Performance

Report

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| Woolgoolga Aged Care Centre | 14 October 2022 |
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| Woolgoolga and District Retirement Village Ltd | 19 September 2022 to 21 September 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 Woolgoolga Aged Care Centre (**the service**) has been considered by Ms D. McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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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 | | Compliant |
| 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 stated they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services, and live the life they chose. Staff were familiar with consumers’ personal circumstances, background and culture and knew their care plans. Care documentation included information regarding consumers’ background, identity, and cultural practices. The services philosophy, mission and values pamphlet described staff responsibilities relating to identity, culture, diversity and cultural safety.

Consumers and representatives stated they were included in any decision making about the delivery of their care and services and whether family, friends, carers or others should be involved in their care decisions. Care plans identified family and important relationships and the service provided privacy for consumers to maintain relationships, including a shared room for couples. Care staff explained they were familiar with consumers, had access to their care plans and they contributed to the regular reviews to ensure their care plans met their needs and preferences.

Consumers said they were supported to take risks to enable them to live the best life they can. Welcome documents describe the service’s commitment to promoting and maintaining dignity, self-esteem and freedom of choice. Staff discussed how risk assessments were undertaken on admission based on a consumer’s own goals and preferences. Care staff displayed awareness of the process for assessing and supporting consumer taking risks such as going out in the community independently.

Consumers stated the service provided information that was current, accurate and timely, and communicated in a way that was clear, easy to understand and enabled them to exercise choice. Staff outlined how they communicated information to consumers in a timely manner and responded to any questions promptly. Care documentation identified any barriers to communication such as impaired vision, hearing, speech or cognition and strategies to manage them.

Consumers and representatives said their privacy and dignity was respected by staff, with the service treating their personal information confidentially. Staff were observed to knock on the door and seek permission prior to entering a consumer’s room, as well as closing doors prior to providing personal care and when leaving the room. Consumer files were stored electronically, and staff required individual passwords to access the system. Hardcopies of consumer-related files were stored in secured offices.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 advised their care was well planned, considered risks and aimed to meet their needs goals and preferences. Care documentation demonstrated comprehensive and effective assessment and planning was undertaken to identify the current needs, goals and preferences of consumers sampled, including identified risks. Staff demonstrated sound knowledge of the assessment and care planning processes including ensure care was effective and reviewed regularly.

Consumers said their care plans identify their goals and preferences including for clinical and personal/dental care, nutrition preferences, lifestyle choices and they were supported to complete advance health directives ensuring the service was aware of their wishes. A scheduled review program ensured consumers’ current needs and preferences were documented.

Consumers said they, and others they wished to include, were actively involved in the assessment, planning and review of their care and services. Consumers said assessment and care planning was well coordinated and the right people were involved with case conferences held when their care plans were due for review. Staff described the processes in place to ensure the service partnered with consumers and other individuals and organisations service to assess, plan and review care and services. Documents showed assessment and planning included all relevant organisations, individuals and service providers.

Consumers and representatives said the outcomes of assessment and planning were effectively communicated and documented in a care and services plan that was provided to them. Care plans provided evidence the outcomes of assessment and care planning were documented and communicated to consumers. Management confirmed consumers/representatives were always offered a copy of the consumer’s care and service plan in accordance with their preferences such as hard copy or email.

Consumers said the organisation regularly communicated with them about their care and services, seeks feedback, and makes changes to meet their current needs, goals and preferences. Consumers said when incidents occurred or circumstances changed, staff communicated with them and sought their input in updating their care and services plan. The service had policies and procedures to guide staff in updating assessments and reviewing care plans and a schedule was implemented to ensure care plans were reviewed 3 monthly.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 expressed confidence they got care that was safe and right for them, tailored to their needs and preferences, and optimised their health and well-being. The service had policies and procedures and systems to support the delivery of safe and effective care in line with clinical best practice. Staff can describe how the organisation supports them to deliver personal and clinical care that is best practice and meets the needs of each consumer. Care requirements are communicated between those delivering care, and care is reviewed to make sure they are in line with best practice guidelines and the needs, goals and preferences of consumers.

Consumers said high impact and high prevalence risks to their health and well-being such as falls, pressure injuries, weight loss, and infection were assessed, explained, and managed to reduce risk. Staff explained how they identify, assess and manage high-impact or high-prevalence risks to each consumer. Policies, procedures and clinical protocols guide staff practice in the management of high-impact or high-prevalence risks. The care management system had standardised assessments, charting and care planning tools with automated reminders and clinical data is captured in the quality reporting system.

The service did not have any consumers who were receiving palliative or end of life care during the audit however, consumers and their representatives said pain and comfort was managed well and if their condition deteriorated their wishes were known and staff knew what to do. Family members said they could visit their loved ones, were involved in palliative care decisions, and staff were skilled in providing any care needed. Care plans reflected the consumer’s end of life care needs, goals and wishes. Staff had been trained in palliative care, end of life equipment was available and if additional support was required, the service had access to a palliative care service.

