Wearne Home

Performance Report

7 Leslie Street   
MANDURAH WA 6210  
Phone number: 1300 568 329

**Commission ID:** 7269

**Provider name:** Amana Living Incorporated

**Site Audit date:** 30 November 2021 to 2 December 2021

**Date of Performance Report:** 25 January 2022

# Performance report prepared by

Melissa Frost, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

The following information has been taken into account in developing this 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
* the provider’s response to the Site Audit report received 19 January 2022
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers said they feel respected by staff, and their culture and diversity is valued. Staff described consumers’ backgrounds and how their culture influences care delivery. Care planning documents reflected consumers’ backgrounds, preferences and life journey. Staff were observed engaging respectfully with consumers and inviting consumers and representatives to activities of interest.

The service supports consumers to maintain independence and make choices, including their relationships, meal preferences and ability to leave the service environment. Staff described preferences of consumers, how these are respected, and how they support consumers to maintain relationships.

Consumers said the service supports them to take risks. Staff conduct risk assessments, in consultation with representatives and health professionals where relevant, which are documented in care plans. Consumers were observed engaging in activities consistent with their desired risks.

Consumers were satisfied with the information provided by the service. Staff described how they support consumers with varied communication needs to receive relevant information. The service hosts meetings with consumers and representatives periodically.

Consumers said their privacy is respected, including those consumers who share rooms. The service has procedures for protecting personal information and staff are trained to ensure personal privacy when delivering care. Staff were observed following respectful practices such as knocking and awaiting a response.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Consumers said staff involve consumers and representatives in care planning. Care planning documentation showed the service undertakes comprehensive assessment processes on entry to identify consumer needs, goals and preferences. Care plans evidenced regular review, including when a change or incident impacted the consumer, and reflected consumers’ advanced care and end of life preferences. Staff follow documented procedures and guidelines when conducting assessments.

Care planning documents reflect others who are involved in consumers’ care, including recommendations from health professionals. They detail the relevant strategies for use in care delivery, and applicable monitoring tools.

Staff communicate with consumers and representatives via case conferencing, and changes to care are discussed at staff handover. Consumers said they were satisfied with the level of communication regarding their care. Care planning documents were observed being readily available to staff and visiting health professionals when necessary. Care plans are available to consumers.

The service’s practice is for care plans to be reviewed quarterly at minimum. Care plans reflected that consumers’ condition was regularly reviewed, recommendations or amendments were made, and staff deliver care consistent with the current version of the documents.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Consumers said they are happy with the care they receive, that staff are responsive and deliver care in line with consumers’ needs and preferences. Care planning documents reflect the individualised care needs of consumers, including for skin integrity and pain management. Staff use a series of tools, and engage other health professionals, to tailor best practice care for consumers.

The service identifies high-impact and high-prevalence risks relevant to consumers, implements strategies and obtains relevant equipment to support risk management and optimal care delivery. Staff described their training in risk assessment, incident management and caring for common conditions. They described how they minimise the use of restrictive practice and how care delivery has changed following incidents to prevent reoccurrence.

The service has a program to maximise comfort and dignity for consumers receiving end of life care, which includes music therapy, chaplain services and volunteers. Consumers’ wishes are documented and care plans reflect that staff follow those wishes.

Care planning documents demonstrated staff had identified changes in consumers’ condition, implemented strategies to address these and communicated relevant information with those who needed to be informed. Staff refer consumers to other health professionals as needed, including when changes are identified, and in a timely manner. The service has protocols to report deterioration and staff said they communicate at handover, with external service providers and the consumers’ representatives.

The service has documented policies and procedures to support minimisation of infection-related risks and promotion of appropriate antibiotic prescribing. Staff are trained periodically, and described how they apply their training in infection control. Staff said consumers are regularly monitored for infection, medical officers prescribe antibiotics in line with specific criteria, and described how some consumers utilise particular equipment to minimise infection and how this impacts care.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Consumers said the service’s lifestyle program is relevant to their interests and preferences. Staff could explain what is important to consumers, how they support consumers to maintain independence and how they develop and tailor activities to enhance consumers’ well-being. A variety of activities were listed on the activity schedule, and consumers were observed engaged in group and individual activities.

Consumers said staff support their emotional well-being. Care planning documents reflect strategies for staff to utilise to best support consumers. The service holds a monthly Mass and has a chaplain available to support consumers’ spiritual needs.

Consumers said they participate in the community and maintain relationships, within and outside the service. Staff described how consumers are supported to attend external outings, and how other organisations are involved in supporting consumers to engage in activities of interest, with timely referrals. Information about consumers’ condition is communicated within and outside the service as needed, and staff described how they assist consumers when their needs change to remain engaged in activities and the service environment.

