Performance

Report

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| Name of service: | Wynyard Care Centre |
| Service address: | Cnr Quiggin St & Moore St WYNYARD TAS 7325 |
| Commission ID: | 8419 |
| Approved provider: | IBIS (No 3) Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 18 January 2023 to 20 January 2023 |
| Performance report date: | 21 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 Wynyard Care Centre (**the service**) has been prepared by N Eastwood, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

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

# Assessment summary

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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 report their culture and diversity as valued and respected, and they are treated with dignity and respect. The Assessment Team observed this in practise with staff demonstrating an awareness of consumers’ backgrounds and cultures and engaging with consumers respectfully and kindly.

Consumers confirmed staff assist with maintaining relationships with friends and family and contact nominated representatives with consumer consent. Care files reviewed, reflect individual consumer preferences related to care givers and use of preferred names, as well as what is important to the individual. The care file documentation included Advance Care Directives (ACD), individual choices, and alternate decision maker details.

Consumers and representatives report being satisfied that the service supports consumers to do the activities they wanted to do, including where the activity involves an element of risk. Staff were able to describe how they support consumers with specific activities involving risk, including individual arrangements for consumers who smoke and arrangements for consumers who access the community independently.

Consumers and representatives were satisfied with communication related to updates and changes in a timely manner. Staff described how consumers are provided with information through electronic updates, social media pages, meetings, letters, and displays throughout the service. The Assessment Team observed an example of this with staff using whiteboards and large print notices to provide consumer’s information and a review of documentation which supports consumers to make choices.

The service displays The Charter of Aged Care Rights and the policies sampled reflect the importance of respecting consumer cultural preferences. Staff have access to a range of resources to assist in providing culturally sensitive care. A review of policies, procedures and care files demonstrated recognition of consumers' cultural backgrounds, diversity, and the importance of respecting and valuing the individual. Staff training records reflect education on cultural awareness, LGBTIQ+, diversity, and respect.

Staff described how they respect consumers privacy by knocking on doors and asking permission prior to entering rooms. This was supported by the Assessment Teams observations as well as consumer and representative confirmation they are confident that their information is kept confidential.

# 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 identify 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 report being satisfied they are directly involved in assessment, planning, and decisions about care and services provided. They also confirmed assessment and planning outcomes are communicated in a timely manner. Staff were able to describe consumers’ needs, preferences and identified changes in mobility and overall functioning, consistent with support planning documentation. Staff also described how care consultations with consumers and their representatives occur when there are changes, and during scheduled medical officer and allied health visits. Management confirmed that support plan summaries are offered to consumers and their representatives through electronic or printed form.

A review of planning documentation demonstrated completed risk assessments and preventative strategies for most sampled consumers. A review of care files also reflects ongoing collaboration with consumers, representatives, medical officers and referrals to other clinical supports, specialist reviews and allied health input. There was evidence of implementation Advance Care Directives, review in consultation with the nominated representative, and progression to palliative pathways as required.

A review of policies and procedures demonstrated an assessment and support plan review process, however, falls management and changes in mobility were noted not to be included for respite consumer admissions. The service immediately implemented improvements based on feedback provided by the Assessment Team. This was supported by review of the Plan for Continuous Improvement and observations of staff increasing the frequency of monitoring and documentation for consumers with a change in condition or following a fall.

Care files reviewed, demonstrated comprehensive physical assessments, neurological observations and vital signs monitoring according to the falls management policy. Support planning documentation reflected ongoing assessment and support plan reviews according to the ‘consumer of the day’ schedule and in when there is a change of condition.

# 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 are satisfied with the provision of care at the service. The service demonstrated care which aligns with best practice in the management of pain, wound care and restrictive practices. Documentation of the use of restrictive practices included consideration of risks, informed consent and a behavioural support plan. Evidence demonstrated the use of restrictive practices are monitored for effectiveness and chemical restraint being used as a last resort.

Consumers and representatives reported satisfaction with identification and appropriate management of deterioration or changes in health conditions and function. A review of care files demonstrated timely identification, assessment, monitoring, and management of consumers. Staff were able to describe the process for escalation where there are signs of deterioration and the Assessment Teams observed increased monitoring, assessment, and assistance for consumers with changes in condition.

Consumers and representatives confirmed they are confident with the level of communication they receive from staff about consumers’ current conditions and changes in assessed care needs and preferences. The electronic care documentation system showed assessment, support planning, and monitoring or assessment alerts for each consumer. Clinical staff described processes for updating consumers’ care documentation using verbal and written handover, printed clinical handover, and progress notes.