Consumers said staff knew them well and would pick up on a change in their condition or act on any concerns they had about their health. Policies, procedures and clinical protocols guided staff in the detection and management of deterioration in condition with staff roles clearly defined, and staff demonstrated knowledge of the actions to take when a consumer deteriorates. Care documentation demonstrated that a deterioration was recognised and responded to quickly, and that plans were in place for when changes occurred.

Consumers and representatives said that care coordination was good, and information was communicated effectively between those who delivered their care and any others that needed to know. All staff and others who share the care of consumers have access to the information and clinical systems according to their role. Clinical management systems included alerts, and reports facilitated care and handover. Information systems, meetings and documentation supported effective communication between care and clinical staff.

Consumers said the service referred them promptly to other appropriate organisations or individuals to meet their care needs. The service had a network of approved individuals, organisations or providers they could refer consumers to. Consumer records showed the organisation made timely referrals to health practitioners, specialised allied health or other services to support the care needs of consumers.

Consumers were confident in the organisation’s ability to manage an infectious outbreak and had been given information on how to minimise the spread of infections. Consumers and representatives said the service was clean and staff practiced good hand hygiene and infection control measures. The service had a documented infection prevention and control program with specific outbreak management plans for COVID-19, gastroenteritis and influenza. An antimicrobial stewardship policy and supporting processes helped ensure the appropriate administration of antibiotics. Data was used to monitor infections, antibiotic usage and resolution rates.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 felt supported to engage in activities that interested them and were provided with necessary supports, such as equipment and resources, to promote their well-being, independence and quality of life. Staff said a monthly planner was developed with input from consumers and representatives with a combination of self-directed activities, individual programs, external activities, and group activities. The activities calendar was a standing agenda item at the consumer meetings. Consumers were observed engaging in a variety of group and independent activities during the site audit, interacting with each other, staff, family members and visitors. Care documentation captured what and who was important to each consumer to promote their well-being and quality-of-life.

Consumers stated their emotional, spiritual and psychological well-being was well supported at the service. Staff discussed various ways they worked in partnership with consumers and representatives to support consumers’ emotional and psychological well-being, such as providing individual activities and one-on-one time with consumers. Staff were observed interacting with consumers individually and in a group setting, including spending one-on-one time with consumers who appeared to be upset and/or confused. Staff could identify when consumers were upset and would attempt to address the issue through the documented strategies in their care plan.

Consumers stated the service assisted them 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. Consumers were observed moving freely about the building and grounds engaging in joyful banter with each other and staff. Family members were seen visiting consumers in various lounge rooms throughout the service. Consumers were observed leaving for, and returning from, trips outside the service with their family or friends.

Consumers and representatives felt confident staff and other persons delivering their care and services were aware of their needs and preferences. Staff said they discussed particular consumers’ needs during handover each day with the clinical team, and an update provided to care staff. Management evidenced clinical management, key personnel, and visiting allied health professionals discussed and recorded changes to consumers’ conditions, needs and preferences each day.

Consumers said the service assisted them with referrals to individuals, other organisations and providers of other care and services. Consumer meeting minutes contained information regarding the next dates for visiting therapists and were available on noticeboards throughout the service. The service accessed a full range of allied health providers, equipment providers, and behaviour management experts.

Consumers all gave positive feedback about the quality and quantity of food and noted their dietary requirements were catered for. Staff explained the specific dietary needs and preferences of specific consumers and the processes for ensuring the food leaving the kitchen met these requirements. Servery areas and the main kitchen was observed to be clean and tidy, with kitchen staff adhering to food and work, health and safety protocols. The food safety certificate displayed was current.

The equipment provided was observed to be safe, suitable, clean and well maintained and consumers confirmed they were happy with it. Staff monitored the safety of equipment to ensure it was safe and fit for purpose. Staff explained how they log maintenance reports and these are regularly checked and actioned. Maintenance logs showed scheduled and ‘as needed’ repairs were actioned promptly.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 front entrance was welcoming, bright and easily accessible from the visitor carpark. Directional signage displayed throughout the service assisted consumers and visitors to navigate to areas of interest such as the activity centre, lifts, reception or hair salon. Seating in the outdoor corridors allowed for rest stops for consumers who were independently mobilising around the service. Consumers said they could personalise their rooms, including bringing in the furniture and possessions of choice. Staff described how they supported consumers to feel at home and maintain their independence and individuality.

Consumers were observed moving freely around the service and sitting in the loungerooms, and gardens. The service was observed to be clean and well maintained. Consumers reported the facility was cleaned very well, and maintenance was done quickly. The service was observed to be warm and welcoming, there were a range of loungerooms, dining rooms and indoor and outdoor communal areas that were clean, well maintained and suitable for consumers and visitors.

