Performance

Report

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| Name of service: | Woods Point Aged Care |
| Service address: | 75-85 Orr Street YARRAWONGA VIC 3730 |
| Commission ID: | 3728 |
| Approved provider: | Bentley-Wood Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 10 January 2023 to 12 January 2023 |
| Performance report date: | 8 February 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 Woods Point Aged Care (**the service**) has been prepared by K. Spurrell, 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.
* other information and intelligence held by the Commission in relation to the service.

# 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 said they are treated with dignity and respect by staff, with their identity and culture valued. Staff understood consumers’ rights to respect and demonstrated an understanding of consumers’ personal circumstances and life journeys, describing how they communicate with consumers with cognitive impairment and help them exercise choice. Care planning documentation showed individual cultural and diversity needs were identified for each consumer. Staff were observed to be respectful towards consumers during all interactions.

Consumers from culturally diverse backgrounds said their culture was respected, they could express their cultural identity and staff support them to meet their cultural preferences. Staff described consumers from different cultures and how they ensure consumers’ spiritual needs are respected. Care planning documentation detailed information on each consumer’s cultural background and spiritual needs.

Consumers and representatives said they are supported to exercise choice and independence regarding how their care and services are delivered and to maintain connections and relationships. Staff described ways in which each consumer is supported to maintain relationships of choice. Care planning documentation identified individualised consumer choices for care and services and supports for maintaining independence.

Consumers are supported to make choices based on risk assessment and awareness to promote independence and choice for their care and live the best life they can. Staff described how they provide relevant information so that consumers can make risk-based decisions on how they live their life. The service has documented policies for staff on managing risk for consumers and guidelines on supporting consumers to take risks.

Consumers advised information was provided to assist them in making choices about their lifestyle and care including meal options and activities of daily living. Staff described ways information was delivered to consumers including written communication on noticeboards and meeting minutes. Activity calendars and food menus were observed displayed in the service to inform consumers to make independent choices.

Consumers confirmed their privacy is respected, and staff described practical ways they respect the personal privacy of consumers, which aligned with the feedback received from consumers. The service has documented policies and procedures regarding privacy and the protection of personal information which guides staff practice for maintaining consumer privacy and the secure storage of information relating to consumers. Staff were observed knocking on doors before entering rooms and closing doors when care was being provided.

# 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 representatives said assessment and planning identifies risks which are then effectively managed to promote their independence and safe care. Staff said assessment outcomes are documented in care plans which guides them in the safe and effective care of consumers. Care planning documentation identified key high impact and high prevalence risks such as falls, pressure injury development, weight loss, swallowing difficulties and responsive behaviours. A consumer admission process guides staff in the assessment of consumers on entry to the service.

Consumers and representatives said they have had an opportunity to discuss their current care needs, goals and preferences, including advance care planning and end of life care. Care planning documentation evidenced that various assessments are conducted to identify individualised preferences and goals of care, including for end-of-life care wishes and advance care directives. Staff knew what is important to individual and advised consumers are provided with advance care directives during admission processes.

Consumers and representatives said assessments and planning are based on partnership with them and include others they choose to involve in their care. Staff described the process of referring consumers to relevant allied health professionals, such as physiotherapists and occupational therapists. Care planning documentation identified consumers and representatives are consulted in assessments and care planning and includes input from other multidisciplinary team members, such as medical officers, physiotherapists, dieticians, and podiatry services.

Consumers and representatives said the outcomes of assessments and planning are discussed with them and they have a copy of their current care plan. Staff described how care plans are stored on the electronic care management system and they communicate outcomes of assessments through discussions with consumers allowing time for them to ask questions. Representatives said they assist with communication where consumers have difficulties communicating, staff said they use verbal and nonverbal cues during assessments, such as monitoring for pain.

Consumers and representatives said they are notified when circumstances change or when incidents occur such as falls, pressure injuries or medication incidents. Staff were familiar with reporting and recording incidents in the electronic system, updating care plans and reporting events as per the Serious Incident Response Scheme. The service is guided by policies and procedures for recording and reporting incidents and care plans are updated when circumstances change, such as a change in health or when incidents occur.

# 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 representatives said care delivered is tailored to their needs and optimises their health and well-being. Staff demonstrated they understand the individualised personal and clinical needs of consumers and care planning documentation reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. The service has policies and procedures in place to support the delivery of care provided such as wound management, restrictive practices, falls prevention, skin integrity, and pressure injury prevention.