The service demonstrated effective strategies in relation to management of high impact or high prevalence risks such as medications, falls, behaviour, urinary catheter, oxygen therapy, diabetes, and unplanned weight loss. Staff were able to describe and demonstrate personalised strategies on how to minimise frequency of risks for consumers sampled.

The Assessment Team noted the absence of risk identification associated with falls for respite consumers. The service acknowledged the absence of physiotherapy review inclusion for respite consumers and will consider the potential for this to be included when revising the existing falls management policy.

Management and staff described the processes to identify signs of deterioration and the implementation of palliative and end of life care. Staff have access to specialist support, palliative and end of life pathways and a supporting palliative care policy and procedure. Care files demonstrate ongoing consultation with consumers and their representatives in relation to Advanced Care Directive’s.

Where referrals were required, consumers and representatives confirmed they are satisfied with their access and referrals to medical officers and specialists, public health services, and allied health as needed. Staff described the internal referral process and physiotherapy attendance was observed for permanent consumers.

The service has policies and procedures related to antimicrobial stewardship and infection control to minimise the risk of infection transmission at the service. Staff demonstrated knowledge of antimicrobial stewardship and were able to provide examples of how they support this in care delivery. The Assessment Team observed infection control practices related to the minimisation of COVID-19 transmission, such as the use of personal protective equipment and screening of staff and visitors in addition to a current outbreak management plan.

# 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 and representatives reported satisfaction with the services and supports which enhance consumer quality of life and optimise wellbeing. Staff outlined strategies employed to support consumer independence, which was supported by documentation and observations. A review of care files reflects evidence of a consumer making independent trips out of the service and the consumer’s preference to make their own breakfast. The consumer also confirmed they are happy if they can get out and about. Staff were able to explain the arrangements to enable the consumer to independently leave the service.

Consumers were observed engaging in a range of activities they appeared to enjoy, interacting with other consumers, and receiving visitors. Staff described how they support consumers to participate, maintain relationships and do things of interest to them. There are organised activities across seven days of the week however, there has been some disruption due to COVID-19. A review of care files reflects some inconsistencies with documented information when compared to consumer accounts, however the lifestyle staff confirmed they are currently updating assessments. The service provided evidence of external referrals and the use of volunteers to supplement activities.

Most consumers and representatives sampled expressed satisfaction with the communication between the service and others who share responsibility for care. Staff were able to explain how they are updated regarding changes to consumer condition or needs, and documentation review evidenced timely updates. One representative expressed concern that they were not aware of all the current clinical challenges facing the consumer, however, were confident external agencies had been involved in the consumers care. A review of documentation identified a lack of clarity around the responsible contact for this consumer Management confirmed they would address this with the representatives concerned.

Most consumers and representatives reported satisfaction with the variety and quality of meals at the service. Staff were able to outline the alternatives offered, dietician input into the menu, and the provision of texture modified meals for those who require them. There was evidence that changes to dietary requirements were communicated to kitchen staff in a timely manner and stored in a folder in the kitchen.

Consumers and representatives were satisfied that the equipment in use at the service is safe, suitable, clean, and well maintained. Staff were able to describe the cleaning process for shared equipment.

Staff were observed supporting consumers to maintain their faith and interacting in a manner supportive of emotional wellbeing. Staff demonstrated knowledge of individual consumers preferences, meaningful relationships, interests, and the supports required to participate. Staff described how the needs, goals and preferences of consumers are identified through assessment and documentation in the care file.

# 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 is clean and well maintained. Consumers described how they are able to move around freely and feel safe. Staff provided examples of how the service environment has features and equipment to support independence, such as a laundry for consumers to do their own washing if they wish. The Assessment Team observed the service environment, furniture, and equipment to be clean and well-maintained. Staff were able to describe their role in ensuring a safe environment such as, attending scheduled cleaning and preventative maintenance, reporting identified issues and attending to repairs promptly.

Consumers and visitors were observed moving freely indoors and outdoors and utilising common areas. Corridors were observed to be wide and free of hazards and utilising colour coding to assist with orientation. Consumer rooms and bathrooms, communal areas, and outdoor areas were noted to be clean and well maintained. Documentation of completed maintenance and cleaning demonstrated regular attendance to audits of the call bell system and sensor beams as well as prompt response to maintenance requests.

# 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 were satisfied that the service encourages and supports them to provide feedback and make complaints. They felt that management had listened to their feedback and acted to address any concerns.

