Performance

Report

**1800 951 822**

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| Name: | Wintringham Tom Fitzgerald |
| Commission ID: | 8232 |
| Address: | 57 Wyndham Street, SHEPPARTON, Victoria, 3630 |
| Activity type: | Site Audit |
| Activity date: | 26 September 2023 to 28 September 2023 |
| Performance report date: | 9 November 2023 |
| Service included in this assessment: | Provider: 1715 Wintringham  Service: 27527 Wintringham Tom Fitzgerald |

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 Tom Fitzgerald (**the service**) has been prepared by P 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.
* the provider’s responses to the assessment team’s report received 26 October 2023 and the providers plan for continuous improvement (PCI) received 2 November 2023.
* other information and intelligence held by the Commission in relation to the 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 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

Consumers say they are treated with dignity and respect. Consumers and representatives say the service recognises and respects their cultural backgrounds and provides care that is consistent with their cultural traditions and preferences. Care documentation identified the service collaborates with consumers and representatives to accurately reflect their cultural preferences to ensure care and services are delivered to meet their needs. Policies and procedures guide staff practice.

Consumers said staff supported their choices including to take risks and gave examples of where this has occurred. Staff described ways in which consumers are supported to take risks and how risks are managed. Care documentation for consumers sampled described areas in which they are supported to take risks to live the life they choose, assessment of the risks and strategies to manage the risk.

Consumers are supported to choose who they wish to involve in their care and how they would like their care and services delivered. Staff could describe details of how consumers wish to have their care delivered and had awareness of who consumers wish to have involved in their care and who they choose to maintain relationships with.

Consumers and representatives provided positive feedback regarding provision of timely and accurate information. Staff confirmed consumers were engaged in feedback processes, meetings, reading activity schedules and menus. Menus and activity schedules were displayed to enable consumer choice.

Consumers said their privacy was respected and their personal information kept confidential. Staff were knowledgeable of consumers’ privacy needs, including when discussing personal matters. Staff were observed knocking on doors and awaiting consent to enter.

# 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

Consumers and representatives confirmed they were involved in the assessment and care planning process, and the care delivered met the consumer’s needs. Care documentation evidenced the assessment and planning process considered risks to consumers’ health and well-being and informed the delivery of safe and effective care and services. Staff demonstrated an understanding of the assessment and planning process, which they indicated identified risks to the consumer’s safety, health, and well-being.

Consumers say the service supports and provides opportunities to discuss care needs, goals and preferences, including advance care planning where appropriate. Consumer care plans demonstrate proactive, consumer-centred care and there are governing systems to support this. Staff demonstrated understanding of the care plan process to ensure that assessment and planning address the consumer’s current needs.

Management and staff advised assessment and planning occurred in partnership with consumers, their representatives and whoever else they wished to be involved in their care planning. Consumers and representatives confirmed they were involved in the assessment and planning process on an ongoing basis. Care documentation demonstrated the assessment and planning of care was completed in consultation with consumers, representatives and other providers of care and services.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them, and they could access consumer care plans upon request. Care documentation demonstrated the outcomes of assessment and planning were communicated with consumers and representatives. Staff indicated they utilised the consumer’s care plans and handovers to access and communicate outcomes of assessment and planning.

# 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

Consumers and representatives considered that consumers received personal care and clinical care that is safe, right for them and in accordance with the consumers’ individual needs and preferences. Consumers and representatives said they had access to a Medical Officer (MO) and other health professionals as needed; and reported staff recognise and respond to changes in the consumers health and wellbeing in a timely manner.

Consumers and representatives expressed satisfaction that consumers’ needs, and preferences were effectively communicated between staff.

Staff demonstrated an understanding of consumer’s individual needs and preferences and how they ensure these are met; including consideration of individual consumers risks. Staff said the communication of changes in consumers’ needs and preferences is communicated at shift handover and via the service’s electronic care documentation system.

Consumer care documentation informs the provision of safe and effective personal and clinical care, and the sharing and communication of information to support consumers’ health and well-being and demonstrated appropriate referrals are made in a timely manner. Recommendations from specialist and other health care services are implemented and followed by staff in the delivery of consumers’ care and services.

Staff have access to policies, procedures, and guidelines to support the delivery of personal and clinical care including in relation to restrictive practice, falls management, promoting skin integrity, wound management, pressure area care and pain management.

The organisation had a risk management framework that guided how risk is identified, assessed, managed, and recorded. Clinical incidents are recorded on the service’s risk management system and contribute to the monthly clinical indicators report.

The service has implemented policies and procedures to guide staff related to antimicrobial stewardship and infection control management. Additionally, in relation to COVID-19; the service has a documented infection prevention and control procedure, including an Outbreak Management Plan, and education and training for staff.

# 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

Consumers and representatives reported consumers were supported to do the things they like to do to optimise their independence, health, wellbeing, and quality of life.

Consumers and representatives described ways that staff at the service provide emotional, psychological, and spiritual support to consumers. The service demonstrated activities are facilitated within and outside of the service, consumers are supported to undertake lifestyle activities of interest to them and supported to maintain personal and social connections. For example, one named consumer said they are supported by the service to attend their local church on the weekends.

Consumers’ condition, needs and preferences was communicated within the organisation and where care was shared, timely and appropriate referrals were made for consumers to other organisations and providers of other care and services. Staff described how they work with external organisations to help supplement the lifestyle activities offered within the service.

Consumers expressed satisfaction in relation to the food service and reported having input into the menu. Care planning documentation reflected consumers’ individual dietary needs and preferences. The kitchen was observed to be clean and tidy, and staff were observed to be following food safety protocols.