Consumers said the service provides quality meals that are of appropriate portion size and that the service accommodates requests for changes in preference. Care planning documents list consumers’ dietary needs and preferences and reflect updates after dietician review. Hospitality staff have ready access to meal requirement information and are informed of changes. Consumers were observed to be enjoying their meals and utilising cutlery consistent with their care plans. The kitchen environment was observed to be clean and tidy, and the service’s records showed food safety audits were conducted.

Consumers were satisfied with the cleanliness of equipment. Staff described the regular cleaning and maintenance processes. Maintenance was completed as scheduled.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The service environment was observed to be welcoming and optimised consumers’ sense of belonging. Consumers’ rooms contained personal items of interest to them. Consumers and representatives said they felt at home and enjoyed spending time indoors and outdoors in the service environment.

Consumers are encouraged to move freely and were observed accessing outdoor areas. Consumers said they are supported to move around utilising equipment as needed. Indoor areas have handrails in hallways, there are wide corridors and outdoor areas have seating and shade.

The service environment was observed as being clean and well-maintained, with cleaning and maintenance activities conducted during the Site Audit. The service has a preventative maintenance program, and staff described how issues are reported and managed. Staff described how they attend to safety issues by ensuring consumer safety and reporting hazards.

Equipment, furniture and fittings were observed as being safe, clean and suitable. Consumers were satisfied with cleanliness and maintenance, and said they felt safe when equipment is used. Staff described cleaning and maintenance processes for equipment and said new equipment is purchased relevant to consumer care needs. The call bell system was observed operating effectively.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Consumers and their representatives said they were aware of complaint and feedback processes, and said they felt comfortable to give feedback or make complaints. Staff described how they escalate complaints to management. Complaint forms were observed throughout the service and a digital system for feedback was available for visitors.

Consumers and their representatives were aware of advocacy services. Staff described how they assist consumers to make complaints, if support is needed, and that language services would be available if required. Complaints information was observed being available in different languages, with contact information for interpreter services.

Consumers and their representatives said they were satisfied with action taken in response to complaints. They said their concerns were addressed and that issues raised had not reoccurred. Management said action is being taken regarding consumer complaints about meals, with some changes made and some in progress at the time of the Site Audit.

The service maintains a complaints register. This was observed as containing complaints, feedback and suggestions, from verbal and written sources. Staff are guided by a complaint management policy and open disclosure policy.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Consumers and their representatives said there are sufficient staff to meet consumers’ needs, and when consumers call for assistance staff attend promptly. Care staff said they have sufficient time to complete their duties and work together to meet consumers’ care needs. The service was reviewing its staffing strategies to improve workforce management, with action taken after the Site Audit in response to staff feedback. Call bell response times were reviewed for the three months prior to the Site Audit, and reflected that consumers receive prompt assistance.

Consumers said staff are kind, caring and gentle. They said staff respect their preferences, identity and desire for independence. Staff are required to have appropriate qualifications and there are position descriptions listing competencies for each role. Staff competency is monitored through consumer feedback and observations.

Consumers were satisfied that staff have the relevant skills and knowledge for their roles. Staff said they were satisfied with the training provided to them, and have expressed interest in further training. Staff complete mandatory training annually and have access to optional training modules. The service records and monitors completion of training, which reflected all staff having completed required training at the time of the Site Audit.

Staff performance is periodically reviewed. Staff said they develop goals for their performance review discussions. The service has a system to complete performance management.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Consumers and their representatives partner in improving the delivery of care and services. The service holds resident and representative meetings where consumer feedback is raised and discussed, and the most recent meeting had high attendance.

The governing body has reviewed opportunities for improvements at the service, and a number of planned initiatives were described. They showed accountability by attending the service following an incident and offering support to the affected consumer.

The organisation has governance systems to support continuous improvement, feedback and complaints and financial governance, and evidence was provided of action taken to benefit consumer care. The service has effective information management systems for care records, handover and communication of policies and procedures. The service maintains regulatory compliance through staff training and communication.

The service has an incident management system, and incidents are analysed and reviewed to inform process improvements. Examples included staff training, and removal of mobile furniture and clutter reduction to support falls management and skin integrity care. Medication errors were reduced through reporting, auditing and staff practice changes.

The service has a clinical governance framework. Restrictive practices policies were reviewed and changes were implemented to minimise the use of restraint. Service records show the open disclosure policy is applied when staff deal with complaints. The service has reduced the prescribing of antibiotics.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.