Performance

Report

**1800 951 822**

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| Name of service: | Wintringham Hobart |
| Service address: | 66 Alexandra Esplanade BELLERIVE TAS 7018 |
| Commission ID: | 8209 |
| Approved provider: | Wintringham |
| Activity type: | Site Audit |
| Activity date: | 9 May 2023 to 12 May 2023 |
| Performance report date: | 20 July 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Wintringham Hobart (**the service**) has been prepared by N Wapling, 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
* the provider’s response to the assessment team’s report received 6 June 2023

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 2(3)(a) - the approved provider to ensure the consideration of identified risks to consumer’s health and well-being, and the strategies to manage these risks is included in the assessment and care planning documentation.

# 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

All sampled consumers were satisfied they are treated with dignity and respect. Staff described how they treat consumers with dignity and respect and promote cultural awareness in everyday practice. Care documentation showed language respectful of consumers. The organisation has an inclusion policy and statement, and their philosophy, mission and values were on display in the service.

All sampled consumers confirmed they felt safe. Staff and management demonstrated an understanding of care and services that are culturally safe where required. Organisational policies guide staff in care and services that are culturally safe.

Consumers and representatives sampled confirmed staff support them to make and communicate decisions affecting consumer health and well-being with personal preferences and choices being respected. Staff provided examples of how they support consumers to make daily choices and maintain relationships. Care planning documentation showed choice and independence. Staff are guided by the organisation’s ‘choice and decision-making’ policy.

All sampled consumers and representatives felt consumer wishes and preferences relating to the risks they choose to take are respected. Staff and management described the processes and ways they minimise risk for consumers, and tailor solutions to help consumers live the life they choose. Documentation demonstrated some consumers being supported to take risks.

All sampled consumers and representatives described information received that is easy for them to understand, felt they were involved and could make choices. Staff described different ways information is communicated, and strategies to communicate with consumers where language is a barrier. Care documentation demonstrated information that was generally clear and easy to understand.

All sampled consumers and representatives were satisfied that consumers’ privacy is respected and information is confidential. Staff demonstrated how personal information is kept confidential. Observations of staff practice demonstrated that privacy is maintained.

# 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. | Non-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

I have assessed the Quality Standard as Non-compliant as I am satisfied Requirement 2(3)(a) as Non-complaint:

The Assessment Team found that assessment and planning documentation did not always inform the delivery of safe care or consumer needs. While consumers and representatives provided positive feedback and staff demonstrated understanding of risks that aligned with consumers preferences, the Assessment Team identified care documentation for five named consumers that did not identify risks and risk management strategies or reflect consumer needs. Risks and strategies were not documented in relation to for example, leaving the service unannounced, smoking or fire risks, self-administering of medications, choking risk, or changes to medical practitioner’s order to monitor blood glucose levels. Management acknowledged and responded to the Assessment Team’s feedback by reviewing and updating consumer information and initiating actions on the service’s Plan for Continuous Improvement.

I am satisfied the service demonstrated it uses validated tools to assess pain, nutritional needs, and skin integrity.

The approved provider in their written response provided information including actions taken since the site audit, and revised documentation including an example of a ‘mini’ care plan, staff induction checklist, agency staff orientation checklist and the ‘RAC care planning’ policy and procedure. Actions taken since the site audit include; a review of and adjustment to the online care system application to generate information that informs safe and effective care for all consumers, a mini care plan being activated as a result to provide direct access for staff to deliver informed, safe, and effective care to all consumers, the updating of policy and procedures to reflect the care planning process incorporating the online care system software, and staff education, and the induction and orientation of new and agency staff processes reviewed to ensure awareness of the care delivery process and requirements is encompassed.

I have reviewed and considered all of the information provided. While I acknowledge the approved provider has commenced implementing improvements in relation to the process of assessment and planning, these actions have not been fully implemented, evaluated, or embedded. Therefore, I find Requirement 2(3)(a) is Not Compliant.

I am satisfied the remaining four requirements of Standard 2 Ongoing assessment and planning with consumers are Compliant:

All sampled consumers and representatives confirmed they were aware of assessment and planning information and felt it reflected consumers’ current care. Clinical and care staff described consumers' current needs, goals, and preferences. Consumer files included advanced care directives and palliative care information. Staff are guided by the organisation’s palliative care and end of life policies.

All sampled consumers and representatives expressed satisfaction with their involvement in planning care. Staff were able to describe how consumers and representatives are involved in assessment and planning. Consumer files demonstrated that other providers, consumers, and representatives are regularly involved consumer care needs and effectively contribute to the planning and review of care and services.

Most consumers and representatives confirmed they were informed about consumer care and some representatives said they are aware they are able to request a copy of the consumer care plan. Staff confirmed they communicate regularly with consumers and representatives about consumer care. Documentation demonstrated that outcomes of assessment and planning were communicated effectively to consumers and representatives.

