Performance

Report

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| Name: | Woodberry Village |
| Commission ID: | 0187 |
| Address: | 129 Lanhams Road, WINSTON HILLS, New South Wales, 2153 |
| Activity type: | Site Audit |
| Activity date: | 31 October 2023 to 2 November 2023 |
| Performance report date: | 4 December 2023 |
| Service included in this assessment: | Provider: 585 Anglican Community Services  Service: 203 Woodberry Village |

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 Woodberry Village (**the service**) has been prepared by P. Wallner, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers and representatives and others.
* other information 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 in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives said staff were kind, treated them with dignity and respect, and made them feel valued. The service has systems and processes to support staff and ensure consumers are treated with dignity and respect. Staff were familiar with consumers’ backgrounds and cultures and were observed treating consumers with dignity and respect, using their preferred names, and interacting in a kind, patient, and friendly manner. The service had documented policies in place and annual mandatory staff training was provided to support treating consumers with dignity and respect.

Consumers and representatives said they felt safe, and their care and services were delivered in accordance with their cultural needs and preferences. Staff identified consumers from diverse cultural backgrounds and understood each consumer’s character, cultural background and values. Consumers’ care planning documents reflected their stories, cultural, spiritual, and emotional needs, and preferences, which were captured on entry to the service and updated through the assessment process.

Consumers and representatives said they could maintain important relationships, choose how their care and support was provided, and by whom. Staff provided examples of how they supported consumers to make independent choices about their care and services and maintain relationships of their choice. Care planning documents confirmed consumers were supported to exercise choice and independence in relation to their care and services.

Consumers and representatives said the service supported them to take risks and live their best lives. Staff described how they supported consumers to understand the benefits and possible harm, when making decisions about taking risks. Care planning documents included completed dignity of risk assessments by physiotherapists, speech pathologists and medical officers, where required. Consent forms showed consumers and representatives were consulted and involved in finding solutions to reduce risks.

Consumers and representatives said they received up-to-date information about activities, meals, events, COVID-19 changes, and visitor access. The service had visible information boards and newsletters which provided current information such as meeting minutes, activity calendars, menus and other information. Staff confirmed they remind consumers about what was happening on the day and if there were any changes to activities or meals.

Consumers and representatives said the service kept their personal information confidential and their privacy was respected. Staff described how they maintained consumers’ privacy and kept computers containing consumers’ personal information locked and password protected. Staff were observed knocking on consumers’ doors and waiting for a response before entering.

# 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 said they participated in the care planning process, and they received the care and services they needed. Staff and management described the assessment and care planning process in detail, and how it informed the delivery of safe and effective care. Care planning documents confirmed assessment and planning considered risks to each consumer’s health and well-being and showed the mitigation strategies in place.

Consumers and representatives said staff regularly engaged them in conversations about their care and service needs, including discussing their end of life wishes, if desired. Staff were able to describe what is important to consumers in terms of how their care is delivered. Care plans were individualised to reflect each consumers’ individual needs and preferences. Advance care directives (ACD) were in place for consumers who have consented to provide this information. Management and staff described how consumers’ needs, goals and preferences were captured, including advance care plans. The service had a written policy and procedure to guide staff in assessment and care planning, including advance care and end of life planning.

Consumers and representatives confirmed they were regularly consulted in the assessment and care planning process, in partnership with the service and other providers of care and services. Staff described how they partnered with consumers, representatives, and other health professionals to develop care plans tailored to consumer’s individual needs.

Consumers and representatives knew they could get a copy of the consumer’s care plan however, most said they did not need it as they were regularly consulted, and any changes were communicated to them. Clinical staff said they reviewed the care and services provided to consumers, in collaboration with representatives, medical officers and other health professionals. Consumers’ care documents recorded assessment outcomes and showed details were updated and communicated to consumers and representatives.

Consumers and representatives said the service reviewed consumers’ care and services regularly, and when circumstances changed, to ensure their current needs, goals and preferences were met. Care planning documents showed regular review, and reviews when there was a change to consumers' condition needs, goals or preferences. The organisation had written policies and procedures to guide staff in reviewing care for effectiveness every 3 months, and when consumers’ circumstances changed or when incidents impacted on consumers.

# 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 stated consumers received personal and clinical care, which was safe, effective, tailored to their needs, and which optimised their health and well-being. Staff described how they delivered personal and clinical care in line with consumers’ documented needs and preferences. Care documents confirmed staff were following documented strategies to deliver safe and effective personal and clinical care. The service had written policies and procedures to support staff in providing best practice personal and clinical care.

Consumers and representatives were satisfied high impact or high prevalence risks to consumers were effectively managed by the service. Management and staff explained how key risks to each consumer such as falls, weight loss and skin integrity were effectively managed. Care planning documents and assessment tools identified key risks to consumers and effective strategies to manage them. Care plans and progress notes for sampled consumers identified risks and interventions relevant for each consumer. The service had written policies and procedures available to guide staff practice in relation to the management of high-impact or high-prevalence risks to consumers.

