Performance

Report

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| Name of service: | John Wesley Gardens |
| Service address: | 19 Halsmere Street GEEBUNG QLD 4034 |
| Commission ID: | 5169 |
| Approved provider: | The Uniting Church in Australia Property Trust (Q.) |
| Activity type: | Site Audit |
| Activity date: | 27 September 2022 to 29 September 2022 |
| Performance report date: | 2 November 2022 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for John Wesley Gardens (**the service**) has been considered by M. Nassif, 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.
* the provider’s response to the assessment team’s report received 18 October 2022.

# 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 said staff treated consumers with dignity and respect, and demonstrated that staff value their identity, culture and diversity. Care planning documents demonstrated that each consumers unique identity, culture and diversity are considered and reflected in the way care is provided. Staff described the unique cultural needs and preferences of specific consumers and how they support those consumers’ cares and preferences each day.

Consumers said the service recognises and respects their cultural background, and provides care that is consistent with their cultural traditions and preferences. Staff demonstrated awareness of consumers from a culturally diverse background, and explained how they provide care that aligns with their care plan.

Consumers and representatives said consumers are given choice about when care is provided, and consumers’ choices are respected. Care planning documents identified the consumers’ individual choices around when care is delivered, who is involved in their care and how the service supports them in maintaining relationships.

Consumers said they are supported to take risks to enable them to live the best life they can. Staff described areas in which consumers want to take risks, and said the service supports the consumers wishes to take risks to live the way they choose, including consumers who wish to self-manage their medications.

Staff described ways in which information is provided to consumers and their representatives and how they provide information to consumers who may have difficulty communicating or living with cognitive impairments. Care planning documents included information on consumers’ communication barriers and strategies to support communication needs.

Consumers reported their privacy and confidentiality is respected, and described staff practices such as knocking on doors prior to entry and closing the door during provision of personal care. This was consistent with staff feedback. The service had a privacy policy to advise how personal 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 identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers and representatives were satisfied with the care and services provided and said they are partners in the care planning process. Care planning documents evidenced the service conducts assessment and planning, taking into consideration risks to consumers.

Staff demonstrated awareness of consumers individual care preference and needs. Care planning documents included advance care, or end of life planning. Consumers and representatives said staff speak to them regularly about care needs and end of life wishes if they wish.

Care planning documents evidenced the involvement of consumers, representatives and other health professionals in the assessment and planning process. Staff described how they communicate the needs and preferences of consumers to ensure care plans are up to date and reflective of their needs. Consumers said they were involved in their care planning and review at all stages, and their chosen family were also involved.

Consumers and representatives said the outcomes of assessments and planning are communicated to them. Staff said they communicate outcomes of assessments to consumers by talking to consumers and their representatives and providing copies of assessments if requested.

Documentations showed care planning documents are reviewed every 4 months, and when changes in condition, or incidents occur. Management advised, and reviewed reports demonstrated, that clinical incidents are reviewed monthly at a service and organisational level to identify strategies to minimise risk of reoccurrence and to identify improvements that can be implemented to improve outcomes for consumers.

# 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

Care planning documents reflected individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. Consumers and representatives said they are generally satisfied the care delivered is tailored to consumers’ needs and optimises their health and well-being. Staff demonstrated understanding of individualised personal and clinical needs of consumers.

Care planning documents identified high impact and high prevalence risks to consumers and included risk assessments to understand and outline strategies to manage those risks. Consumers and representatives were satisfied that high impact or high prevalence risks are effectively managed.

Consumers and representatives confirmed that advance care planning and end of life planning are discussed as part of care planning discussions. Care planning documents included advance care plans and evidenced regular reviews. Staff described the way care delivery changes for consumers nearing end of life, and management advised families are encouraged to be present and welcomed throughout the end of life care.

Care planning documents demonstrated identification of, response to, deterioration or changes in consumers’ condition and health status. Staff said the registered workforce are responsive when they report any changes in a consumer’s condition. Consumers and representatives said they are satisfied with the delivery of care, including the recognition of deterioration or changes to consumers’ condition.

Care planning documents demonstrated progress notes, care and service plans and handover reports, provide adequate information to support effective and safe sharing of consumers' information to support care. Staff described how information about consumers’ needs, conditions, and preferences are documented and communicated to ensure consumers get care in line with their needs and preferences.

Consumers and representatives said timely and appropriate referrals to other health professionals occur. Staff described the process for referring consumers to other health professionals and care planning documents evidence referrals to other health professionals.

Consumers and representatives said they were satisfied with the service’s management of COVID-19 precautions and infection control practices. Staff said they had received training on infection minimising strategies including hand hygiene, the use of appropriate personal protective equipment and outbreak management processes.