All sampled consumers and representatives expressed satisfaction with the reviews of care and services when changes in care needs or incidents occur. Clinical and care staff were able to identify when reviews are required following an incident or change in circumstances. Care documentation demonstrated care plan evaluations and reviews of care and services for effectiveness both regularly and when care needs and 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

All sampled consumers and representatives were satisfied consumers receive personal and clinical care that is effective and safe. Clinical and care staff described personal and clinical care that is best practice, and organisation clinical policies and education support them to optimise consumers’ health and well-being. No consumers were identified being subject to restrictive practices at the time of the site audit. Consumer files demonstrated assessment and care documentation in relation to pain management and skin integrity.

All sampled consumers and representatives were satisfied the service is effectively managing risks to consumers. Staff and management described high impact high prevalence consumer risks at the service for example, falls, diabetes management, nutrition, and swallow mechanisms. Clinical documentation identified overall individual consumers’ high impact high prevalence risks and management plans.

All sampled consumers and representatives were confident that the service will maximise their dignity and comfort and they are consulted regularly. Staff described how they approach end-of-life conversations and the care of consumers nearing the end of life. Consumer files included advanced care and palliative care wishes.

All sampled consumers and representatives were satisfied staff identify and respond to changes in consumer health status. Clinical staff described how they identify and respond to consumer deterioration. Actions included medical practitioner reviews, and transfer to hospital if required. Care documentation demonstrated the identification and timely response to deterioration or changes in consumer condition.

Consumers and representatives were satisfied that consumer needs and preferences are effectively communicated between staff and others. Staff described how information is shared and how changes are documented. Consumer files demonstrated adequate information to support the effective sharing of consumer information to support care.

Consumers and representatives sampled were satisfied with the service’s referral processes. Staff described examples of specific consumer needs or issues they identified and a range of health professional who are available to refer to in response. Documentation demonstrated timely and appropriate referrals, consultations and recommendations from other professionals where needed.

Staff demonstrated knowledge and understanding of infection prevention and control practices and the promotion of antimicrobial stewardship. The organisation’s policies and procedures support the minimisation of infection related risks, and the outbreak management plan provides guidance to the service to prepare, respond and recover from outbreaks such as acute respiratory infections.

# 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

All sampled consumers and representatives are satisfied that services and supports for daily living are safe and effective to engage in the things that they prefer to do, and these were respected. Staff described how consumer assessments and interviews are used to formulate care plans and activities are tailored to consumer interests. Care planning overall identified consumer choices and the information, services, and supports required to assist them.

Most consumers and representatives are satisfied that consumers’ emotional, spiritual, and psychological well-being is supported. Lifestyle and care staff described how they know consumers well, are able to identify when they are feeling low in their mood and provided examples of one on one support with individual consumers. Care planning documentation demonstrated information relating to consumers’ emotional, spiritual, and psychological needs.

Consumers felt supported to express their individual interests and participate in activities they choose both within and outside the service. Staff described how the activity program is developed with consumer contribution and provided examples of consumers who are supported to participate in activities and their communities outside the service. Care planning identified consumer activities of interest and the people important to individual consumers.

Consumers sampled are satisfied that information about consumer conditions, needs and preferences are communicated within the organisation and with others where responsibility for care is shared. Staff provided examples of how they are informed of consumer information relating to needs and preferences such as care and catering documentation, and handover periods and information. Consumer documentation demonstrated accurate descriptions of consumer needs and practices.

All sampled consumers and representatives confirmed that referrals to individuals, other organisations and providers occur, and are appropriate and timely. Staff described how they liaise with individual providers and local organisations to meet consumer needs. Consumer documentation demonstrated that consumers are referred to a range of services and organisations.

Most sampled consumers and representatives expressed satisfaction with the quality and quantity of meals. Staff overall were knowledgeable of individual consumer preferences and dietary requirements. Catering staff described communication to the kitchen through documentation, mealtime observations and individual consumer discussions, and attending consumer meetings with a food focus. Documentation such as care planning, meeting minutes and kitchen information demonstrated communication of individual consumer dietary needs, allergies, preferences, menu updates, feedback, and planned actions. Staff were observed with consumers assisting, encouraging, and offering choices with meals.

Most sampled consumers were satisfied that they had access to suitable and well-maintained equipment. Staff described a proactive cleaning schedule of equipment shared between consumers. Equipment was observed to be clean, well-maintained, and available to meet the needs of consumers.

# 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

All sampled consumers and representatives described the service environment as welcoming, safe, and felt a sense of belonging. Management described the service environment as being supportive to guide consumers to navigate their way indoors and outdoors. The Assessment Team observed consumers accessing, using different spaces in the service with ease and their bedrooms were personalised.

Consumers were satisfied with the cleanliness of the service environment. Staff described the processes for managing hazards, cleaning of the service, and demonstrated an electronic maintenance system to report and request any maintenance-related issues. The Assessment Team observed the environment to be well maintained, safe and clean with consumers moving freely both indoors, and outdoors.

