Performance

Report

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| Name: | Woodberry Village |
| Commission ID: | 0187 |
| Address: | 129 Lanhams Road, WINSTON HILLS, New South Wales, 2153 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 3 April 2024 to 4 April 2024 |
| Performance report date: | 9 May 2024 |
| 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 Therese Solomon, 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 3 Personal care and clinical care | Not Applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **Not Applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **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 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 |

Findings

The service demonstrates that each consumer gets safe and effective personal care and clinical care that is best practice, tailored to their needs and optimises their health and well-being. Consumers and/or representatives provided positive feedback about the provision of personal and clinical care. Care staff stated they have access to clinical policies and guidelines to ensure they provide quality and safe clinical and personal care to consumers. Care staff reported they use strategies to manage consumers’ needs according to their care plans or by asking the consumers, and if they notice any changes or have concerns about a consumer this is reported immediately to the clinical staff or care manager.

Fall incidents reviewed showed staff appropriately assessed, managed, and escalated the incident according to the service’s post falls policy and guidelines. Consumers who experienced falls have been reviewed by both the medical officer and the physiotherapist, and consumers’ falls risk assessments were updated accordingly, with strategies and interventions updated when applicable.

Consumers experiencing pain are generally managed effectively with appropriate pain monitoring, assessment and provision of interventions as required. Review of progress notes, care plans, pain charts and medication charts showed staff are monitoring and managing consumer pain according to their individualized care plan. Alternatives to medication such as heat packs, massage, exercises, and repositioning are tried and documented in consumer care and service documents.

The service has policies and procedures for the management of skin integrity and wound care. Care staff receives education about pressure area care, pressure injuries and how to minimise skin damage, while clinical staff received training in wound care management. Management advised an incident report is generated when an injury occurs, a photograph is taken, and a wound assessment is attended. The service has access to a wound specialist for wound assessment and when clinical staff should require guidance and support for wound management and care. Care documents, wound monitoring charts and progress notes showed staff followed the interventions and strategies to promote wound healing according to wound care directives.

For consumers with specialised nursing care, including stoma care, care plans provide information in relation to the device’s maintenance and replacement. Additional documentation, including wound charts, progress notes and management charts, shows stomas are monitored and maintained according to recommended practice and care directives.

Based on information provided by the Assessment Team and the Approved Provider Requirement 3(3)(a) is found Compliant.

The service demonstrated high-impact and high-prevalence risks are effectively managed through clinical governance systems and procedures to identify and manage risks, including risks relating to falls, wounds, pain, complex care, and behaviour management. Management and staff described the high-impact and high-prevalence risks for consumers at the service.

Consumers and/or representatives stated consumers get the care they need, that the service investigates incidents promptly, and they are consulted and informed of the strategies that will be put implemented to prevent or reduce recurrence of incidents.

The service records high-impact and high-prevalence clinical and personal risks for consumers through clinical data indicators and incident reports. Data is analysed and discussed at the weekly and monthly quality and staff meetings. The service identified their key indicators through incidents including, but not limited to, falls, wounds/pressure injuries, infection and changed behaviours. A clinical risk register is maintained and provides additional oversight for consumers who are at high risk. Clinical incidents reviewed showed meaningful review and root cause analysis to determine the reasons why and how incidents are happening, and appropriate interventions or strategies are considered or have been put in place to prevent or reduce reoccurrence. A review of the service’s clinical indicators in the last three months showed downward trends in the falls, wounds, pressure injuries and changed behaviours.

Review of consumers’ care and service documents who experience responsive behaviours, showed staff explore the relationship between pain and behaviours of concern. This is evident in progress notes, behaviour charts and pain charts. When pain is identified, staff apply the appropriate interventions according to care plans such as repositioning, application of heat and cold packs and/or the use of pain medications. Staff also record the effectiveness or ineffectiveness of the interventions provided. Consumers are regularly reviewed by the medical officer, geriatrician, and other mental health specialists when appropriate.

Management and clinical staff described the high-impact and high-prevalence risks for consumers within the service. Clinical and care staff described the most significant clinical and personal care risks for the consumers, in line with their care plan. Clinical staff described how handover occurs at the beginning of each shift and consumers' current care needs, including risks and incidents, are discussed.

Based on information provided by the Assessment Team and the Approved Provider Requirement 3(3)(b) is found compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

The service demonstrated it provides quality meals which are varied, nutritious, and of sufficient quantity. The catering coordinator advised the menu changes every six months as a summer and a winter menu, and that there is a rotating menu every four weeks. The menu can be changed to incorporate consumers’ feedback provided at the food focus meetings, or on feedback forms. The food focus meetings are the final item on the monthly resident meeting schedule, and in addition, consumers can provide feedback or suggestions on feedback forms available throughout the service and attached with the monthly newsletters. Menus are assessed and approved by a dietitian prior to finalisation and implementation at the service.

