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: | Site Audit |
| Activity date: | 26 April 2023 to 28 April 2023 |
| Performance report date: | 31 May 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 T Wurf, 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, and
* the provider’s response to the assessment team’s report received 18 May 2023.

# 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 reported that staff make consumers feel respected. Some consumers described staff as like family and the service as their home.

Consumers said they are provided with information that enables them to make choices about how they live their lives, including meals, activities, and care routines and preferences. Staff demonstrated knowledge, awareness and understanding of consumer choices and preferences and described how each consumer is supported to make informed decisions about their care and services.

Consumers felt supported to take risks, such as choosing not to use falls prevention strategies or not follow dietary recommendations. Staff described individual risks to consumers, how risks are discussed with the consumer, and how the consumer is involved in identifying strategies to minimise risks. Assessments are conducted to assess levels of risk to consumers and risk management strategies are documented in care plans.

Staff interviewed by the Assessment Team spoke about consumers in a respectful manner and with an understanding of their personal circumstances. The Assessment Team observed staff engaging with consumers in a friendly, dignified, and respectful manner.

Care planning documents reflected consumers’ history and backgrounds, cultural needs and preferences, and what is important to them to maintain their identity.

Consumers confirmed their information is kept confidential and staff respect their privacy whilst providing care. Care staff described how they maintain a consumer’s privacy when providing care by ensuring the door is closed and the consumer feels comfortable. The Assessment Team observed computer access and private information about consumers were kept within environments that maintained confidentiality.

# 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 their representatives were satisfied with the service’s assessment and planning processes, and the care and services consumers receive. They reported that staff explain relevant information, discuss their care, and that they can access the consumer’s care plan if they wish. They said staff contact them when incidents occur and explain the strategies implemented to reduce the risk of the incident reoccurring.

Clinical staff described the service’s assessment and care planning processes which result in the development of an individualised care plan. They said consumers and their representatives, and other health professionals are involved in these processes.

Care documentation reviewed by the Assessment Team evidenced comprehensive assessment and care planning and regular review of care and services; every three months and when circumstances changed such as clinical deterioration or when incidents occur. Risks to individual consumers’ health and well-being were identified, documented and managed. Risks included falls, diabetes, wounds, specialising nursing care, and complex behaviours. The service monitors clinical indicators including medication incidents, falls, pressure injuries and infections.

End of life care planning is discussed with consumers and representatives on entry to the service, during regular care plan reviews and if a consumer’s condition deteriorates. Consumers’ care documentation included end of life care wishes and preferences. A consumer who had recently passed away was surrounded by family and received pain medication and comfort cares in line with the consumer’s wishes.

The Assessment Team observed care planning documents and handover records readily available to staff delivering care and staff said they have access to care information through the electronic care management system.

# 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 their representatives were satisfied with the care and services consumers receive, and said care is safe, consistent, and individualised to their needs and preferences. They were also satisfied that consumers’ needs and preferences are effectively communicated between staff.

Staff said they have access to the information they need, including in care documentation, during shift handover and in the electronic care management system. Staff demonstrated knowledge and skills in managing the personal and clinical care of consumers.

Consumers’ care planning documentation was individualised and demonstrated identification, assessment, monitoring and review of consumers’ clinical care needs. For example, where restrictive practices were used, authorisation, informed consent, and behaviour support plans were in place. Wounds were consistently attended to and reviewed in accordance with consumers’ wound care plans.

Care documentation reflected management of high impact, high prevalence risks to consumers, such as falls and complex behaviours. For example, a consumer identified as high falls risk had risks assessments completed, and a range of documented strategies in place to manage risks, which were understood by staff. The consumer’s representative was satisfied with the service’s management of the risk.

The service has established processes for end of life care that are understood by staff. For example, documentation for a consumer nearing end of life at the time of the site audit reflected review by a medical officer, case conferences and regularly communication with the family, comfort care provided, pain assessment and monitoring, and a referral to an external health provider. Staff understood ways in which they maintain comfort of consumers nearing the end of life.

Care documentation demonstrated staff recognise, report and respond to changes in a consumer’s condition. Clinical staff described their role in monitoring consumers and discussing changes at staff handover.