Staff described the processes for reporting maintenance issues. Maintenance staff described, preventative and reactive maintenance that occurs to ensure equipment and furniture is safe and clean, and issues are resolved in a timely manner. The Assessment Team observed the documentation and tracking of equipment, and a range of different equipment including consumers using individual equipment that was clean and well-maintained.

# 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

All sampled consumers and representatives confirmed they were aware of the feedback processes, are comfortable raising concerns, and providing feedback to management and staff. Staff and management described the organisation’s complaints handling process, and support consumers and representatives to raise suggestions and feedback during consumer monthly meetings, or through speaking directly to staff. Consumer and representative meeting minutes included consumer feedback.

Consumers and representatives acknowledged they were aware of external services available to them to raise complaints and provide feedback for example, external organisations, advocates, and language services. Management and staff described the information provided to support consumers and their representatives in raising concerns or providing feedback. The Assessment Team observed information related to external services on display, information packages, and meeting minutes that informed consumers and representatives how to raise concerns, provide feedback, access interpreters or advocacy services, and complete feedback forms.

Consumers and representatives were confident management had or were in the progress of responding to their concerns raised, or management would respond promptly if they had a concern or complaint. Management and staff described how they practice open disclosure when addressing consumer and representative feedback or when things go wrong for consumers.

Consumers and representatives were satisfied with how the service responds to complaints, and this supports improvements to the quality of care. Management described the process of receiving feedback, analysis, trending and informing continuous improvement strategies. Documentation such as consumer meeting minutes, complaints register, and incident reports demonstrated management discuss feedback trends and work in consultation with consumers and representatives to enable improvements.

# 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

Most consumers and representatives are satisfied sufficient staff were available to assist and respond to call bells which most of the time, were timely. Most staff felt there is sufficient staffing levels, and unplanned leave is often replaced when required. Management described staff planning and recruitment initiatives supported by the organisation to support consumers’ current care needs. Rostering documentation demonstrated staffing shifts were covered and call bell data overall demonstrated timely responses.

Consumers and representatives expressed satisfaction that staff are kind, caring and gentle when providing care to consumers. Staff demonstrated that they are familiar with consumers’ identities and individual needs, and were observed being kind, caring and respectful while interacting with consumers.

Consumers and representatives expressed satisfaction that staff have the knowledge and skills to meet the consumer’s care needs. Management described how staff are required to complete mandatory competencies on commencement of employment and ongoing education is monitored. Education training records confirmed staff complete mandatory education, position descriptions include key competencies and records of professional registrations ensure staff have the appropriate qualifications.

Consumers and representatives expressed satisfaction that staff are trained, equipped, and supported to provide care to the consumer. Management described how staff training needs are identified through observations, feedback, and audits. Staff confirmed the onboarding process they underwent, and education completed in addition to mandatory training. Education records confirmed staff have completed education to meet consumer needs and preferences.

Management described the formal process for monitoring and reviewing the performance of each staff member annually. Management is supported by the organisation’s people and culture department and guided by policies and procedures relating to staff performance and probation reviews. The Assessment Team observed completed staff performance reviews.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers felt supported to engage in the development, delivery and evaluation of care and services and described how they provide feedback to staff and management. Management described various feedback mechanisms such as consumer meetings, surveys, and daily engagement with consumers in the service including walk arounds in the service and participating in particular consumer activities. Meeting minutes included consumer feedback, suggestions, and the completion of follow-up actions.

Consumers and representatives expressed they felt safe at the service and living in an inclusive environment with the provision of quality care and services. Management and staff described how the organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and its involvement in this delivery. Organisational policies and procedures support and guide management and staff to provide a safe and inclusive culture for consumers and stakeholders.

Management and staff described processes and mechanisms in place for effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Examples of these processes and mechanisms included; how information is used in care planning, accessing policies and procedures, and learning and development. The Plan for Continuous Improvement incorporated information from incident reviews, care plan evaluations, and consumer, representative, and staff feedback. Delegated budget and expenditure proposals outside normal operational expenditure are reported and monitored by the finance subcommittee. Policies and procedures ensure a skilled and knowledgeable workforce with clear responsibilities and accountabilities. Changes to legislation are communicated to staff and guidance documents updated. Feedback and complaints processes encourage consumers to provide feedback. The Assessment Team observed documentation that verified the governance systems.

The service demonstrated an organisational framework, incident management system, and policies and procedures to support the management of risks, and in response to incidents. Management and staff described consumer choice and risk management strategies that are in place to support consumers to live the best life they can. Management described the reporting requirements. Staff confirmed they have received training in relation to risk identification, incident reporting requirements and actions required. The Assessment Team observed risk management documentation such as incident, risk and feedback registers, training records and audit reports that demonstrated risks are identified, reported, responded to, investigated and managed.

The organisation’s clinical governance framework is supported by policies and procedures to guide staff in the areas of antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff confirmed they have received education about the policies and described the application in their roles. The Assessment Team observed policies and procedures relating to these areas of the clinical governance framework.

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)