The catering coordinator and staff explained how catering services receive information about new consumers or any changes in consumers dietary needs, and how this information is shared and used by the catering department. Staff working in servery areas demonstrated they know consumer dietary requirements, likes/dislikes, diet types and how they access this information daily.

The kitchen and servery areas were observed to be clean and tidy, with kitchen staff following food safety and infection control protocols, such as wearing gloves and hairnets. The lunch service was observed in the main dining area and was calm, relaxed, and unhurried, with sufficient staff to serve meals, and assist consumers with their meals where needed. Consumers who have their meals in their rooms are served first.

Consumers and/or representatives expressed they are satisfied with the food choices and dining experience, describing the food as fantastic, very good or good, with alternatives always available if required.

Based on information provided by the Assessment Team and the Approved Provider Requirement 4(3)(f) is found compliant.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

Consumers and/or representatives consider the service environment is safe, clean, well maintained and enables them to move around freely both indoors and outdoors. The lounge and other sitting areas throughout the service are spacious, clean, furnished comfortably and are inviting for consumers to use as they choose. The outdoor areas include large balcony areas overlooking the surrounding suburbs, leafy gardens, and there is ample parking for staff and visitors on site.

Documentation for preventative and reactive maintenance schedules, and cleaning, evidence the environment, equipment, and building infrastructure is cleaned, monitored, and maintained regularly to ensure safety and cleanliness. Consumers and staff described the process to log any maintenance requests, and consumers stated any maintenance they needed was addressed promptly. Consumers and/or representatives were satisfied with the cleaning of consumer rooms and within the service.

The service uses a contract cleaning service who attend daily. Regular audits of cleaning are completed, and the cleaning manager meets routinely with the service management to review and discuss any concerns. Cleaning staff reported they have a task list of their daily duties, and a communication folder is used to convey any added requests. The contract service also does deep cleaning of furnishings and or fittings as per a schedule and provides spot cleaning as needed. More staff may be allocated in times of high need or urgency, such as during an infection outbreak.

Based on information provided by the Assessment Team and the Approved Provider Requirement 5(3)(b) is found compliant.

# Standard 7

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| Human resources | |  |
| 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 |

Findings

The service demonstrated staff are competent and have the qualifications and knowledge to effectively perform their roles. Management, and members of the onsite education team, described the processes in place to ensure staff obtain and maintain role-based competencies and knowledge to deliver safe and quality care and services to the consumers at the service.

Consumers and/or representatives stated staff perform their duties effectively, and they are confident staff are suitably skilled to meet their care needs.

Management described the processes in place to ensure staff are competent and capable in their role. These processes include a review of all applications by the recruitment team to confirm applicants hold the relevant qualifications and professional registration, have current criminal history checks, and have received any mandatory vaccinations prior to their commencement at the service. Position descriptions, and daily duty lists outline the responsibilities of staff specific to their role and shift. An orientation and onboarding process includes a minimum of three buddy shifts with experienced staff and the completion of an orientation role specific checklist.

Ongoing assessment, evaluation and monitoring of staff competency is conducted through observations and spot checks, skills-based competency assessments, performance reviews, feedback from consumers and representatives, and review of clinical records and care delivery.

Staff undergo additional education and reassessment of competencies following an incident or identified gaps in staff knowledge. Staff from different departments, including hospitality, cleaning, care, and clinical staff, identified mandatory annual skills-based competencies including manual handling, personal protective equipment, hand hygiene and fire safety training. Care staff responsible for medication administration said they are assessed annually on medication management to maintain their medication license at the service.

Based on information provided by the Assessment Team and the Approved Provider Requirement 7(3)(c) is found Compliant.

The service was able to demonstrate staff are recruited, trained, and supported to deliver care in line with the Quality Standards. Consumers and/or representatives expressed confidence in the ability of staff to deliver care and services and did not identify any areas where they considered staff required additional training. Management explained the recruitment process, and staff described the onboarding process, including attendance at mandatory training days prior to the commencement of buddy shifts at the service. Staff advised of ongoing training they receive and said they are supported by the onsite workplace trainer and clinical nurse educator to deliver quality care and services.