The service makes referrals to other organisations and providers of care, such as allied health professionals, the Residential Aged Care District Assessment and Referral Service, and geriatric and other specialists. Reviews and recommendations from these other providers are documented in the electronic care management system.

The service has policies, procedures and an outbreak management plan to guide staff in relation to infection control practices, and management of an infectious outbreak. The service has a vaccination program and an Infection prevention and control (IPC) Lead. The Assessment Team observed staff using personal protective equipment, practicing hand hygiene appropriately. Staff understood practices to prevent and control infections, such as hand hygiene, use of personal protective equipment (PPE), encouraging fluids and obtaining pathology results prior to commencing antibiotics.

# 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 said they get the services and supports they need, and staff assist them to be as independent as possible. Consumers were satisfied with the emotional, spiritual and psychological support provided when needed. Consumers spoke about being supported by the service to participate in meaningful activities both within and outside the service, such as exercise classes, visiting family, socialising with friends, craft activities, and shopping. The Assessment Team observed consumers engaging in a variety of activities during the site audit, including concerts, exercise classes, movies, and social interactions with each other, family members and visitors.

Consumer care documentation reflected services and supports for daily living, social, and cultural preferences, lifestyle activities of interest and people important to them. Staff were familiar with this information and how to support individual consumers.

Staff described the lifestyle activities available to consumers living in the memory support unit and management advised the service was planning to increase the activities and resources available to them based on consumer, representative and staff feedback. Lifestyle staff said the service makes referrals to and engages external organisations and individuals, such as local men’s shed, local gyms, cattle yards, volunteers and hairdressers.

Consumers and representatives were satisfied with the meals provided by the service. Consumers can participate in monthly food focus groups and provide feedback on the menu. Consumers’ food preferences, and nutrition and hydration needs are documented and known by staff.

Equipment was available to support service activities of daily living, including mechanical lifting devices, mobility devices, and lifestyle activity products such as music and board games. Consumers reported the equipment is well-maintained and clean (also observed by the Assessment Team) and they know whom to report any concerns.

# 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 their representatives were satisfied with the service environment and said they feel safe and comfortable at the service. They said:

* the service, furniture and equipment are always clean and staff regularly attend to cleaning
* they and their family are made to feel welcome
* consumers can decorate their rooms with personal belongings
* they have access to and enjoy the gardens and courtyard, and
* they can move freely around the service.

Management described how walls are decorated with photos of the local community to make the environment more welcoming and homely. In response to a suggestion for a map of the service to be displayed at the entry, temporary signage has been erected to assist with directions to the service communities whilst wooden signage is being crafted by the maintenance officer with approval and assistance from consumers.

Cleaning and maintenance staff described their duties, schedules, and processes to monitor the completion of tasks. Maintenance staff described how requests for maintenance are recorded, prioritised and actioned. The service has preventative and reactive maintenance schedules and records. Issues are reported and responded to in a timely manner.

The Assessment Team observed:

* The entry to the service was open, clean, easy to navigate and had administration and management staff available to assist and direct visitors.
* The service has wide hallways with handrails and clear signage to aid navigation.
* Consumers moving freely around the service (both inside and outside) and consumers in the memory support unit freely moving out into the courtyard and back inside without restriction.
* Consumer doors clearly numbered with a nameplate, and shelves with personal items to assist consumers to identify their room.
* Outdoor areas were well presented and offered alternatives for consumers to interact with one another and loved ones.
* Shared equipment, such as hoists, to be clean, in good condition, and stored safely within the service.
* Call bells and mobility aids operating and within reach of consumers.
* Dining and lounge chairs, and equipment used for leisure and lifestyle activities, to be clean and appropriate for the needs of the consumers.
* The kitchenettes were clean and easy to access and all appliances were in working order.

# 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 were satisfied with the service’s feedback and complaints process and said they:

* were comfortable accessing the avenues available to them to raise feedback and complaints, such as consumer/representative meetings, directly with management (in person or via email), and the service’s feedback and complaints form
* were familiar with how to access advocacy and language services, however, had not needed these to date
* their complaints were acknowledged, responded to and an apology was provided, and
* improvements were made at the service in response to their feedback and complaints. For example, in response to feedback, a new chef was employed and a new menu implemented which resulted in improvements to the food and consumer satisfaction with meals.