Consumers and representatives confirm staff and management respond promptly to issues as they arise, and consumers feel comfortable to raise concerns. Staff and management discussed their role in supporting consumers and their representatives to provide feedback including access to interpreter services, advocacy, and assistance with completion of feedback forms. There was information available related to advocacy, the Aged Care Quality and Safety Commission, and interpreter services on display and the Assessment Team observed feedback forms and boxes located throughout the service.

Management discussed a range of opportunities available to consumers and representatives to provide comments and suggestions and to raise concerns. Management and staff discussed what open disclosure means to them and how they practice this when addressing consumer and representative feedback or when things go wrong for consumers. Review of documentation, meeting minutes and newsletters confirms the service is supporting stakeholders to raise feedback and has incorporated open disclosure principles in practise and the feedback, complaints, and incident system.

The service demonstrated systems which reflect documentation, review, and use feedback, complaints, and incidents to support actions are taken to improve care and services.

# 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, representatives, and staff provided positive feedback regarding staffing and attendance. Most consumer’s and staff confirmed there is enough staff to ensure consumers are well looked after. Consumers and representatives described staff as kind and respectful, and confirmed they were satisfied staff are competent and qualified to perform their roles. The Assessment Team observed staff to be reassuring, kind and supportive in their interactions and communication with consumers.

Consumers and their representatives were satisfied staff were trained and supported to provide quality care and services to meet their needs. Staff expressed satisfaction with the training provided and were able to access additional training where required. A review of documentation further supported staff qualifications and competency is monitored in addition to completion of mandatory training and face to face competencies. The service focuses its training on topics that are identified through staff surveys and feedback, consumer feedback, industry requirements and incidents.

Management described how they determine whether staff are competent and capable in their role during the recruitment process. This is achieved through interviews, pre-employment checks such as registrations, and reference checks. A review of rosters demonstrated shifts are covered by adequately skilled staff. Call bell response times are reviewed and discussed at relevant meetings with consideration to any delayed responses over 10 minutes. Management confirmed there is a core group of additional staff members able to assist in circumstances where extra support is required.

A review of documentation confirmed staff have qualifications relevant to the role and their competency is monitored. Management advised all staff are required to complete mandatory training and competencies tailored to the needs of each staff role. The service undertakes assessment and review of staff performance utilising formal performance appraisals. Management confirmed the process for addressing performance concerns which is supported by the service policies and procedures related to performance and disciplinary matters.

# 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 and representatives report they are engaged in support planning and service provision, they describe living in an inclusive environment and feeling safe at the service. Staff were able to describe how the service promotes a culture of safe, inclusive, and quality care. The service demonstrated policies, procedures and work instructions that support and guide management and staff to provide a safe and inclusive culture for consumers and stakeholders.

The service’s governing body consists of the manager and the owner of the service. Management provides a monthly report to the service owner that reflects changes in service information including operations, staff education, changes to the roster and consumer feedback. A review of documentation reflected internal auditing at the service to monitor and review service performance including incident reporting, consumer and representative feedback, and consumer experience surveys to identify and analyse trends.

The service has governance systems and processes in place for considering the best outcomes for consumers. Information systems were demonstrated to be effective with staff reporting they can access information they require. Routine reporting and analysis related to the consumer experience are monitored, reviewed, and recorded in the continuous improvement register.

The service demonstrated financial governance systems, with management describing approval processes for expenditure as well as examples of recent purchases to improve consumer care and service delivery. There are policies and procedures related to workforce planning, staff recruitment and screening, orientation and mandatory training and performance monitoring. There are established processes in place to demonstrate systems for appropriate care are in accordance with the Aged Care Quality Standards. Regulatory compliance is monitored by management who receive updates to legislation changes.

The service has risk management systems to monitor and assess high-impact, high prevalence risks associated with consumer care. Risks are reported, escalated, and reviewed by management and staff were able to explain the reportable incident system and outline their responsibilities based on their position. Clinical incident data is used to identify and prevent risk and plan actions for improvements. Opportunities for improvement are identified through changes to consumer assessed needs, feedback, and complaints.

The service demonstrated a clinical governance framework with policies related to the minimisation of the use of restrictive practices, antimicrobial stewardship, and open disclosure. Staff demonstrated understanding of how these policies relate to consumer care and management provided examples of how staff are supported in their delivery. Management explained that open disclosure is embedded into the service culture and the importance of role modelling open disclosure to the team. A review of training records reflected staff have completed open disclosure training and staff were able to explain how they would utilise open disclosure principles in practise.

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