Performance

Report

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| Name of service: | Wongaburra Garden Settlement Hostel |
| Service address: | 210-218 Brisbane Street BEAUDESERT QLD 4285 |
| Commission ID: | 5085 |
| Approved provider: | Wongaburra Society |
| Activity type: | Site Audit |
| Activity date: | 29 November 2022 to 1 December 2022 |
| Performance report date: | 5 January 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 Wongaburra Garden Settlement Hostel (**the service**) has been prepared by M. Nassif, 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 | | Compliant |
| 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 reported that staff treat them with dignity and respect and felt their identity and culture is respected. Staff demonstrated an understanding of consumer’s care preferences and individuality. Care planning documents included consumer’s background, identity, culture, and preferences.

Consumers said staff respect their culture, values, and beliefs and that they feel culturally safe in the service. Staff demonstrated knowledge of consumers’ identity and articulated how this influenced their care daily. Care planning documents described the cultural and religious needs and preferences of consumers.

Consumers said they are supported to make informed choices about their care and services, involve who they want in their care decisions, be independent and maintain important relationships. Staff explained how consumers are supported to make choices and maintain connections and relationships. The service had a policy and procedure which supported consumers in their decision making of care, choice and independence and meaningful relationships.

Consumers described ways in which they are supported to continue to live the life they choose and do things which are important to them. Staff were observed supporting consumers to take risks and explained how consumers are supported to understand the benefit and potential harm when they are considering decisions regarding risk taking. Care planning documents evidenced risks are assessed and discussed with consumers.

Consumers said they were satisfied with the information provided by the service and felt it was easy to understand and helped them to make informed choices. Staff described how the service provided consumers and their representatives with timely updated information and this was supported by documentation.

Consumers said staff respect their privacy. Staff were observed respecting consumer’s privacy by knocking on doors before entering their rooms. Staff described how they maintain a consumer’s privacy when providing care and how they keep computers locked and use passwords to access consumer’s personal information.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 said staff were always ensuring consumers were receiving the care they like by asking them as they provided care. Care planning documents were individualised to each consumer, taking into consideration individual consumer care, risks, lifestyle and preferences and goals. The service had policies and procedures relating to consumer assessment and care planning which are available to staff.

Care planning documents contained advance care directives that identified consumer wishes and preferences regarding end-of-life care. The service had policies and procedures on advance care planning for both staff and consumers. Consumers and representatives confirmed they have discussed preferences for current needs and in some cases palliative care or end of life requirements.

Consumers and representatives reported they were involved in assessment and planning on an ongoing basis. Care planning documents confirmed consumers and their representatives were consulted in assessments and care planning and included input from other health professionals.

Consumers and representatives reported they are informed about the outcomes of assessment and planning and have access to care and services plan. Staff provided examples of when they communicate updates to consumers’ representatives.

Care planning documents evidenced that care and services are reviewed on a regular basis and when an incident occurs or when a change to consumers’ health and well-being is identified. Staff were aware of the service’s care plan review process.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 said they are receiving the care and services they need. Care planning documents reflected consumers received individualised care that is tailored to their needs, safe and effective. Consumers subject to restrictive practices had appropriate consent and reviews in place.

Care planning documents identified risks and interventions in place to manage high impact or high prevalent risks to consumers. Staff described how they monitor high impact and high prevalence risks for consumers and the strategies they implement to manage these risks.

Staff described the way care delivery changes for consumers nearing end of life and the practical ways in which consumers’ comfort is maximised near the end of life. Care planning documents reflected consumer’s personal preferences around their end-of-life care and documentation regarding consumer’s advanced health care directives.

Care planning documents demonstrated deterioration in a consumer’s health, capacity and function is recognised and responded to appropriately. Consumers expressed confidence that changes in their care needs would be identified and addressed. Staff confirmed they have access to guidelines to assist in responding to deterioration or changes in consumers condition, including after-hours support.

Staff said they receive up to date information about consumers at handover. Care planning documents contained adequate information to support effective and safe sharing of the consumer’s information in providing care. Consumers and representatives are satisfied that their needs and preferences are accurately communicated between staff.

Care planning documents reflected referrals occur to medical officers and other health professionals. Staff outlined how they make referrals to any external health professionals when internal staff need more assistance. Consumers and representatives confirmed they have access to a range of other providers of care and services.

Staff demonstrated a sound understanding of infection control/minimisation practices and provided examples of how they minimise antimicrobial usage at the service. Consumers and representatives were satisfied with care delivery, including the service’s practices to minimise and manage infections. The service had documented policies and procedures to support the minimisation of infection related risks through the implementation of infection prevention and control principles and the promotion of antimicrobial stewardship.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 said they are supported by the service and are able to participate in activities of interest to them. Staff demonstrated understanding of consumer preferences and needs when providing supports for daily living. Care planning documents included information about consumers’ goals and preferences.

