Performance

Report

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| Name of service: | Woodford Manor Aged Care |
| Service address: | 12-14 Margaret Street WOODFORD QLD 4514 |
| Commission ID: | 5382 |
| Approved provider: | Tingari Group Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 21 December 2022 |
| Performance report date: | 09 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 Woodford Manor Aged Care (**the service**) has been prepared by K. Reed, 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 - Site; the Assessment Contact - Site 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 response to the assessment team’s report received 06 January 2023
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **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** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |

Findings

Care documentation demonstrated assessment and planning processes identified the needs, goals and preferences of consumers and any related risks to their health and well-being including the management of skin integrity, restrictive practices, falls, diabetes and wounds. Staff had a shared understanding of the assessment and planning processes at the service and described how this informed safe and effective care delivery for consumers.

Consumers and their representatives were included in assessment and planning processes to develop tailor made care interventions suited and aligned with consumers’ preferences and needs. When incidents or changes in consumer care needs occurred, this prompted a care plan review. The service had contemporary policies and procedures to guide staff in completing assessment and care planning with consumers and representatives.

Care plan reviews were overdue for some consumers; however, this had not impacted care delivery. The service’s plan for continuous improvement contained actions to complete care plan reviews by the end of December 2022. The Approved provider in its response to the Assessment contact-site report notes this process is nearing completion and an ongoing sustainable approach has been clarified with registered nurses at the service and will monitored by the Clinical Care Coordinator.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Staff at the service identified and responded to high impact and high prevalence risks for individual consumers, including those assessed as requiring restrictive practices, demonstrated changed behaviours, had wounds, required catheters and those consumers who chose to take risks to live the life they wished. Consumers and their representatives provided positive feedback in relation to care delivery for consumers.

Consumer care documentation confirmed effective management of high impact and high prevalence risks. Staff could describe the main risks to consumers including falls and skin tears and the risk mitigation strategies that were used to decrease the risks to consumers. To minimise the risk of consumers falling they were assessed by the physiotherapist, monitored by staff and reminded to use walking aids, movement sensor mats and crash mats are employed, and consumers were encouraged to wear appropriate footwear including non-slip socks. The physiotherapist provided exercise sessions and consumers’ rooms, and communal areas, were kept tidy and clutter free.

Risks to consumers including management of changed behaviours were discussed at staff meetings. Staff demonstrated a shared understanding of the management of risks to consumers. Review of consumer newsletters and meeting minutes from October 2022 to December 2022 identified information to mitigate risks to consumers was provided, for example the importance of adequate hydration and falls prevention.

Clinical incident data and quality indicator data did not identify any significant trends and demonstrated consumer’s risks were well-managed. A weekly falls meeting was implemented in October 2022 with attendees including the Clinical care coordinator, physiotherapist and physiotherapy assistant. Consumers who experienced a fall were discussed and consideration given to further strategies that may mitigate their falls risk. Clinical incident and quality indicator data is reported both within the organisation and externally.

The electronic medication documentation system facilitated oversight of any missed medication and monitored the use of as required medications. Medication incidents were trended and reported, and discussed via the medication advisory committee.

# 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 representatives were satisfied with the cleaning of consumers’ rooms and the cleanliness throughout the internal and external areas of the service. The service was observed to be clean, safe and well-maintained. Consumers were observed to be sitting in common areas indoors and outdoors in the courtyard. All doors entering the outdoor spaces were unlocked and accessible to all consumers including the consumers in the memory support unit.

Staff and consumers were aware of the process for raising maintenance issues and confirmed maintenance issues when possible were resolved in a timely manner. A housekeeping audit was completed monthly to identify any maintenance issues. The maintenance officer had a schedule for preventative maintenance and staff described how to raise reactive maintenance concerns.

# 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 |

Findings

The service had systems in place to ensure staff numbers were adequate and the right mix of skills in order to deliver care and services to consumers. Management confirmed filling vacant shifts could be challenging, however, there is always a Registered nurse on shift.

Most consumers and representatives confirmed staff were available when needed and attended swiftly to requests for assistance. Staff worked as a team and helped each other when required so that consumers received the care they need. Staff felt supported by management and equipped to undertake their roles. Care staff confirmed there was always a registered nurse or enrolled nurse available to escalate concerns or assist if needed. Staff stated they had time to access consumers’ care plans to ensure they were aware of current or changing needs and to access behaviour support plans.

Recruitment processes were ongoing at the service. Agency staff are provided with onboarding information to ensure they were equipped to complete their duties. Staff were observed caring for consumers at various times throughout the day and providing a diverse range of personal and clinical care.

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)