Consumers and representatives said the service manages high impact or high prevalence risks effectively. Care planning documentation identified effective strategies to manage key risks and were recorded in assessment tools, care plans and progress notes. Staff described using various risk assessment tools during care evaluations, when care needs change or when consumers have a fall.

Consumers and representatives confirmed that staff had spoken to them about advance care planning and end of life preferences. Staff say they attend to mouth care, skin care, pain management and involve families during palliation of the consumer. Care planning documentation detailed consumers’ advance care planning information, including choices and end of life preferences.

Consumers and representatives said they are satisfied with the delivery of care, including the recognition of deterioration or changes in consumers’ conditions. Staff provided recent examples of when a deterioration or change in a consumer’s condition was recognised and responded to, for example, early detection of coronavirus (COVID-19). Care planning documentation, progress notes and charting demonstrated deterioration in a consumer’s health, capacity and function is recognised and responded to.

Consumers and representatives are satisfied with the delivery of care, including the communication of changes to consumers’ condition. Staff described how changes in consumers, care and services are communicated through verbal handovers, meetings, and accessing care plans. Care planning documentation identified adequate and accurate information to support effective and safe sharing of the consumer’s care.

Consumers and representatives said they were satisfied with the service’s management of COVID-19 precautions and infection control practices. Staff said they had received training on infection-minimising strategies including hand hygiene, the use of appropriate personal protective equipment and outbreak management processes. Staff demonstrated an understanding of how to minimise the need for antibiotics and ensure they are used appropriately. The service has policies to guide infection control practices including for antimicrobial stewardship, infection control guidelines and handwashing.

# 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 services and supports for daily living to meet their needs, goals, and preferences. Staff demonstrated knowledge of consumers’ needs and preferred activities. Care planning documentation identified the consumers’ life story, choices, lifestyle likes and dislikes, social affiliations, spiritual and religious needs, and provides information about supports consumers require. The activity program was displayed on noticeboards throughout the service providing for a variety of activities for different levels of ability and incorporated various activities.

Consumers described services and supports available to promote emotional, spiritual and psychological well-being and reported feeling connected and engaged in meaningful activities that are satisfying to them. Staff provided examples of supporting consumers for their emotional and psychological well-being such as assisting consumers to connect with family via video calls during Covid-19 outbreaks in the service. Care planning documentation recorded consumers’ individual emotional support strategies and how these are implemented.

Consumers said they are supported by the service to participate in their community within and outside the service environment as they choose. Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships. Care planning documentation identified activities of interest to consumers, how they are supported to participate in these activities and in the wider community.

Consumers and representatives said their preferences for services and supports, and their needs and preferences, are known and met by staff and others responsible for their care. Staff described how they effectively communicate consumer care and other needs at handovers. The service has processes and systems in place for identifying and recording each consumer’s condition, needs and preferences in relation to daily living, including when they change, and this is recorded in progress notes and care planning documentation.

Staff described how consumers are referred to other providers of care and services including external support organisations for dementia. Care planning documentation corroborates the collaboration with other organisations. Consumers said the service has referred them to external providers to support their care and service needs such as through social groups or community volunteers.

Consumers and representatives said the service provides meals that are varied and of suitable quality and quantity, meals are cooked on site. Consumers are offered a range of other options when the daily choices are not to their liking. Staff described how they meet individual consumers’ dietary needs and preferences and ensure food safety requirements are met. Dietary preference documentation reflected correct information about consumers.

Consumers said they felt safe using equipment provided and it is suitable for their needs; equipment is clean, well maintained, and suitable for use. Staff demonstrated awareness of how to report any maintenance issues and these are attended to promptly by maintenance staff. Maintenance documentation demonstrated preventative and corrective maintenance with schedules in place and up to date. The service has policies in place on maintenance of equipment, stock management and cleaning services.

# 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 representatives said the service environment is welcoming and optimises the consumer’s sense of belonging, independence, interaction, and function. The environment was observed to be welcoming with plenty of space for consumers, kept free of clutter and clear signage in each wing to aid navigation around the service for consumers and visitors.

Consumers and representatives said the service environment is clean, well maintained, and comfortable. The service environment was observed to be safe, clean, and well maintained with outdoor areas to be easily accessible for consumers and consumers utilising the outdoor areas. Staff and consumers could describe what to do if they identified a hazard or safety issues, and how maintenance is managed at the service.

