Accreditation Decision

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Westminster Village Aged Care Facility |
| **RACS ID:** | 6941 |
| **Name of approved provider:** | UnitingSA |
| **Address details:** | Cnr Fort Street & Sylvan Way GRANGE SA 5022 |
| **Date of site audit:** | 11 November 2019 to 12 November 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 02 December 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 19 January 2020 to 19 January 2022 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Met |
| Requirement 3(3)(a) | | Met |
| Requirement 3(3)(b) | | Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Met |
| Requirement 7(3)(a) | | Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Met |
| Requirement 7(3)(d) | | Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Met |
| Requirement 8(3)(d) | | Met |
| Requirement 8(3)(e) | | Met |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance   
Assessment Report

The Commission makes the decision taking into account this Site Audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this Site Audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Westminster Village Aged Care Facility (the Service) conducted from 11 November 2019 to 12 November 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met.

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 17 |
| Consumer representatives | 10 |
| Management | 3 |
| Clinical staff | 3 |
| Care staff | 8 |
| Hospitality and environmental services staff | 3 |
| Lifestyle staff | 1 |
| Allied health professionals | 1 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### 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.

#### Summary of Assessment of Standard 1:

The Assessment Team found that the service has met all six requirements in relation to Standard 1.

The service demonstrated that consumers are treated with dignity and respect. Of consumers and representatives randomly sampled for the consumer experience report, 100% said staff treat them with respect most of the time or always.

The service demonstrated consumers’ culture and diversity is identified and valued. Staff feedback demonstrated consumers’ cultural, spiritual and religious needs are consistently respected and considered when developing programs or delivering care.

Of consumers randomly sampled, 87% said they are encouraged to do as much as possible for themselves most of the time or always. One consumer representative provided a never response as their family member is unable to communicate their needs with staff. Another consumer also provided a never response, however, provided no further information.

Of consumers and representatives randomly interviewed for the consumer experience report, 80% said staff explain things to them most of the time or always. One consumer representative provided a never response as their family member is unable to communicate their needs with staff. Staff provided examples of how they help consumers make choices through day to day conversations and how they provide consumers and representatives with information through meeting minutes and brochures available. Staff also provided examples of how they help consumers to make choices and assist them in doing what they want to do.

The service demonstrated how consumer information is protected and kept confidential.

#### Requirements:

##### **Standard 1 Requirement 3(a) Met**

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### **Standard 1 Requirement 3(b) Met**

The organisation demonstrates that care and services are culturally safe.

##### **Standard 1 Requirement 3(c) Met**

The organisation demonstrates that 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.

##### **Standard 1 Requirement 3(d) Met**

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### **Standard 1 Requirement 3(e) Met**

The organisation demonstrates that 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.

##### **Standard 1 Requirement 3(f) Met**

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Met

#### Consumer outcome:

1. 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.

#### Summary of Assessment of Standard 2:

The Assessment Team found that the service has met all five requirements in relation to Standard 2.

The service demonstrated that consumers and representatives are partners in assessment and planning of their care and services. Of consumers and representatives randomly sampled during interviews, 91% said they have a say in their activities most of the time or always. One consumer representative provided a never response as their family member is unable to communicate their needs with staff.

Staff feedback demonstrated how the consumers and representatives’ partner with the service to ensure care delivery meets the individual consumers needs and focuses on optimising the health and wellbeing of the consumers.

The service has systems and process to ensure care and services are reviewed in accordance with the consumer’s current needs, goals and preferences and the consumer is central to the review process. The service demonstrated a multidisciplinary approach in the assessment and planning of care and services to optimise the health and wellbeing of the consumer.

#### Requirements:

##### **Standard 2 Requirement 3(a) Met**

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(b) Met**

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(c) Met**

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.

##### **Standard 2 Requirement 3(d) Met**

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(e) Met**

The organisation demonstrates that 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: Personal care and clinical care Met

#### 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.

#### Summary of Assessment of Standard 3:

The Assessment Team found that the service has met all seven requirements in relation to Standard 3.

Of consumers and representatives randomly sampled, 91% said consumers feel safe most of the time or always, while 82% of consumers and representatives said consumers get the care they need most of the time or always.

The service has systems and process to monitor and minimise risk in relation to the care of individual consumers.

The service demonstrated a multidisciplinary approach and timely referral to external agencies to ensure consumers are provided with care that is best practice and suits their current needs.