Consumers and representatives confirmed consumers’ needs, goals, and preferences, including their end of life wishes, had been discussed with them. Staff could articulate how end of life care was provided in line with consumers’ needs, goals and preferences. Care documentation confirmed staff involved consumers and representatives in palliative care planning, and end of life care delivery was timely, appropriate and in line with consumers wishes. Records confirmed the service completed a palliative assessment and care plan and had a palliative care policy and procedure.

Consumers and representatives said the service responded well to a change or deterioration in the condition, health, or ability of consumers. Staff and management explained the processes in place for identifying and reporting changes or deterioration in consumers’ condition, including being updated at daily shift handovers. Care planning documents showed changes in condition were identified and responded to promptly.

Consumers and representatives said staff effectively communicated and documented consumers’ current care needs and preferences. Staff said current information relating to consumers’ conditions, needs and preferences was documented in the electronic care management system communicated to those with responsibility for providing care. Care planning documents confirmed the input of other services such as dietitians, occupational therapists, speech pathologists, podiatrists, and medical specialists. Staff were observed attending shift handover and sharing up to date information about consumers’ care needs.

Consumers and representatives said they received the care they need and were referred to other appropriate medical services, when necessary. Documentation confirmed consumers were referred to other services and progress notes demonstrate referrals are completed in a timely manner. Management and staff described the processes for seek the input of external health services and implementing their recommendations.

Consumers and representatives said they were satisfied with the measures the service had in place for the minimisation of infection-related risks. Staff confirmed they were trained in antimicrobial stewardship and infection prevention and control strategies, including for COVID-19. The service had appointed an infection prevention and control lead and implemented policies and procedures to guide staff in relation to antimicrobial stewardship and infection prevention and control.

# 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 confirmed they were supported to meet their daily living needs, goals and preferences and maintain their independence and live the life they chose. Staff described how they provided safe and effective daily living services to meet consumers’ needs, goals, and preferences. Management explained the detailed lifestyle assessment process during admission which documented the individualised services and supports to ensure consumers’ needs, goals, and preferences were met.

Consumers and representatives said their emotional, spiritual, and psychological well-being was supported by the service. Staff described how they supported consumers when they were feeling low and described the twice weekly chapel service and other pastoral care provided by the service. Care planning documents identified consumers’ emotional, spiritual, and psychological needs and provided guidance to staff on how to support them.

Consumers and representatives said they were assisted to participate in activities inside and outside the service, do things of interest to them and maintain their personal and social relationships. Care plans detailed consumers’ activity preferences and the people of importance to them. Staff confirmed consumers were supported to have relationships and pursue activities of interest. Consumers were observed moving freely around the service, participating in various activities and returning from outings.

Consumers and representatives said current information about their daily living needs and preferences was effectively communicated between staff and other service providers involved in their care. Staff explained how current information about consumers’ daily living needs was shared via the handover process and recorded on consumers’ electronic care records.

Consumers and representatives said timely and appropriate referrals were made to other organisations and individuals providing care and services. Care planning documents confirmed the service worked in partnership with external providers to support the diverse needs of consumers. The service had written policies and procedures in place to guide the referral process to other health professionals, volunteers and organisations such as Dementia Support Australia. The service had an extensive list of volunteers, including the community visitors scheme and various religious services.

All consumers sampled said the food was great and the meals were of a suitable quality, quantity and variety. Consumers and representatives had input into the menu through the food focus group and ‘resident and relative’. The lunch and dinner menus provided two choices with alternatives and snacks available. Records showed meals and drinks were served according to each consumer’s dietary needs and preferences. Kitchen staff were trained to ensure consumers with food allergies or special requirements received the appropriate food and drink. The kitchen was observed to be clean and well-maintained with documentation and certification up to date.

Consumers and representatives said the equipment provided was safe, suitable and clean and they spoke to staff if they had any concerns with their equipment. Staff explained the cleaning and maintenance processes for equipment, and the maintenance and cleaning logs were up to date. Equipment such as lifting aids, walking aids and wheelchairs were observed to be clean and well-maintained.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives said the service was welcoming, easy to navigate and staff were friendly to visitors. The service did not have a secure memory support unit, and all parts of the service could be readily accessed. The service had adequate lighting and signage to optimise consumers’ sense of belonging and independence. The common areas and corridors were spacious, clean, fitted with handrails and suitable for wheelchairs. Gardens and pathways were safe and well maintained. Consumers and visitors were observed enjoying different areas around the service.

Consumers and representatives said the service was safe, clean and well-maintained, and they could move around freely, both indoors and outdoors. Staff described the service's cleaning and maintenance schedules and described the process for logging maintenance requests. The service environment was observed to be a comfortable temperature, safe, clean, and well-maintained. All doors were unlocked, or a code was displayed, allowing consumers to move freely both indoors and outdoors.

