Performance

Report

**1800 951 822**

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| Name: | Pennwood Village |
| Commission ID: | 6146 |
| Address: | 19 Windsor Avenue, PENNINGTON, South Australia, 5013 |
| Activity type: | Site Audit |
| Activity date: | 24 July 2024 to 26 July 2024 |
| Performance report date: | 3 September 2024 |
| Service included in this assessment: | Provider: 1327 Serbian Community Welfare Association of SA Inc  Service: 4163 Pennwood Village |

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 Pennwood Village (**the service**) has been prepared by Katherine Richards, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.

The provider did not submit a response to the Site Audit report.

# 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

This Quality Standard is Compliant, as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives described how consumer’s culture, identity, and diversity was valued, and they were treated with dignity and respect. Staff demonstrated understanding of consumers, including their identity, background, and preferences. Care planning documentation reflected consumer identity, cultural needs, and preferences.

Policies, procedures, and training supported staff in delivering person-centred and culturally safe care. The consumer handbook included a cultural safety and personal identity statement outlining awareness and value of unique differences. Representatives gave examples of how consumers were supported to connect with and preserve their culture. Staff explained actions to recognise cultural needs and celebrations of consumers.

Consumers described how they were supported to make and communicate decisions about care and services, and to maintain relationships. Care planning documentation identified consumer choices on when and how care was provided, and who else was involved. Staff demonstrated awareness of consumer choices, and explained they sought preferences and ensured consumers were ready on time for visits, calls, or outings to support relationships.

Staff were aware of consumers’ risks of choice and mitigating strategies. Consumers gave examples of how they were supported to undertake activities with identified risks and had been involved in the risk assessment and development of safety strategies. Care planning documentation included record of discussions of activities with risk and potential adverse outcomes along with safety assessments and preventative strategies.

Consumers and representatives said they received sufficient information in a timely manner to support decisions about care, activities, menu choices, and events. Staff explained the range of written and verbal methods of sharing information, and outlined how methods were adapted to meet consumer’s communication needs. Communication cards and electronic devices were available to support consumers with language barriers, printed information was available in large font, and the service hired multilingual staff to meet consumer’s communication needs.

Consumers said their privacy was respected, staff consulted on their privacy needs and ensured they sought permission to enter rooms. Staff explained privacy was maintained through providing care behind closed doors, and they ensured not to discuss personal information in front of others. Consumer information was secured within password protected computers in locked nurses’ stations.

# 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

This Quality Standard is Compliant, as 5 of the 5 Requirements have been assessed as Compliant.

Staff explained the initial and ongoing assessments undertaken, including for risks, and how this was used to guide staff in delivery of safe and effective care. Care planning documentation reflected the outcomes of a range of assessments highlighting risks and tailored prevention strategies. Documented processes guided staff on undertaking assessments to develop the care and service plan for new consumers.

Care planning documentation highlighted current needs, goals, and preferences of consumers aligned to consumer and staff feedback. Staff explained how they approached discussions about advance care and end of life planning during the entry process, at case conferences, and if consumer needs changed. Consumers and representatives identified staff regularly consult on care needs and, if they wished, end of life care.

Consumers and representatives confirmed their involvement in assessment and planning processes and were aware of the range of providers involved in care delivery. Staff explained how they captured details of each consumer’s decision maker and consulted them through assessment, planning, and review processes. Care planning documentation reflected input from a range of individuals and providers responsible for consumer care.

Staff explained the formal processes to communicate assessment and planning outcomes with consumers and representatives during annual care consultations and where clinically required or requested. Consumers and representatives said they receive clear communication during consultation about care and services and were always offered a copy of the care and services plan. Outcomes of assessment and planning were recorded within care planning documentation which were accessible to care, clinical, and allied health staff.

Consumers and representatives confirmed, and care planning documentation evidenced, care and services were regularly reviewed. Staff explained processes to evaluate care and services through the annual review and following incidents, with relevant assessments undertaken to verify effectiveness of strategies.

# 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

This Quality Standard is Compliant, as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives described how personal and clinical care supported, and at times improved, consumer’s health and well-being. Staff demonstrated awareness of the tailored care strategies, reflective of consumer preferences and needs which were outlined within care and services plans. Policies and procedures informed staff of best practice guidelines for personal and clinical care.

Staff identified consumer risks and monitoring processes to ensure effectiveness of management strategies or identification of emerging risks. Care planning documentation outlined strategies for consumer risks, which were observed in practice.

Staff outlined how they ensured end of life care maximised comfort and preserved dignity, involving medical officers and palliative care specialists to ensure effective management. Care planning documentation for a consumer identified as receiving palliative care reflected timely identification and review of assessment and planning, with regular provision of comfort and hygiene care, evaluating and managing pain, and monitoring for other symptoms.

Consumers and representatives reported change of health or clinical deterioration of consumers were identified and responded to promptly. Staff described monitoring undertaken to identify change in condition and escalation pathways for reporting concerns, with actions taken in line with the policies and procedures.

