Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Woodhaven |
| Service address: | 55A Hebden Street LOCKHART NSW 2656 |
| Commission ID: | 0279 |
| Approved provider: | Respect Group Limited |
| Activity type: | Site Audit |
| Activity date: | 13 September 2022 to 15 September 2022 |
| Performance report date: | 19 October 2022 |

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 Woodhaven (**the service**) has been prepared by S. Hicks, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all the requirements for this Quality Standard.

The service was able to demonstrate that consumers are treated with dignity and respect, with their identity culture and diversity valued. The Assessment Team found that the care plans reflect the diversity of consumers, including information about their cultural and religious beliefs and preferences. Consumers/representatives interviewed confirmed that they felt consumers are respected and valued as individuals by staff. This was observed during the Site Audit. In addition, the service also demonstrated that care and services are culturally safe. Staff were able to identify cultural backgrounds and preferences of consumers that were reflected in their care plans. Care plans reviewed included information on consumers’ individual care and service preferences, relevant cultural and religious beliefs.

The Assessment Team saw that consumers are supported to exercise choice and independence. Staff were able to describe how consumers are supported to make informed choices about their care and services and care planning documentation confirmed support provided allow them to take their preferred risks. In addition, both from consumer interviews and document reviews it was clear that information is provided to them is current, accurate and occurs in a timely manner

Based on this evidence, I find the following requirements are compliant:

Requirement 1(3)(a)

Requirement 1(3)(b)

Requirement 1(3)(c)

* Requirement 1(3)(d)

Requirement 1(3)(e)

Requirement 1(3)(f)

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all the requirements for this Quality Standard.

Risks to consumer’s health and well-being is assessed using risk assessment tools and is documented in consumers’ care plans Including strategies used to manage risks. Overall consumers sampled said their care was well planned, meeting their needs. Care planning also clearly identified consumer’s care preferences and current needs and the staff understand these needs. It also was reflective of the consumer changing needs including when incidents occur. This includes end of life and advanced care planning. Staff also relayed to the Assessment Team the care needs and preferences. Care and services plans are effectively communicated, documented and accessible to consumers/representatives.

The Assessment Team confirmed that consumer assessment and planning include other organisations and health care professionals such as, dietitians, physiotherapists, speech pathologists, and community dementia support and mental health outreach services. And all plans and assessments are reviewed regularly.

Based on this evidence, I find the following requirements are compliant:

Requirement 2(3)(a)

Requirement 2(3)(b)

Requirement 2(3)(c)

* Requirement 2(3)(d)

Requirement 2(3)(e)

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all the requirements for this Quality Standard.

Consumers receive safe and effective clinical and personal care that aligns with best practice to optimise consumer health and well-being and is individualised to their preferences. Staff could describe consumer’s individual needs and preferences and how these are managed in line with their care and services plan. Consumers subject to necessary restrictive practice had an appropriate authorisation and consent. In addition, the service demonstrated they effectively identify and manage high impact and high prevalence risks associated with the care of each consumer. Incidents with consumers such as falls, medication incidents, weight loss and changes in behaviours are recorded, analysed and management strategies developed.

The Assessment Team found that staff can recognise and respond to consumer’s deterioration in mental health and cognitive or physical function in a timely manner. Overall consumers said staff respond to their needs quickly and care documentation demonstrates staff recognise changes to consumer’s conditions. Consumers were also satisfied with how the service communicates their condition to others and had confidence that health professionals had access to information to support effective and safe sharing of the consumer’s condition, preferences and care needs. In addition, the service demonstrated consumers are referred to other organisations and health care providers in a timely manner and this was evidenced through documentation by the Assessment Team.

Staff conduct practices to minimise the transmission of infections, including COVID-19, and adopt antimicrobial stewardship strategies. The service has an infection prevention and control lead who has undergone appropriate training. Consumers said, and care documentation demonstrated minimisation of infection transmission and antimicrobial stewardship.

Based on this evidence, I find the following requirements are compliant:

Requirement 3(3)(a)

Requirement 3(3)(b)

Requirement 3(3)(c)

* Requirement 3(3)(d)

Requirement 3(3)(e)

Requirement 3(3)(f)

Requirement 3(3)(g)

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all the requirements for this Quality Standard.

Consumers/representatives interviewed were satisfied that services and supports for daily living meet their needs, goals and preferences. Consumers receive safe and effective services that enhance and maintain their independence, well-being and quality of life. Staff demonstrated a sound knowledge of individual consumers’ needs and preferred activities including how they support consumers to meet their needs, goals and preferences. In addition, consumers/representatives interviewed described services and supports available to promote each consumers emotional, spiritual and psychological well-being including meaningful activities that are satisfying to them.

Consumers sampled felt supported to participate in their community within and outside the organisation’s service environment, have social and personal relationships and do the things of interest to them. The service supports consumers to maintain social and personal connections that are important to them. Care planning documentation identified the people important to individual consumers and the activities of interest to the consumer.