The Service has policies and procedures to guide staff practise in relation to staff handover and for making referrals to individuals and providers outside the service.

Equipment provided by the Service to support lifestyle services and to assist consumers with their independence was suitable, clean, well maintained and fit for purpose and meets 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

Consumers reported feeling at home in the service and felt safe and comfortable in the service environment. Consumers and representatives expressed satisfaction with the service environment and advised the service is safe, clean, and well maintained; and consumers are able to move freely within the service both indoors and outdoors.

Consumers and representatives confirmed visitors are welcome in the service and they have various areas where they can sit comfortably and there are adequate shade areas outdoors.

The service environment was observed to be welcoming, and easy to move around, both inside and outside. Consumers were observed to move freely around communal and courtyard areas of the service; and consumer rooms were personalised and decorated to reflect their individuality. The service had been designed to integrate ergonomic support for consumers, such as handrails, wide open corridors, clear signage, and non-slip surfaces.

Staff described the maintenance and cleaning schedules undertaken at the service and review of documentation reflected regular and appropriate cleaning and maintenance of the service environment.

Maintenance staff ensured the environment was safe and well maintained through scheduled preventative maintenance and reactive maintenance. Maintenance issues were reported and actioned promptly.

# 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

Consumers and representatives advised they were aware of avenues available for providing feedback and raising complaints, including through advocacy services. They advised they felt comfortable providing feedback and those that had made a complaint expressed satisfaction that their feedback was acknowledged, and changes implemented by the service.

Management described the different ways consumers are encouraged and supported to provide feedback or make a complaint, and how consumers are involved in the implementation and evaluation process once an improvement is made.

Staff demonstrated an understanding of the services complaint’s management processes and described how they would support consumers/representatives raising a concern.

The service had a suite of policies including feedback and complaint management and open disclosure which guided staff in documenting, investigating, resolving, and evaluating feedback and complaints made by consumers and/or representatives and applying an open disclosure process where appropriate.

Review of the services plan for continuous improvement identifies improvement actions taken by the service following consumer and representative feedback and complaints.

# 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

The Site Audit report contained information that Enrolled Nurses (ENs) at the service were performing some duties out of scope of their position description, and the current position description did not clarify the scope of their role in relation to the administering of Schedule 8 (S8) and as required medications.

Following a review of the information contained in the Site Audit report alongside the Approved provider’s response, I have decided Requirement 7(3)(c) is Compliant. The Approved Provider submitted a response to the Site Audit Report which refuted the Assessment Team’s findings. The following information was provided in the Approved Provider’s response:

* Organisational policies and legislative documents identifying circumstances under which ENs could administer S8 and PRN medications.
* Evidence of AHPRA registrations for all registered staff, and thereby confirming that staff working in the role of an EN the service are qualified to practice in accordance with nurse standards for practice. This includes functioning in accordance with the law, policies and procedures and working under the direct or indirect supervision of the RN.
* PCI which included improvement actions to review and rewrite position descriptions for registered staff to ensure roles and responsibilities of staff are clearly evidenced.

This Requirement requires members of the workforce to be competent and have the qualifications and knowledge to effectively perform their roles. The Site Audit did identify that care staff were not trained in complex care of consumers, however, there was lack of information in the Site Audit report to come to a view on care staff competence. I have placed weight on the positive feedback from consumers under other Requirements that reflect staff have the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. It is my decision that Requirement 7(3)(c) is Compliant.

Overall consumers consider they received quality care and services when they need them from people who were knowledgeable, capable, and caring. Consumers reported staff were kind, caring and respectful of their identity, culture, and diversity. Consumers said staff were quick to respond to their requests for assistance. Interactions between management, staff, and consumers and representatives were observed to demonstrate a kind, caring and respectful approach.

Management described how the workforce are recruited, trained, equipped, and supported to deliver the outcomes required by the Quality Standards. Staff expressed satisfaction with the service’s orientation program which included buddy shifts. Consumers said staff had the appropriate skills and knowledge to deliver their care. Management demonstrated the service’s training program, which was appropriate and included mandatory and non-mandatory training. Staff confirmed the service provided a full range of training including mandatory, non-mandatory, on-the-job and toolbox sessions.

Systems were in place to identify training needs, provide education to staff and to monitor staff performance. Management advised staff annual performance appraisals have not been completed as the service commenced in April 2023 and the service regularly assesses and monitors the performance of members of the workforce. This includes during probation periods.

# 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 and representatives considered the organisation was well run and they could partner in improving the delivery of care and services. Consumers and representatives reported they were involved and had opportunities to provide feedback and be involved in the development of care and services through consumer and representative meetings, focus groups, surveys, and feedback forms.

The organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and was accountable for their delivery. The organisational frameworks, including the quality management and clinical governance frameworks identifies a leadership structure which outlines the roles and responsibilities of the governing body, governance committees, and service and regional management. These frameworks outline a shared responsibility and accountability for maintaining compliance with the Quality Standards, with the governing body having overall accountability for consumer safety, quality care delivery and organisation-wide governance.

The organisation’s documented clinical governance framework and policies in relation to antimicrobial stewardship, minimising the use of restrictive practices, complaints management and open disclosure were applied by staff in the delivery of clinical care. Staff had received training in relation to the framework and policies and provided examples of how they were applied to their practice.

The organisation implemented effective organisation-wide governance and risk management systems and practices to prevent and manage incidents and to identify and respond to abuse and neglect of consumers, including serious incident reporting through the Serious incident response scheme. Policies and procedures were available to all staff and guidelines and resources were available to support effective risk management systems and practices.

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)