Performance

Report

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| Name of service: | Performance report date: |
| Woombye Care | 30 August 2022 |
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| Approved provider: | Activity date: |
| Woombye Care Incorporated | 12 July 2022 to 14 July 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 Woombye Care (**the service**) has been considered by Kathryn Spurrell, 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
* 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 | | 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 and representatives felt respected and valued as individuals. Staff spoke of consumers in a way that indicated respect and an understanding of their personal circumstances and backgrounds.

Consumers and representatives expressed their culture, values and diversity are respected and could outline how the service assists them to participate in activities they value. Staff outlined how the consumer’s culture and circumstances influence the delivery of day-to-day care and services.

Consumers were satisfied that they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Staff described how consumers make informed choices about their care and services, communicate decisions and are supported to maintain relationships and independence.

A review of care planning and policy documentation evidenced the organisation is supporting consumers to take risks safely. Consumers and representatives were able to describe the ways the service supports them to take risks to enable them to live the best life they can.

Consumers and representatives indicated they receive information that is current, accurate and timely, and communicated clearly, easy to understand and enables them to exercise choice and control. Staff described how information is communicated to consumers for them to make choices about how they want services delivered, including to those who have difficulty communicating.

Staff described the practical ways they respect the privacy of consumers, such as knocking on consumers’ doors prior to entering and keeping doors closed when providing personal care. The Assessment Team observed staff to be respectful of consumer privacy when delivering care and services, such as greeting them when approaching them to provide care and closing the door when providing personal care

# 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

Staff outlined the assessment and planning process and explained how it is utilised to inform safe and effective care for consumers. Consumers and representatives expressed satisfaction with the service’s assessment and planning process.

Staff described what is important to consumers in terms of how their personal and clinical care is delivered, and the approach used for advanced care planning. Consumers and representatives confirmed the service had discussed end of life care with them.

Care planning documentation demonstrated that consumers and representatives are consulted throughout assessment and care planning, and when required, input is sought from health professionals. Staff described their involvement in the planning and assessment processes for those consumers to whom they provide care, which aligned with feedback received from consumers.

Consumers and representatives confirmed the outcomes of assessment and planning effectively communicated to them and they can access consumer care plans upon request. Management and staff demonstrated the ways they communicate outcomes of care planning and assessment to consumers and their representatives.

Care planning documentation confirmed care plans are reviewed on a regular basis and when the consumer’s circumstances have changed, or incidents have occurred. The service has a suite of policies that detail how consumers and representatives are supported to participate in the review and ongoing development of the consumer’s care plan.

# 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 and representatives indicated that consumers receive safe and effective care that is best practice, tailored to their needs and optimises their health and well-being.

The Assessment Team reviewed care planning documentation that evidenced the service appropriately manages and mitigates high impact or high prevalence risks to consumers’ health and well-being. Staff advised that when caring for consumers who might be experiencing pain, they will monitor behaviour changes, watch facial expressions for those consumers who have difficulty communicating, listen to how the consumer verbalises pain, and report any changes.

Staff were able to discuss the procedures and interventions used during end-of-life care at the service. Care planning documentation evidenced that most consumers have recorded an advance care directive, located within the service’s electronic care planning system.

Deterioration or changes in a consumer’s health is recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. The service had a policy in place which detailed assessment, monitoring and referrals, strategies and interventions, ongoing evaluation, and staff skills for consumers experiencing a deterioration of health.

Consumers and representatives indicated the service provides regular communication between consumers, representatives and allied health professionals. The Assessment Team observed the handover process where staff updated each other on any health changes experienced by consumers.

Care planning documentation evidenced that timely referrals are made to medical officers and allied health professionals, and their input is sought to inform the delivery of safe and effective care for consumers. Management described the process for referring consumers to health professionals and the medical officer, ensuring that interventions were in line with consumers’ care, services, and care planning.

The service had processes in place to promote antimicrobial stewardship and to prevent and control infection. Management and staff demonstrated an understanding of the need to minimise antibiotics, as well as take precautions to prevent and control infection.

# 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 they received safe and effective services and supports for daily living that meet their needs, goals and preferences and optimise their independence, health, well-being and quality of life. Care planning documentation included information about the care and supports consumers need to help them to participate in their chosen activities.

Consumers and representatives expressed that the service provides support for daily living to promote the emotional, spiritual and psychological well-being for each consumer. The Assessment Team observed the service provided an environment that supports consumers to do the activities they wish to, which include both group and individual activities within the service and offsite.