Consumers and representatives considered consumers’ emotional, spiritual, and psychological well-being is supported. Care planning documents included information regarding the emotional, spiritual, and psychological needs of the individual consumers. Staff described how they identify changes in consumers’ mood and provide emotional support.

Care planning documents identified who is important to consumers and what activities they enjoy participating in. Consumers provided positive feedback stating they are supported to keep in touch with the people who are important to them and participate in the community within and outside the service.

Consumers believed that their care needs are effectively communicated. Staff explained how they are kept informed when a consumer’s condition, needs or preferences change. Care planning documents included information from allied health professionals sharing the care responsibilities.

Staff explained how the service works in conjunction with other organisations to supplement the services and supports for daily living offered to consumers. Care planning documents evidenced consumers are supported with appropriate referrals to external services.

Consumers said they like the food at the service and it is of good variety, quality and quantity. Staff described how they meet consumers’ dietary needs and preferences. Care planning documents included information on consumer preferences, allergies, assistance requirements and texture required.

Consumers said the equipment at the service is suitable, safe, clean, and well maintained. Staff explained the processes for maintaining equipment. Maintenance documentation evidenced support equipment to be appropriately maintained.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 and representatives said they are satisfied with living at the service. The service environment was observed to be designed to support movement of people with a cognitive impairment such as handrails, freedom of movement inside and outside, and gathering areas to encourage interaction.

Staff explained that service environment is safe and well maintained through scheduled preventative maintenance and reactive maintenance. The service was observed to be clean, well-maintained, and comfortable where consumers are able to move freely. This was consistent with feedback from consumers and representatives.

Consumers said that the equipment and furniture at the service is safe and appropriate for their needs. Review of maintenance records demonstrated scheduled preventative maintenance, which included equipment maintenance issues relating to equipment, is undertaken. Staff were aware of reporting process for faulty equipment.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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 felt safe to raise any concerns and reported they talk to staff directly if they had a complaint. Feedback forms were available throughout the service as well as information near the reception areas on how to make a complaint. Staff stated that the service encourages feedback.

Staff were aware of advocacy and interpreter services available for consumers. Consumers and representatives were aware of other avenues for raising and resolving a complaint. Documentation provided to consumers included information on complaint process and contact details for external services.

Consumers were satisfied with the action taken by the service in response to the issues they had raised. Staff provided examples of how they respond to complaints and explained the open disclosure process.

Consumers felt the service is helpful in finding a solution to feedback and complaints. Management described improvements made to the service a result of consumer feedback. Documentation was reviewed which showed feedback and complaints are reviewed and have been used to improve the quality of care and services.

# Standard 7

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| Human resources | | Compliant |
| 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**

Consumers and staff provided mixed response in relation to staffing adequacy however no examples of impacts to consumers was brought forward. Documentation evidenced that the service was taking initiative to hire staff and most call bells were responded to in a timely manner. Management described several initiatives being undertaken to improve staffing.

Consumers and representatives reported that staff engaged with them in a respectful, kind, and caring manner. Staff were observed addressing consumers by their name and using respectful language when assisting consumers.

Consumers stated that they believe staff at the service know what they are doing. Management stated there are position descriptions for each role which outlined staff responsibilities. Documentation demonstrated staff have appropriate qualifications, experience, and knowledge to perform their duties successfully.

Consumers were satisfied that staff are adequately trained and equipped to do their jobs. Training records reflected that all staff have completed mandatory training. Management explained the process they follow if they believe staff need additional training.

Staff explained the process for performance reviews and management stated performance appraisals are conducted annually. Performance appraisal report indicated that majority of appraisals were up to date and the remaining staff were booked in to complete their appraisals.**Standard 8**

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| Organisational governance | | Compliant |
| 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 explained how they are engaged to have input into the service delivery through avenues such as at the monthly meetings. Management discussed various processes for engaging consumers including feedback forms. Documentation evidenced consumers are engaged in the development, delivery and evaluation of care and services.

Frameworks, policies, meeting minutes, and documentation outlined how the board plays a role in promoting a safe and inclusive culture in which quality care and services are provided and are accountable for their delivery. For example, monthly reports are reviewed by the board and discussed at monthly meetings.

The service demonstrated it had effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. For example, as a result of consumer feedback and concerns raised a restructure of the catering at the service was undertaken including introduction of the new menu that comprised of freshly cooked meals, fresh fruit being offered.

Management described the process for identifying and addressing risks. The service had a risk management framework which included plans for responding to the risk if it occurs, and aids in the continuous identification of new risks and strategies to control the risks. Staff demonstrated knowledge of incident management and their reporting responsibilities.

The service had organisational policies relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff stated they are trained in restrictive practices, including risk assessment and monitoring restraint when in use. Staff provided examples of how they minimise antimicrobial usage at the service and the principles of open disclosure.

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)