Management and staff had a shared understanding of the service’s feedback and complaints process and when to apply an open disclosure process. Staff described their role in the service’s complaints management processes, including supporting consumers/representatives to raise feedback and complaints and access external complaints bodies. They said feedback and complaints are discussed during staff meetings and they contribute to improvements and solutions.

The service’s complaints management system recorded feedback and complaints, actions taken and when open disclosure had been applied. Management described how feedback and complaints data is captured, reviewed and monitored at the service and organisational level.

Feedback and complaints are reviewed, considered, and used by the service to improve the quality of care and services. The service’s complaints register and plan for continuous improvement documented improvements made as a result of feedback and complaints and that consumers/representatives are involved in improvement processes.

The Assessment Team observed:

* complaints forms and information available throughout the service with a locked feedback and complaints box located at reception, and
* posters displayed on the service’s notice boards about the Commission and advocacy and translation services. This information was also available in the service’s newsletters and entry pack.

# 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 their representatives provided positive feedback about staff and said there is enough staff to meet their needs and preferences. Consumers said staff:

* are available and responsive to their calls for assistance
* engage with them in a respectful, kind, and caring manner
* are gentle when providing care
* know what they are doing and are skilled, knowledgeable, well-trained, and competent in providing care and services that meet their needs.

Staff said there are adequate staff to provide care and services in accordance with consumers’ needs and preferences and staff generally have enough time to undertake their allocated tasks and responsibilities. Staff demonstrated a solid understanding of individual consumers’ background, culture, identity, needs, preferences, and methods of interaction. They said they receive regular training both online and in-person.

Staff rosters are reviewed regularly to ensure staff allocations meet changing consumer needs and preferences. The Assessment Team reviewed staff rosters and found changes made to cover unplanned leave and minimal unfilled shifts. Call bell response times are monitored and reviewed.

The performance of the workforce is assessed, monitored and reviewed. The service determines staff competency through skills assessments, and monitors performance through performance reviews, feedback and complaints, surveys, observations and review of clinical records.

The service has processes to recruit, train and support the workforce. Position descriptions are available for various roles. The service has processes for monitoring staff criminal record checks, professional registrations and vaccinations. New staff receive orientation and are buddied with more experienced staff. Staff complete mandatory training and ongoing professional development, and supervision is provided.

The Assessment Team observed kind, respectful, and patient staff interactions with consumers, and staff responding to call bells and attending to consumers in a timely manner.

# 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 were confident the service is well run and they can provide feedback and suggestions about care and services directly to management. Management described how consumers are supported to be engaged in the development, delivery and evaluation of care and services through consumer meetings, feedback forms and direct feedback to management.

The organisation’s governance policies identify a leadership structure with roles and responsibilities of the Board and service management, and quality management processes. The service has various ways in which it communicates changes in policies, procedures or legislation to consumers and staff, including via meetings, email and newsletters.

The service has effective governance systems and processes relating to information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints.

The Assessment Team identified the service’s front door may restrict the free movement of some consumers (environmental restraint) due to it being keypad locked and a push/pull door. The approved provider’s response to the Site Audit Report provided evidence of improvement actions completed including:

* updated the service’s restrictive practices, procedures and tools
* assessed consumers and established environmental restraint documentation for consumers identified as requiring support to use the door, and
* provided education to staff on restrictive practices and the service’s revised policies and procedures.

I am satisfied, based on information in the site audit report under requirements 5(3)(b) and 8(3)(c) that consumers were supported to move freely throughout and outside the service, and the service has completed actions to ensure the service is appropriately managing restrictive practices, specifically environmental restraint.

The service promptly responds to risks that are identified across the care and service continuum and responds to incidents. The service has a documented clinical governance framework, policies and procedures that guide how the service manages risk, incidents, antimicrobial stewardship, restrictive practices, and open disclosure. The service has an incident management system and processes to identify, respond to and report incidents. Staff demonstrated an understanding of high impact, high prevalence risks relevant to the consumer cohort. Staff receive training on various topics that relate to risk and clinical governance and demonstrated an understanding of these areas relevant to their role.

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)