Staff described the orientation and onboarding process which includes mandatory training, competency assessments, role specific training, training on the Quality Standards and buddy shifts. Staff stated they receive ongoing professional support from the onsite workplace trainer and clinical nurse educator and feel comfortable to approach members of the education team if they require additional training or are interested in receiving education on a particular subject.

The service employs an onsite workplace trainer and clinical nurse educator. Management explained training is primarily planned using a proactive approach, with each month of the year having a specific focus. The focus at the time of the Assessment Contact was falls management as part of an April falls awareness month. A review of training documentation showed training was scheduled to occur in alignment with this. Topics included slips, trips, and falls, assisting and encouraging consumers to use their mobility devices and policy and procedure around falls management and post fall assessment.

The clinical nurse educator stated reactive style training is also conducted and advised education sessions may be developed and provided following an incident, or changes in policy and procedure or based on the needs of consumers.

Based on information provided by the Assessment Team and the Approved Provider Requirement 7(3)(d) is found Compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The service was able to demonstrate processes are in place for continuous improvement, financial governance, workforce governance, regulatory compliance, and management of feedback and complaints. The organisation has structures in place guiding the service to ensure consistency and compliance is maintained.

Interviews with consumers and/or representatives demonstrated they are provided with information through consumer and representative meetings, service newsletters, email correspondence, the use of a digital care application and can request information about their care and services.

Staff stated they can access the information they need to deliver safe and quality care and services and to support them to undertake their roles. Staff said important information, including changes to consumer care needs and preferences and to organisational and service level processes, is communicated to them via shift handovers, the electronic management systems including alerts and memos, regular meetings, and email correspondence from management.

Staff engage in handover at the commencement of each shift and communication books are utilised to share information with other members of staff. Staff are engaged in various staff meetings where information is discussed as appropriate with minutes distributed to staff.

The organisation’s chief executive of residential services advised the regional managers are responsible for financial oversight of services under their management and day-to-day budgets for the service are maintained by the facility managers. Additional expenditures in excess of the annual budget or changes to the budget are referred to the Board for approval.

Management confirmed the organisation has been responsive to requests for budgetary changes to support the needs of consumers and provided a recent example of a new roster with additional shifts had been proposed to accommodate increasing care requirements of the consumers. The acting facility manager advised this had been approved and was being commenced in the next roster at the end of April 2024.

Management advised the continuous improvement processes assess, monitor, and improve the quality and safety of the care and services provided to consumers. Continuous improvement initiatives are drawn from a variety of sources, including consumer and representative feedback, complaints mechanisms, consumer meetings, food focus meetings, regular analysis of clinical and incident data, internal audits, and identification of deficiencies in staff knowledge.

Management explained the quality manager for the organisation conducts a monthly review of each service’s plan for continuous improvement and tracks the progression of items and updates actions when required.

The chief executive officer described the process for implementing and reviewing improvement initiatives, including sustainability, cost effectiveness and impact on the consumer. Consumers provided feedback requesting the onsite café be open for longer, allowing additional time to enjoy the facilities with their friends and family. Management advised they extended the trading hours of the café during the weekdays on a trial basis. This trial period allowed the organisation to assess the viability of increasing the café hours in relation to staff availability and cost effectiveness. Following positive feedback from consumers and their representatives, management advised the service has extended the weekday trading hours of the café on a permanent basis.

The service has a workforce governance framework in place to ensure staff are skilled and qualified to provide safe, respectful, and quality care and services to consumers. Management advised they do not have a high need for the use of agency staff and explained their preference is to extend existing shifts as this promotes continuity of care and services provided to the consumers.

Responsibilities for all roles are clearly set out in position descriptions and management regularly monitors and reviews the performance of staff. A review of service documentation demonstrated staff reviews were up to date and management advised performance management is conducted when required.

The service advised changes to legislative requirements are monitored and brought to the organisation’s attention through communication received from governing bodies, which is then communicated through to the service level. The organisation stated policies and procedures are updated to reflect these changes and education is provided where required, such as for the code of conduct, Serious Incident Response Scheme, and restrictive practices.

The organisation uses an electronic feedback, complaints, and incident management system to record all verbal, email, or handwritten feedback. Complaints, feedback, and suggestions are captured using feedback forms at the service, daily comments from consumers and/or representatives, resident and relative meetings and internal consumer and staff satisfaction audits. These are manually entered into the electronic system.

Feedback and complaints are collated and analysed, enabling for trends to be identified. Feedback and complaints are documented at a service level and reported at the monthly Board meetings. The chief executive advised the identification of trends at a service level is used to guide the improvement of the care and services within the organisation.

Based on information provided by the Assessment Team and the Approved Provider Requirement 8(3)(c) is found Compliant.

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