Based on this evidence, I find the following requirements are compliant:

Requirement 4(3)(a)

Requirement 4(3)(b)

Requirement 4(3)(c)

* Requirement 4(3)(d)

Requirement 4(3)(e)

Requirement 4(3)(f)

Requirement 4(3)(g)

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all the requirements for this Quality Standard.

The service encourages, involves and supports consumers to decorate their rooms with personal possessions to create a home-like environment and familiar sense of belonging. Consumers/representatives also have spaces to interact with others or have some private space. The service was also able to demonstrate that consumers can freely and safely access indoor and outdoor areas of the service. In addition, consumers sampled confirmed staff are competent in the use of equipment and said they feel safe when staff use the equipment to provide care and services.

The Assessment Team found evidence of regular maintenance was occurring. The services reactive maintenance forms evidenced maintenance issues or requests by consumers or staff are resolved in a timely manner.

Based on this evidence, I find the following requirements are compliant:

Requirement 5(3)(a)

Requirement 5(3)(b)

Requirement 5(3)(c)

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all the requirements for this Quality Standard.

Observations made, and documents reviewed by the Assessment Team, show information on how to lodge a complaint internally or externally is available throughout the service and complaints and feedback are a standing agenda item at all meetings. All consumers/representatives interviewed provided feedback that staff members and management were approachable if they wish to provide feedback or make a complaint. They also felt confident that appropriate action would also occur. In addition, staff interviewed were able to describe the internal complaints process and how to refer/assist consumers/representatives about all complaint pathways.

Training related to complaints management and open disclosure has been provided to staff and open disclosure is implemented as part of the complaints process. The service was able to demonstrate that feedback and the small number of complaints from consumers or staff on their behalf led to improvements in the quality of care and services.

Based on this evidence, I find the following requirements are compliant:

Requirement 6(3)(a)

Requirement 6(3)(b)

Requirement 6(3)(c)

* Requirement 6(3)(d)

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all the requirements for this Quality Standard.

Staff were observed interacting with consumers respectfully and in a kind and caring manner. This was confirmed by consumers/representatives who provided positive feedback in relation to workforce interactions and confirmed staff are kind, caring and treat them well. In addition, consumers/representatives said the service has qualified staff with the knowledge and skills to provide safe and quality care and services that meets their needs and preferences. They were also satisfied with the abilities of staff in delivering care and services, and that staff are well trained and equipped to perform their roles.

Staff competency is determined through skills assessments and is monitored through performance assessments, consumer/representative feedback, audits, surveys and reviews of clinical records and care delivery. Staff also confirmed that there are adequate staff to provide care and services where they generally have enough time to undertake their allocated tasks and responsibilities.

Based on this evidence, I find the following requirements are compliant:

Requirement 7(3)(a)

Requirement 7(3)(b)

Requirement 7(3)(c)

* Requirement 7(3)(d)

Requirement 7(3)(e)

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all the requirements for this Quality Standard.

Management described various ways consumers are supported to be engaged in the development, delivery and evaluation of care and services. For example, the service conducts monthly consumer meetings, regular surveys and provides feedback forms to engage consumers and solicit feedback. Consumers interviewed said they enjoy the monthly consumer meetings with one consumer saying meetings are interesting, we are listened to, and we meet any new residents, so we can welcome them.

A review of the organisation’s governance framework identified a leadership structure with the governing body holding overall accountability for quality and safety of care for consumers. the Board reviews information relating to clinical and incident data/trend analysis; operational and financial information; results of internal audits, surveys and complaints trends. In addition, the Board uses this information to identify the service’s compliance with the Quality Standards, to enhance performance and mitigate risks, and to monitor and take accountability for care and services for consumers.

The Assessment Team reviewed the service’s Plan for Continuous Improvement which identifies planned and completed improvement actions in relation to various areas of care and service delivery. In addition, the Assessment team reviewed the service’s incident documentation showing the service has reported incidents within the scope of SIRS correctly.

The service has risk management systems implemented to monitor and assess high impact or high prevalence risks associated with care of consumers. Risks are reported, escalated and reviewed by management at the service level and the organisation’s executive management including the Board. Feedback is communicated through service and organisation meetings leading to improvements to care and services for consumers. Furthermore, the service has risk management systems implemented to monitor and assess high impact or high prevalence risks associated with care of consumers. Risks are reported, escalated and reviewed by management at the service level and the organisation’s executive management including the Board.

Lastly, the Assessment Team found the organisation’s clinical governance framework included policies and practices that cover antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff had been educated about the policies and were able to provide examples of their relevance to their work.

Based on this evidence, I find the following requirements are compliant:

Requirement 8(3)(a)

Requirement 8(3)(b)

Requirement 8(3)(c)

* Requirement 8(3)(d)

Requirement 8(3)(e)

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)