Staff feedback demonstrated multiple ways in which they access current information regarding the consumer care needs and reported receiving ongoing education and training.

The service utilises a Nurse practitioner to assist with end of life care and the service has systems and process to assist staff in partnering with consumers and representatives who are experiencing end of life care.

The service has systems and process to minimise infection transmission and are working with a multidisciplinary team in partnering with consumers and representatives in reducing the use of antibiotic therapy.

#### Requirements:

##### **Standard 3 Requirement 3(a) Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(b) Met**

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

##### **Standard 3 Requirement 3(c) Met**

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

##### **Standard 3 Requirement 3(d) Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(e) Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(f) Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### **Standard 3 Requirement 3(g) Met**

The organisation demonstrates 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: Services and supports for daily living Met

#### 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.

#### Summary of Assessment of Standard 4:

#### The Assessment Team found that the service has met all seven requirements under Standard 4.

Most consumers and representatives said that consumers get the services that they need. Consumers provided examples of how the service assists them to live the best life they can. Consumers also discussed their interactions with family and friends throughout the service, and the ways in which they felt emotionally and spiritually fulfilled by the care and services provided.

Most consumers also expressed satisfaction with the provision of meals at the service. The Assessment Team observed a lunch and morning tea service, followed up consumer complaints about food, and noted the service’s response to consumer concerns and issues. Consumers were able to describe the service’s process for capturing feedback about food, and staff responses to them when they wanted something to eat that was not on the menu. The service provided documentation, such as Food focus group minutes and feedback forms that showed how they record complaints and set out to resolve issues with food quality, safety, and choices.

The Assessment Team also noted the service’s processes to effectively identify consumers’ emotional, spiritual and psychological needs and preferences, and their cultural identity. This was evidenced through documentation provided by the service’s diversional therapist and interviews with staff and consumers. The Assessment Team was provided with information about consumers’ cultural needs, preferences, and emotional considerations, such as psychologically traumatic events in consumers’ lives that may impact on their care and sense of wellbeing. The Assessment Team also observed that where equipment was provided to consumers, it was safe, clean, and well maintained by a maintenance team that were praised by both consumers and staff.

#### Requirements:

##### **Standard 4 Requirement 3(a) Met**

The organisation demonstrates that 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.

##### **Standard 4 Requirement 3(b) Met**

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### **Standard 4 Requirement 3(c) Met**

The organisation demonstrates that 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.

##### **Standard 4 Requirement 3(d) Met**

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### **Standard 4 Requirement 3(e) Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### **Standard 4 Requirement 3(f) Met**

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### **Standard 4 Requirement 3(g) Met**

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Met

#### 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.

#### Summary of Assessment of Standard 5:

The Assessment Team found that the service has met all three requirements under Standard 5.

Consumers and representatives interviewed confirmed that the organisation provides a functional environment that is welcoming and makes most consumers feel like they belong. Consumers feel relatively happy when they are in the service environment, and some consumers enjoy meeting friends and engaging in a variety of activities. A majority of consumers also said that they feel safe in the service environment, that it is always clean and well maintained, and has facilities and working equipment that they use regularly. However, three respondents to a consumer experience interview said they never feel at home at the service. Comments included “it’s lonely, but the meals are alright” and “you build up a relationship with the staff then they leave”.

The organisation demonstrated how they make the service environment welcoming and easy to comprehend. They regularly seek feedback from consumers, and often act on that feedback. Consumers are also encouraged to engage in activities that are of cultural significance to them. The organisation further demonstrated processes for monitoring and reviewing their service environment with regard to safety, cleanliness, and suitability for consumers. The Assessment Team observed the service dining rooms, common areas, halls, corridors, and courtyard/garden areas and found that consumers can navigate freely both inside and outside.

#### Requirements:

##### **Standard 5 Requirement 3(a) Met**

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

##### **Standard 5 Requirement 3(b) Met**

The organisation demonstrates that the service environment:

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

##### **Standard 5 Requirement 3(c) Met**

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Met

#### 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.

#### Summary of Assessment of Standard 6:

The Assessment Team found the service has met all four of the requirements in relation to Standard 6.

All consumers and representatives interviewed said management and staff encourage feedback. Eighty-seven per cent of consumers and representatives randomly interviewed said staff follow up when they raise things with staff most of the time or always. One consumer representative provided a never response as their family member is unable to communicate their needs with staff. Several consumers and representatives interviewed spoke about how management respond to their feedback.

