Performance

Report

**1800 951 822**

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| Name of service: | Woodport Aged Care Plus Centre |
| Service address: | 120 - 140 The Entrance Road ERINA NSW 2250 |
| Commission ID: | 0489 |
| Approved provider: | The Salvation Army (NSW) Property Trust |
| Activity type: | Assessment Contact - Site |
| Activity date: | 4 January 2023 |
| Performance report date: | 30 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 Woodport Aged Care Plus Centre (**the service**) has been prepared by E Woodley, 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 20 January 2023.
* the Performance Report dated 22 June 2022 following the Site Audit undertaken from 10 May 2022 to 12 May 2022.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **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 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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 1(3)(f) – The approved provider must demonstrate each consumer’s privacy is respected, including care to be delivered in a private setting to ensure the privacy of the consumer and others. The service has effective processes to identify and action risks to consumer privacy.

# 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)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Non-compliant |

Findings

The Quality Standard is assessed as Non-compliant as one of the six specific requirements has been assessed as Non-compliant.

The service was previously found Non-compliant in Requirement 1(3)(a) and Requirement 1(3)(f) following a Site Audit conducted 10 May 2022 to 12 May 2022. At this Site Audit, the Assessment Team found the service did not demonstrate all consumers are treated with dignity and respect with some consumers and representatives expressing concerns about this, and did not demonstrate the privacy of each consumer was respected.

During the Assessment Contact conducted 4 January 2023, the Assessment Team found the service has implemented continuous improvement action in response to the issues identified at the Site Audit. This has been effective in ensuring consumers are treated with dignity and respect, with their identify, culture and diversity valued. During the Assessment Contact, consumers interviewed consistently reported that they are treated with dignity and respect. Staff interviewed were aware of consumer’s culture and identity, spoke about consumers respectfully, and were observed throughout the Assessment Contact interacting with consumers in a respectful manner.

I find Requirement 1(3)(a) is Compliant.

However, the Assessment Team found that consumer’s privacy and personal information is not consistently protected. The Assessment Team observed personal care delivered to consumers in communal areas, with consumers still positioned in slings, or with bedroom doors or curtains open, in view of others. Allied health professionals were observed providing treatment to consumers in common areas. One staff member entered a consumer’s room without knocking and commenced cleaning while the consumer was being interviewed by the Assessment Team. The Assessment Team observed some consumer personal information visible to others in the area, either on unlocked computers or in open rooms.

The approved provider’s response to the Assessment Contact report includes a comprehensive continuous improvement plan addressing the issues identified during the Assessment Contact. This includes staff education and training, observational audits of staff practice, timers to lock computers have been installed, and doors checked for locking capability.

While the approved provider has implemented continuous improvement in response to the issues identified at the Assessment Contact report, the service has not yet demonstrated each consumer’s privacy is respected and personal information is kept confidential, and effective processes to identify and action risks to consumer privacy.

I find Requirement 1(3)(f) is Non-compliant.

# Standard 3

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| Personal care and clinical care | |  |
| 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 was not fully assessed, and therefore has not received a compliance rating. One of the seven specific requirements has been assessed and found Compliant.

The service was previously found Non-compliant in Requirement 3(3)(g) following a Site Audit conducted 10 May 2022 to 12 May 2022. At this Site Audit, the Assessment Team found the service did not demonstrate the minimisation of infection related risks through consistently implementing standard and transmission-based precautions.

During the Assessment Contact conducted 4 January 2023, the Assessment Team found the service has implemented continuous improvement action in response to the issues identified at the Site Audit, which has been effective in addressing the non-compliance. The service has implemented signage and procedures for screening, personal protective equipment, cohorting, and high-touch cleaning, with monitoring processes to ensure compliance. The service demonstrated they are minimising infection related risks and the spread of infectious disease through implementing standard and transmission-based precautions. Infections are reported via an antimicrobial register to monitor the number and types of infections and the use of antibiotics and antivirals to ensure appropriate antibiotic prescribing and use.

I find Requirement 3(3)(g) is Compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the seven specific requirements has been assessed and found Compliant.

The service was previously found Non-compliant in Requirement 4(3)(g) following a Site Audit conducted 10 May 2022 to 12 May 2022. At this Site Audit, the Assessment Team found equipment was not always safe, suitable, clean, and well maintained.

During the Assessment Contact conducted 4 January 2023, the Assessment Team found the service has implemented continuous improvement action in response to the issues identified at the Site Audit, which has been effective in addressing the non-compliance. This includes a review of cleaning duties, staff education and training, stocktake of required equipment, and assessments conducted for the use of various equipment. Consumers interviewed by the Assessment Team confirmed that they felt safe when using the service’s equipment and said it was easily accessible and suitable for their needs. Consumers said they were comfortable raising issues if equipment needed repair, knew the process for reporting an issue and said items were replaced when necessary. The Assessment Team observed sufficient equipment available to support lifestyle activities, and equipment was observed to be safe, suitable, clean, and well-maintained.

I find Requirement 4(3)(g) is Compliant.

# 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 Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the five specific requirements has been assessed and found Compliant.

The service was previously found Non-compliant in Requirement 7(3)(a) following a Site Audit conducted 10 May 2022 to 12 May 2022. At this Site Audit, the Assessment Team found that while the service undertook workforce planning and rostering, the service was often unable fill staff rosters in order to consistently deliver safe and quality care and services.

During the Assessment Contact conducted 4 January 2023, the Assessment Team found that the workforce deployed adequately meets consumer needs and ensures the delivery of safe and quality care and services. Most consumers and representatives interviewed by the Assessment Team felt they were well cared for by the staff and confirmed that staff attend to their needs in a timely manner. Some consumers acknowledged the service could do with additional staff, but indicated despite this, they felt they were very well cared for. Management have contingency plans to replace staff when required, and rosters are reviewed regularly and as required to ensure staff allocations are adequately meeting changing consumer needs and preferences. The service demonstrated they have reduced vacant shifts, recruited additional staff, and increased care staff, registered nurse and management hours.

I find Requirement 7(3)(a) is Compliant.

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