Care planning documentation included information about the interests of consumers and detailed the supports that assisted consumers to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do the things of interest to them. The Assessment Team observed consumers participating in activities, sharing meals together, and communicating with each other and visitors.

Consumers reported that where care is shared, their needs and preferences are effectively communicated between relevant staff or other organisations where appropriate. The service utilises an electronic care management system for all consumer care planning documentation. Access to the electronic care management system is available for all staff and external organisations where services and supports for daily living is shared, such as allied health professionals.

The Assessment Team reviewed documentation and made various observations that demonstrated the service had relevant practices to ensure safe food storage, preparation, and delivery. Consumers provided positive feedback regarding the quality and quantity of the meals provided by the service and advised the meals aligned with their preferences and dietary requirements.

The Assessment Team observed equipment which was used for activities of daily living to be suitable, clean and well-maintained. A review of the service’s internal audits and maintenance schedules demonstrated the service monitors equipment to ensure it is safe, suitable, clean, and well-maintained.

## 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

Consumers felt at home within the service and considered the environment welcoming. The Assessment Team observed the service was clean and comfortable for consumers and their visitors and internal and external areas are easy to navigate.

The service has appropriate processes in place to ensure the facility is clean and well maintained. A review of daily and weekly cleaning schedules and maintenance logs by the Assessment Team demonstrated proactive action to potential hazards was taken, and the environment is clean and safe.

The Assessment Team observed the furniture, fittings, and equipment at the service to be safe, clean, well-maintained, and suitable for the use and needs of the consumers. Staff described how equipment used for moving and handling consumers is safe and how shared equipment used for moving and handling is cleaned.

**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 stated they felt comfortable to raise a concern or provide feedback. A review of documentation and observations made by the Assessment Team demonstrated the service has systems and processes in place to ensure consumers are encouraged and supported to provide feedback and make complaints.

Consumers and representatives were aware they had access to advocates, language services and other methods for raising and resolving complaints, however they indicated they are comfortable with raising concerns directly with staff and management. Staff provided examples of how consumers are made aware of and have access to methods for raising and resolving complaints, including for those who have difficulty communicating.

Staff provided examples of the action taken in response to a complaint and demonstrated a shared understanding of the open disclosure process. Consumers and representatives indicated that the service takes appropriate action in response to complaints.

A range of documentation reviewed by the Assessment Team evidenced the service adequately records, manages, reviews, and uses feedback and complaints to make service improvements. Consumers felt changes are made at the service as a result of feedback and complaints and were able to provide examples of this occurring, which included changes to meals, the implementation of different activities and internal and external renovations.

**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

Consumers and representatives were generally satisfied the workforce was planned to enable the delivery and management of safe and quality care and services. A review of staff rosters, call bell response data, and observations furtherdemonstrated the service has sufficient staff to deliver safe and quality care and services.

The Assessment Team observed interactions between staff and consumers to be kind, caring and respectful. Staff were observed using respectful language when assisting consumers and consumers expressed staff are kind and know what is important to them.

Consumers and representatives expressed confidence in the competency of staff to perform their duties effectively and meet the care needs of consumers. Management and staff described the ways in which they determine whether staff are competent and capable in their roles, such as, through performance appraisals and access to additional training.

A review of training records, policies and procedures by the Assessment Team evidenced that the workforce is trained, equipped and supported to deliver the outcomes required by the Quality Standards.

Management and staff described the way staff performance assessed, monitored and reviewedboth formally and ongoing. Management advised performance appraisals occur every two years and outlined they observe staff to identify and remedy any issues. A review of staff records, and training records demonstrated that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

**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 indicated the service is run well, and described how they were engaged in the development, delivery and evaluation of care and services. Management advised they engage with consumers through surveys, the admission process, consumer meetings, informal conversations and through feedback and complaint processes.

A review of policy documents by the Assessment Team evidenced the organisation’s board plays a role in promoting a culture of safe, inclusive and quality care and services, and is accountable for its delivery. The Board satisfies itself that the Quality Standards are being met through receiving direct inquiries from the chairman, discussions with management, and receiving key management reports and findings from site assessments. Management stated that information is communicated at monthly board meetings around governance, quality indicators, director of care reports, incidents, maintenance, and financials reports.

There were organisation wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management.

The organisation provided a documented risk management framework, including policies describing how to manage high impact or high prevalence risks, identifying and responding to consumer abuse and neglect, supporting consumers to live the best life they can and how to manage and prevent incidents. Staff indicated they have monthly risk assessments, which are accessible in staff rooms, discuss risks and incidents at hand overs.

The service was able to demonstrate a clinical governance framework and supporting polices that addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of these policies and their application in a practical setting.

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)