The service demonstrated that it encourages and supports consumers and representatives to provide feedback and make complaints. The service informs consumers about these processes and how they can access assistance to make a complaint using advocates, if required.

There is a ‘Customer complaints management’ procedure which includes a system to record, track and manage feedback. Staff interviewed demonstrated an understanding of how to help consumers provide feedback. Feedback is reviewed and analysed to identify trends leading to improvements in care and service.

#### Requirements:

##### **Standard 6 Requirement 3(a) Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### **Standard 6 Requirement 3(b) Met**

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### **Standard 6 Requirement 3(c) Met**

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### **Standard 6 Requirement 3(d) Met**

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Met

#### 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.

#### Summary of Assessment of Standard 7:

The Assessment Team found the organisation demonstrated that all requirements in relation to Standard 7 were met.

Of consumers randomly sampled, 87% said staff are kind and caring most of the time or always. Two consumers stated the staff are kind and caring some of the time. One consumer described how their breakfast was late the previous day and the staff “didn’t say sorry or explain why”, the other consumer did not provide an explanation for their response.

Seventy-three per cent of consumers randomly sampled said the staff know what they are doing most of the time or always. One representative, on behalf of a consumer responded never and two consumers responded some to the time to the question, however, no further information relating to the responses was forthcoming. One consumer who responded some of the time said, “I had a terrible shower this morning”. The consumer stated they discussed their dissatisfaction with the staff member directly.

The organisation demonstrated they ensure staff interactions with consumers are kind, caring and respectful of each consumers identity, culture and diversity. Consumers provided various examples of what this meant to them, including in relation to specific care, relationship needs and availability of staff. Interactions between consumers, representatives and staff were observed to be kind, caring and respectful.

Staff are recruited to specified roles requiring relevant qualifications and/or experience and are provided with position descriptions and duty statements. The organisation demonstrated that the number and mix of staff is planned to enable safe and quality care. A training program is in place and includes both mandatory and elective training sessions. Staff police clearances, visa requirements and professional registrations are monitored. An established staff performance management process in place for new and existing employees and documentation viewed by the Assessment Team demonstrated where complaints relating to staff performance are received, actions are taken to address performance.

The service recently implemented a new staffing model with the goal of providing continuity of care to consumers and enhancing the service’s clinical governance framework. Monitoring of the new staffing model is ongoing and with the staffing model expected to be fully imbedded by early 2020.

#### Requirements:

##### **Standard 7 Requirement 3(a) Met**

The organisation demonstrates that 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.

##### **Standard 7 Requirement 3(b) Met**

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### **Standard 7 Requirement 3(c) Met**

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

##### **Standard 7 Requirement 3(d) Met**

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

##### **Standard 7 Requirement 3(e) Met**

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

### Standard 8: Organisational governance Met

#### 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.

#### Summary of Assessment of Standard 8:

The Assessment Team found the organisation demonstrated that all requirements in relation to Standard 8 were met.

Of consumers randomly sampled, 87% said the service is well run most of the time or always. Two consumers responded some of the time to the question, however, did not provide further information.

The organisation demonstrated how they involve consumers in the design, delivery and evaluation of care and services, providing a number of examples of how consumers are involved in the co-design of services and engaged on a day to day basis.

The organisation is governed by a Board who meet regularly, sets clear expectations for the organisation and regularly reviews risks from an organisational and consumer perspective. In relation to the service, the Executive provides reports to the Board relating to staffing, audit results, clinical indicators, interactions with regulatory bodies and consumer stories. There are organisation wide governance systems to support effective information management, the workforce, compliance with legislative responsibilities and clinical care.

The clinical governance framework addresses antimicrobial stewardship, open disclosure and minimising the use of restraint. Staff interviewed demonstrated knowledge of these concepts and provided examples of how they are applied in practice. In relation to restraint, representatives confirmed they have been notified of the use of restraint, risks associated with restraint and strategies to support the safe use of restraint. The service has recently implemented an initiative to reduce the use of physical and chemical restraint as part of their continuous improvement process. The initiative is ongoing.

#### Requirements:

##### **Standard 8 Requirement 3(a) Met**

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### **Standard 8 Requirement 3(b) Met**

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

##### **Standard 8 Requirement 3(c) Met**

The organisation demonstrates 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.

##### **Standard 8 Requirement 3(d) Met**

The organisation demonstrates 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.

##### **Standard 8 Requirement 3(e) Met**

The organisation demonstrates that 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.