Consumers confirmed the furniture, fittings and equipment were kept clean, safe, and well maintained. Staff confirmed they had access to adequate suitable equipment to meet consumers’ care needs. Maintenance staff demonstrated the system for lodging maintenance requests from staff and consumers. The furniture, fittings and equipment around the service appeared to be clean, safe 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

Consumers and representatives said they had no issues making complaints or providing feedback, and were encouraged to so in various ways, including verbally to management and staff, through feedback forms, surveys and at meetings. Staff confirmed consumers and representatives were encouraged to provide feedback and make complaints, and they assisted consumers complete feedback forms, if needed. Management said they supported consumers and representatives to provide complaints and recorded them electronically, in line with the service’s documented policies.

Consumers and representatives were aware of advocacy and language services and external complaints mechanisms. Staff confirmed they were aware of advocacy and external complaint services which was part of their training. Brochures for support services such as the Older Persons Advocacy Network (OPAN), Translation and Interpreter Services (TIS), and the Commission were observed around the service.

Consumers and representatives said appropriate action was taken in response to their complaints and incidents of any kind. Consumers and representatives said management and staff acknowledged their concerns almost immediately and kept them informed while they investigated and resolved their issues. The complaints/feedback and incident management system demonstrated complaints were acknowledged immediately, investigated promptly and resolved together with the consumer and representative. Open disclosure was used for complaints and when things went wrong. Staff confirmed they had received training in complaints/feedback and incident management, including ‘open disclosure’ training.

Consumers and representatives said their feedback and complaints was used to improve the quality of care and services. Management detailed the processes for using feedback to improve services and provided specific examples. The organisation had documented policies for using feedback and complaints to identify areas for continuous improvement.

# 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

Consumers and representatives said there were enough staff in all areas of the service to ensure their individual care and services needs were met. Management demonstrated the workforce was planned effectively and had the right number and mix of staff to deliver safe and effective care and services. Rosters showed no unfilled shifts for October 2023 across all areas of the service. Staff said there were enough staff, and they were offered extra shifts if there was a shortfall due to unplanned leave. Care minutes for each consumer slightly exceeded the service target and 99% of call bells were answered within the 10-minute response time required by the service.

Consumers and representatives sampled all said staff were kind, caring and respectful of their identity, culture and diversity. Staff said they knew each consumer very well and had constant training in the Quality Standards, particularly in relation to showing dignity and respect for consumers’ culture, identity and diversity. The organisation had written policies and procedures to guide staff in supporting consumers’ dignity, choice and diversity.

Consumers and representatives stated staff were competent and had the knowledge and qualifications to perform their roles effectively and safely. Management detailed how they ensured the workforce was competent and had the knowledge and qualifications to effectively perform their roles. Written position descriptions set out the skills, knowledge and qualifications required for each role at the service. Competency assessments and training records for all staff were up to date and relevant to their positions.

Consumers and representatives considered staff were well supported and trained for their roles. Staff said they were supported with extensive online and face-to-face training for both clinical and non-clinical skills. Management described the recruitment and induction processes which ensured staff were provided with the training and education necessary to deliver the outcomes required by the Quality Standards. Records showed the training and competency tests for all staff were completed and up to date.

Management described effective processes used to regularly assess, monitor and review the performance of the workforce which included competency assessments and annual performance appraisals. Staff confirmed the performance review processes included formal annual appraisals as described by management. Written policies and procedures were in place to guide all aspects of managing the workforce including performance expectations, the organisation’s vision, mission and values, and the Commission’s Code of Conduct for Aged Care which has been incorporated into the organisation's code of conduct.

# 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 stated they were supported to be involved in the development, delivery and evaluation of care and services via a range of mechanisms such as care planning reviews, feedback and complaints, ‘resident and relative’ meetings, consumer surveys and audits. Management and staff detailed various ways they assisted consumers and representatives to be involved in providing input into how the service delivers their care and services. Records confirmed the service had implemented policies and procedures to ensure consumers were engaged in the development and evaluation of care and services.

Consumers and representatives said the service was accountable for safe, inclusive care and services. Management explained how the organisational structure and reporting processes ensured the Board was accountable for delivering safe, inclusive and quality care and services. The organisation had detailed policy and procedure frameworks for both clinical governance and risk management, aligned with the Quality Standards, which underpinned the delivery of quality, safe and effective care and services.

Management demonstrated effective organisation-wide governance systems and processes underpinning information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service used an organisation-wide electronic information management system to support the governance policies and procedures.

Consumers and representatives were happy with the personal and clinical care and services provided. Management demonstrated there were effective risk management systems and practices in place to manage high-impact and high-prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, and using an incident management system to manage and prevent incidents. The organisation had relevant policies and procedures in place along with mandatory training for all staff.

Management demonstrated a robust clinical governance framework with individual policies and procedures for antimicrobial stewardship, minimising the use of restraint and open disclosure. The clinical governance framework was overseen by the Board, the Clinical Governance sub-committee and the Quality, Safety and Risk team. All staff had received training and could access the policies and procedures in the electronic system.

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)