Performance

Report

**1800 951 822**

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| Name: | Wintringham Hobart |
| Commission ID: | 8209 |
| Address: | 66 Alexandra Esplanade, BELLERIVE, Tasmania, 7018 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 12 October 2023 |
| Performance report date: | 21 November 2023 |
| Service included in this assessment: | Provider: 1715 Wintringham  Service: 26555 Wintringham Hobart |

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 L. Malone, 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 Assessment contact (performance assessment) – site 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 2 Ongoing assessment and planning with consumers | Not Applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **Not Applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not Applicable as not all requirements have been assessed** |

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 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 |

Findings

The service was found non-compliant with Requirement 2(3)(a) following a site audit from 9 May to 12 May 2023 as the service did not demonstrate that assessment and care planning effectively considered risks related to choking, smoking and fire, and diabetes management and did not inform safe and effective care and services.

At Assessment Contact on 12 October 2023, it was found a range of actions had been effectively implemented including updating policies and procedures related to assessment and care planning, development of resource materials such as induction checklists and other tools to guide staff, and changes to handover to include specific information related to consumer’s specialised care needs and risks to their wellbeing.

Consumers and representatives said they are satisfied assessment and care planning supports the delivery of safe and effective care. Documentation demonstrated that risks to individual consumer’s wellbeing are considered, and assessment findings inform appropriate strategies to manage these risks. Care file documentation contained relevant information and was found to be accessible to staff when providing care and services. Assessment of risks were found to be comprehensive for example, for consumers with diabetes related risks, care plans included consideration of nutrition and hydration, lifestyle, skin care, blood sugar monitoring to support delivery of safe care. Staff were informed of risks relevant to individual consumers, how consumer’s lifestyle or medical choices impacted on that risk, and how the strategies planned for individual consumers support them to be safe.

I have considered the evidence and I find Requirement 2(3)(a) Compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

The Assessment Team found effective systems and processes to recruit, train, equip and support the workforce. Consumers and representatives provided positive feedback and said staff had the right knowledge and training to deliver care that is effective and meets their needs. Staff said training opportunities support them to deliver quality care, and staff described how training improved the care delivered to individual consumers and demonstrated knowledge of processes such as mandatory reporting and incident management. Management described processes to ensure the workforce recruited is appropriately qualified and skilled, and the service has policies and procedures to guide recruitment and outline the knowledge and skills required for a specific role. The Assessment Team found the service has a planned mandatory training schedule and delivers additional training to staff in response to needs identified through incidents, consumer and staff feedback, and audits of care.

I have considered the evidence and find Requirement 7(3)(d) Compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The service demonstrated effective systems and practices related to risk management, supporting consumers to live their best life, and the prevention of abuse and neglect. Staff and management described how their role in supporting consumers to make choices about their clinical care and lifestyle, and in identifying and preventing high-impact, high-prevalence risks such as falls, weight loss and changed behaviours related to dementia. Management described how staff are encouraged to report any incident, how incident data is captured and used to identify trends and risks, and how the service implements actions to effectively manage these. The Assessment Team found evidence of timely reporting and response to incidents and policies to support effective management of high-impact, high-prevalence risks to consumers. In coming to my decision, I have also considered the positive feedback from consumers and representatives presented under Requirement 3(3)(b) in the Assessment Contact - site report, about the way consumers are supported in meaningful choices and to do things they enjoy.

I have considered the evidence and I find Requirement 8(3)(d) Compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)