Consumers and representatives said consumers felt safe using the provided equipment and it is suitable for their needs. They also indicated equipment is clean, well maintained, and suitable for use. Staff demonstrated awareness of how to report any maintenance issues and confirmed that maintenance staff attend to issues promptly. Maintenance documentation demonstrated preventative and corrective maintenance schedules.

# 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 said they are encouraged and supported to provide feedback regarding care and services and are comfortable in raising concerns should the need arise. Staff described avenues available for consumers and representatives if they wanted to provide feedback or make a complaint, and the process they follow should a consumer or representative raise an issue with them directly. The service demonstrated it had a process in place to encourage and support consumers and/or their representatives to provide feedback or make a complaint.

Consumers and representatives said they are comfortable raising concerns with management and staff at first instance. Staff described how they act as advocates for consumers by communicating concerns to management on their behalf, encouraging them to provide feedback and assisting consumers to complete feedback forms. Staff knew how to access interpreter and advocacy services for consumers. The service displays information on advocacy services on the noticeboards throughout the service and has brochures in alternate languages where required.

Consumers and representatives said management promptly address and resolve their concerns following the making of a complaint, or when an incident has occurred. Staff described the feedback and complaint process including escalation to senior clinical staff or management if applicable. Management described its approach to open disclosure and how consumer feedback is encouraged to improve care and service delivery where required.

Staff detailed processes by which feedback is used to improve services. Consumers and representatives said feedback and complaints provided at resident meetings and through other mechanisms was used to improve the quality of care and services. The organisation has documented policies in relation to using feedback and complaints information to identify areas for continuous improvement.

# 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 representatives said there are sufficient staff to attend to their care needs. Staff rosters evidenced numbers and mix of staff was planned effectively to attend to consumer needs and services. Staff said they work together to ensure consumers needs are met and agency staff are available for leave situations. Consumers said call bells are answered promptly and staff were observed to be available when consumers needed them.

Consumers and representatives said staff are kind, caring and gentle when delivering care and services and are respectful of their identity, diversity, and background. Staff interactions with consumers were observed to be caring and respectful. The service’s human resources policies and procedures and code of conduct for staff includes expected behaviours of conduct towards consumers at the service.

Consumers and representatives said staff are sufficiently skilled to meet their care needs. Management detailed processes for ensuring the workforce is competent and has the qualifications and knowledge to effectively perform their roles and staff said they felt competent to provide care in line with consumers’ needs. The service has documented policies in relation to key qualifications and knowledge requirements for each role as detailed in position descriptions.

Consumers and representatives said staff are well trained to meet consumers’ needs and know what they are doing. Training records evidenced that staff are trained, equipped, and supported to deliver care and services that meets consumers’ needs and preferences. Staff said the service provides them with adequate resources and training to perform their roles.

Consumers and representatives said there were no concerns with staff performance. Staff described regular assessment and monitoring processes. Management described processes for regular assessment, monitoring and review of staff performance through observation and feedback from staff, consumers, or representatives. Performance management documentation evidenced annual performance appraisals using key performance indicators such as skills, conduct, safety, quality improvement and knowledge.

# 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 said they assist the organisation in the development, delivery and evaluation of care and services provided to them. Staff detailed the consumer engagement process to partner in the development, delivery and evaluation of the care and services. Consumers said the service encourages their participation in decision-making including especially via resident meetings, care plan reviews, surveys, and lifestyle choices.

The service is governed by a board that satisfy themselves that the quality standards are being met by reviewing the clinical governance and care team meeting reports sent by the management team. Clinical indicator reports demonstrated the board reviews feedback trends, clinical incidents and continuous improvement plans.

Staff described key principles of the organisation wide governance systems such as feedback and complaints, workforce governance and regulatory compliance. The service has policies and procedures that detail processes around each governance system to guide staff practice. Documentation and feedback from management demonstrated effective organisation wide governance systems in relation to areas including but not limited to, continuous improvement, workforce governance, regulatory compliance and feedback and complaints.

The service has demonstrated an effective management of high impact or high prevalence risks associated with care of consumers including identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can. Risks are reported, escalated, reviewed by management, and reported to the board using an incident management system. Staff explained the processes of risk management at the service, including key areas of risk identified and mitigation actions.

The service demonstrated the implementation of a clinical governance framework and staff apply the principles of the framework when providing clinical care. Staff described processes in relation to the clinical governance framework such as minimising restrictive practices, implementing antimicrobial stewardship strategies and providing open disclosure to consumers and representatives when things go wrong. Documentation such as quality reports and meeting minutes reflected consideration of clinical governance.

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)