suitable, clean, 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 compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers said the service environment is inviting and easy to navigate. The service features spacious dining areas, wide hallways, and clear signage to aid consumers in navigation. Consumers' rooms were personalised with photographs and artwork, ranging from sports posters to cultural paintings/decorations, to photographs of family and friends.

Consumers were observed to freely move around the service, both indoors and outdoors. Consumers said the service was kept clean and they could freely access indoor and outdoor areas of the service. Cleaning and maintenance staff were guided by work schedules. Review of the service’s maintenance records identified reactive maintenance requests were attended to promptly and preventative maintenance was completed as per an established schedule.

The service demonstrated the environment, furniture, fittings, and equipment was safe, clean and well maintained. Staff described how they report any hazards or repairs via the maintenance book located at the nurse’s station.

# 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 compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers said they were aware of how to raise complaints and were encouraged and supported to do so. Management advised of the various avenues available for consumers and representatives if they wished to make a complaint or provide feedback, and the process that they follow should a consumer or representative raise an issue with them directly. These avenues included, consumer and representative meetings, verbal feedback, feedback forms, secured feedback boxes and online feedback forms.

Consumers and representatives said they were aware of external bodies to help with advocacy, and other methods on how to make complaints. Management and staff described external complaints resolution pathways available for consumers and others, such as advocates and language services. Brochures for external complaints, advocacy, and translation services was displayed throughout the service.

Consumers said management respond to complaints and incidents and takes appropriate action including using an apology when things go wrong. Management and staff demonstrated their awareness of complaints management and open disclosure processes. Documentation identified staff had received training on open disclosure. Review of the service’s feedback and complaints register demonstrated complaints were resolved in an appropriate and responsive manner using an open disclosure process.

The service demonstrated feedback and complaints received via different avenues were recorded, reviewed, and used to improve the quality of care and services. The service’s plan for continuous improvement evidenced various improvements in response to feedback and complaints including the purchase of a coffee machine for consumers, implementation of a new intercom system and the establishment of vegetable gardens.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers considered there are enough staff at the service to meet their’ needs and staff respond to call bell requests in a timely manner. Staff said vacant shifts were filled and they can complete their required duties. Management advised call bell responses are reviewed daily, the service has a Registered nurse on 24 hours and described contingency plans in place to replace staff when required. Review of rosters identified shifts to cover planned and unplanned leave are offered to existing staff and casual staff.

Consumers and representatives said staff are caring, respectful and gentle when providing care needs to consumers. Staff demonstrated knowledge of individual consumers’ background, culture, identity, and the people important to the consumer. Management advised the service has a suite of documented policies and procedures to guide staff practice, and outline that care and services are to be delivered in a respectful, kind, and individualised manner. Staff were observed interacting with consumers in a kind and respectful manner including addressing them by their preferred name.

Consumers and representatives said staff are competent and well trained. Human resource documentation evidenced staff were appropriately qualified and had the necessary checks and registrations required for their role in line with position descriptions, and monitoring processes were in place to monitor expiry dates.

Consumers said the staff were well trained and deliver their care and services as required. Staff considered they are appropriately trained, supported, and equipped to perform their roles. Management described various training and development opportunities provided to staff including orientation processes, access to online training modules, and additional training. Review of mandatory training records identified training is provided on a range of topics with high rates of completion.

The service demonstrated systems and processes in place to regularly assess, monitor, and review staff performance including additional training and buddy shifts for staff if required. Management described the formal and informal methods used to monitor staff performance. Staff said and review of documentation identified they have undergone regular performance appraisals that involve feedback from supervisors and an opportunity to identify areas for further improvement.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers said the service actively involved them in multiple ways in relation to the delivery and evaluation of care and services. Management and staff described the various ways used to engage and support consumers in designing and improving care and services such as Consumer and Representative Meetings, Consumer Advisory Committee, surveys and feedback from consumers and representatives.

Management described the organisational structure, governance arrangements, and mechanisms used by the governing body to monitor the service’s compliance with Quality Standards and promote a culture of safe, inclusive, and quality care. Management said the governing body was involved, and accountable for the delivery of safe, quality care and services through monthly Board Meetings and various subcommittee meetings including an Audit and Risk Committee.

A reporting structure, policies, procedures, supported organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. In relation to financial governance management outlined the processes to obtain additional funding through business planning, capital expenditure and Board approval to support the changing needs of the consumers for example the purchasing of pressure relieving devices.

Records demonstrated the service had implemented its risk-management frameworks, policies, and guidelines effectively. Management and staff said the high impact high risks to consumers were falls, pressure injuries, weight loss and a high number of consumers who choose to smoke and consume alcohol. These risks are recorded within the services in complex care register with risk mitigation strategies in place. An incident management system is in place and review of incident data identified incidents have been classified correctly and reported within appropriate timeframes.

The service had a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices, and open disclosure. The service’s Infection Prevention Control Lead monitors trends regarding infections, and the use of antimicrobials, at the service, and this information was reported at governance and clinical meetings. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship, minimising the use of restraint and open disclosure was implemented within their daily tasks.

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)