The service had a range of furniture and equipment, including specialist equipment such as hoists and air mattresses which were available throughout the facility. Staff said they had access to sufficient, well-maintained equipment to support quality consumer care. Consumers said equipment was well maintained and clean. Furniture and equipment was maintained under a scheduled maintenance plan with specialist contractors being used where required.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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 confirmed they were encouraged and supported to make complaints and provide feedback and said had no issues talking with staff or management should they have a concern. There was information on the noticeboards and various service publications about the internal complaints system and how to access external complaints systems. The service had multiple methods for consumers to make complaints and provide feedback including a formal feedback form, speaking directly with the staff, raising issues at consumer meetings, by phone or emailing management.

Consumers and representatives said although they were aware of other avenues for raising a complaint, such as through the Commission, through family or friends or an advocacy service, they were comfortable raising concerns with management and staff and would escalate their complaint accordingly, if it was not resolved to their satisfaction. Staff demonstrated a shared understanding of the internal and external complaints avenues, advocacy and translation services available to consumers/representatives. Staff described how they assisted consumers who had a cognitive impairment or difficulty communicating to raise a complaint or provide feedback.

Consumers and representatives said management promptly addressed and resolved their concerns. Consumers and representatives confirmed management and staff provided an apology when they complained or when things went wrong. Staff have received training about complaints and were able to describe the process followed when a complaint was received. Staff said they had received training on open disclosure and demonstrated an understanding of the principles of open disclosure including, providing an apology to the impacted person/s, and implementing actions to prevent recurrence of the incident or complaint.

Complaints and continuous improvement documentation reviewed demonstrated all feedback and complaints were logged, reviewed and used to inform improvements to the quality of care and services. Management was able to show how feedback and complaints were linked to the continuous improvement plan. Consumers confirmed their feedback or complaints have generated improvements, with input into the menu and meal service.

# Standard 7

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| Human resources | | Compliant |
| 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 service had a planned system to calculate the number of staff and the range of skills needed to meet the needs of all the consumers. A roster was developed and published every fortnight and any unplanned vacancies on the roster were first offered to existing staff before requesting agency staff. Allocation sheets showed a registered nurse was allocated on all shifts, all shifts were filled, and sick staff were replaced. None of the consumers or representatives had any concerns about delays in call bell responses.

Consumers said staff treated them with respect and understood their individual preferences including how they liked to be addressed. Consumers expressed high levels of appreciation for the staff. Staff were observed interacting with consumers in a kind, caring and respectful manner as they were addressing consumers by their preferred names, speaking clearly to consumers and taking time to interact with consumers when delivering care.

Consumers and representatives said staff were competent and well trained to meet their needs. The service demonstrated the workforce was competent and had the qualifications and knowledge to perform their roles effectively. The service maintained an up-to-date register of staff qualifications, certifications and training completed and due.

The service had systems and processes to ensure appropriately qualified, trained and skilled staff were recruited and supported. A formal recruitment process included interviews, referee checks and qualification checks. Ongoing training and development was provided to all staff and their participation was recorded. Staff confirmed they received training in the Quality Standards as part of their orientation training. Consumers and representatives said staff knew what they were doing, and they were well trained.

The service has systems and processes to regularly assess, monitor, and review the performance of staff. Management explained staff performance was formally reviewed at least once a year and staff confirmed they had annual performance appraisals. The staff performance framework and related documentation showed performance appraisals, mandatory training and competency assessments were completed annually.

# Standard 8

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| Organisational governance | | Compliant |
| 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 said they provided ongoing input into how care and services were delivered by the service. They confirmed the service supported their engagement and input in a variety of ways such as through resident meetings, regular surveys, and face to face discussions. Management said all feedback and suggestions made by consumers and representatives were included in the service’s improvement register for investigation and actioning. Minutes of consumer meetings evidenced consumer input into the evaluation of the care and services and ideas for continuous improvement.

Management explained how the organisation’s governing body promoted a culture of safe, inclusive quality care. Board meeting minutes and monthly reports showed regular performance monitoring by the Board. Various Board committees used information from consolidated reports to ensure compliance with the Quality Standards, initiate improvement actions, enhance performance and monitor care and service delivery. The Board received regular reports from areas of the service, audit results, clinical indicators, serious incident reports, complaints and other data.

The service had effective organisation wide governance systems in place which guided information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints. Management explained the organisation’s electronic management system includes an incident register that drives improvement activities. The organisation used online systems such as the electronic care management system and the call bell management system to provide live access to key data and performance indicators.

The service had effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Management described how incidents were analysed, used to identify risks to consumers and inform management actions. Clinical staff understood the risks to consumers and how the service mitigates the risks in line with best practice.

The service’s clinical governance framework supported quality clinical care including promoting antimicrobial stewardship, the minimisation of restrictive practices, and use of an open disclosure process. Management received notifications of all incidents and ensures correct process is followed. Staff were well versed in the policies and explained how they implemented them each day. Clinical staff explained infection control measures and how they don’t use antibiotics for suspected infections, unless samples had been sent to pathology for sensitivity testing.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)