# 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 were satisfied they receive safe and effective supports and services for daily living that meet their needs, goals and preferences. Staff were familiar with consumers’ needs and preferred activities. Care planning documents identified consumers’ choices and provided information about the services and supports consumers need to do the things they want to do.

Consumers said their emotional, spiritual, and psychological needs are supported. Staff provided examples of supporting consumers emotional and psychological well-being. Care planning documents recorded consumers’ individual emotional support strategies and how these are implemented.

Consumers and representatives said they are supported to participate within and outside the service environment, stay connected with people that are important to them and do things of interest. Care planning documents showed consumers have involvement in the community, pursue their interests and maintain personal and social relationships.

Consumers considered information is adequately communicated between staff. Staff described how communication of consumers’ dietary and daily living needs and preferences occur via care planning documents and shift handover.

Care planning documents demonstrated that the service collaborates with external providers to support the diverse needs of consumers. Consumers said if the service is unable to provide suitable support, they are confident they would be appropriately referred to an external provider. Staff provided examples of consumers being referred to other providers of care and services.

Consumers said the service provides meals that are varied and of suitable quality and quantity. Menus showed a variety of food available to consumers. Consumers are offered a range of other options where the options are not to their liking.

Consumers felt safe when using the service’s equipment and said equipment was easily accessible and suitable for their needs. Observations showed suitable and clean equipment being provided for consumers and maintenance issues are reported through the service’s maintenance request system for either onsite or external maintenance contractors to attend to.

# 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

The service environment was observed to be calm, friendly and welcoming, with communal and private areas for consumers and their visitors to use. Consumers’ rooms were observed to be light, airy and personalised. All consumers said they were comfortable and felt a sense of belonging and independence.

Consumers were satisfied that the service was clean, safe and well maintained and said maintenance issues were dealt with quickly. Communal areas and outdoor spaces were observed to be tidy and free of hazards. Consumers were observed moving freely indoors and outdoors, including leaving the premises through the main doors. Staff and consumers could describe what to do if they identified a hazard or safety issue.

Furniture and equipment were observed to be comfortable and suitable for purpose. Staff described how they know what to do if any maintenance was required. All maintenance records were found to be up to date and maintenance was completed in a timely manner.

# 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 felt supported to provide feedback and make complaints. Noticeboards and service publications provided information about the internal complaints system and how to access an external complaints system.

Consumers and representatives said they are aware of other avenues for raising a complaint. Staff said they know how to access language services for consumers and described how they would assist consumers who have cognitive impairment and difficulty in communicating to make a complaint and provide feedback.

Consumers and representatives said that management promptly responds and seeks to resolve their concerns after they make a complaint. Staff said they have received education on the management of complaints and were able to describe the process that is followed when a complaint or feedback is received. Staff demonstrated understanding of open disclosure.

Consumers felt feedback and complaints are reviewed and used to improve the quality of care and services such as, improvements to the food. Management demonstrated that all feedback and complaints are reviewed and used to improve the quality of care and services and are linked to the continuous improvement plan.

# 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 expressed satisfaction with the staffing numbers, and said the services and care they receive are timely, and staff are not rushed when delivering care. Staff reported that shift vacancies are usually filled and this was reflected in staff rosters and documentation. Call bell data demonstrated call bells are answered in under 10 minutes.

Consumers and representatives said that staff engage with consumers in a respectful, kind and caring manner. Interactions were observed to be caring and respectful, with staff taking time to interact with consumers.

Consumers and representatives felt staff are competent, and confident that staff are skilled to meet their care needs. Management described the process to ensure that staff are suitable for, and competent in their role through the recruitment process.

Staff said they have access to training to support their role and ongoing development. Training completion is monitored and reviewed, and staff were up to date with mandatory training. Consumers and representatives said staff know what they are doing, and they are well trained.

Staff described the performance appraisal process and confirmed they occur annually. Documentation demonstrated performance appraisals, mandatory training and competency assessments are scheduled and conducted every year.

# 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 reported they are engaged in the development, delivery and evaluation of care and services through resident and relative meetings. Staff and documented evidence demonstrated that consumers are engaged and supported in providing input on service delivery.

Management demonstrated that the organisation’s governing body promotes a culture of safe and inclusive care. The governance committees use information from consolidated reports to identify the service’s compliance with the Quality Standards, initiate improvement actions to enhance performance, and monitor care and service delivery.

The service had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. For example, the organisation’s governance group monitors legislation and provides updates to the service on changes in legislation and regulations.

The service had a risk management system and practices that included high impact and high prevalent risks, abuse or neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents. Management and staff described these systems and practices.

The service had a clinical governance framework that covered antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process. Management and staff demonstrated understanding of the framework and how it applied to their day-to-day work.

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