Consumers and representatives said staff effectively communicated information about consumers to ensure delivery of required care. Staff explained methods to convey information about consumers, including through documentation in the electronic care management system, and within verbal handovers and clinical meetings. Care planning documentation and written handover information contained adequate information to inform staff of risks, concerns, changes, and required follow up.

Staff explained referral methods for a range of health care providers, with care planning documentation verifying these were made in a timely manner following identification of consumer need. Consumers and representatives gave examples of referrals made for allied health and specialist input on care needs.

Staff received training in infection and control practices, including hand hygiene and use of personal protective equipment, and clinical staff could explain actions to reduce antibiotic use or ensure appropriate prescribing. Policies, procedures, outbreak management plans, and the Infection prevention and control lead guided staff practice. Management discussed efforts to encourage consumers to continue with regular vaccinations against COVID-19, with risk assessments undertaken where refused.

# 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

This Quality Standard is Compliant, as 7 of the 7 Requirements have been assessed as Compliant.

Consumers described how they received services and supports to enable them to meet needs, goals, and preferences, including optimising independence. Staff outlined how preferences, identified through assessment and planning processes, determined engagement of services and supports. Activities had been developed with modifications to optimise independent participation of consumers with differing physical and cognitive abilities.

Consumers and representatives spoke of how staff provided supports to meet emotional, spiritual, and psychological needs. Staff explained consumers at risk of social isolation are provided additional one to one support to meet emotional needs. Management described available counselling services to support psychological wellbeing of consumers, and church services and religious visits were available to meet spiritual needs.

Consumers gave examples of how they were supported to develop and maintain relationships and do things of interest at the service and within the community. Staff explained consumer interests were used to develop the activity schedule. Care planning documentation identified important relationships and activities of interest. Connections to the community was reflected through partnerships with other service providers, volunteers, and bus trips.

Consumers and representatives reported effective communication between staff about consumer condition, needs, and preferences. Staff were observed informing kitchen staff of dietary changes of consumers, and stated updates were also provided through email with documentation updated in the kitchen records.

Staff explained how they identified potential need for referral, obtained consumer or representative consent, and connected them to available services and supports, such as volunteers. Consumers said referrals were timely and effectively met consumer needs.

Overall, consumers and representatives provided positive feedback in the quality and quantity of provided meals, but some felt there could be more variety and improved consistency in presentation for modified texture meals. Management explained improvement actions being undertaken in response to negative feedback, and the challenges in losing services of a suitable provider specialising in modified texture meals. Staff discussed how the menu was developed using consumer feedback from focus groups, meetings, and surveys.

# 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

This Quality Standard is Compliant, as 3 of the 3 Requirements have been assessed as Compliant.

Consumers described the service environment as inviting, providing a sense of being at home, with personalised rooms. Spacious dining areas, hallways, and signage supported independent navigation, and consumers were encouraged to provide feedback or report issues. Staff outlined the features to support interaction, such as communal areas and alcoves, with materials and colours carefully selected to make the environment welcoming and homely.

Consumers confirmed they could access indoor and outdoor areas and provided positive feedback on the cleanliness of the environment. Staff explained cleaning and maintenance processes for consumer rooms as well as communal and support areas. Consumers had access to the security code for the front door unless subject to environmental restraint and were observed moving freely through the service.

Staff outlined how to report maintenance issues and were observed checking and cleaning equipment and undertaking preventative and reactive maintenance tasks. Consumers said fittings and furniture were in good repair. Furniture, equipment, and fittings were observed to be maintained to schedule, in good order, and clean.

# 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

This Quality Standard is Compliant, as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives described feeling safe and supported to provide feedback or make complaints from the range of available methods. Staff were aware of processes to follow to support consumers and escalate concerns, and management outlined how they invited and encouraged feedback. Explanation of feedback options was displayed, along with feedback forms and box, and included in the consumer welcome pack.

Consumers reported awareness of available support services for complaints, however, said they had not found a need for use. Staff outlined available translation services, and an advocacy group had recently given a presentation to consumers with support from an interpreter. Management said advocacy and language services was included in welcome packs, and information was displayed on brochures and posters, and discussions reflected in consumer meeting minutes.

Staff demonstrated an understanding of the open disclosure process, supported by training and policies, and explained how they would apply this following consumer complaint. Consumers and representatives said appropriate action was taken following feedback or complaints. Records of feedback and complaints reflected actions following the open disclosure pathway, including evaluation for satisfactory outcomes.

Consumers said the service listened to feedback and improvements occurred in response. Management explained feedback and complaint data was collected and reviewed, with trends identified and used to improve care and services. Consumers and staff gave examples of improvements made, verified within documentation, including meeting minutes, surveys, and continuous improvement documentation.

# 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

This Quality Standard is Compliant, as 5 of the 5 Requirements have been assessed as Compliant.

Consumers, representatives, and staff verified there was an adequate mix and number of staff to meet consumer needs. Management described systems to consider and monitor sufficiency of the workforce and ensure rostering and scheduling vacancies were filled by skilled staff. Documentation, including rostering, demonstrated there were enough staff to meet consumer needs, meeting care minutes and legislated nursing requirements.

Consumers described staff as kind, polite, and respectful. Staff said the service had documented expectations of staff behaviours, and these also applied to agency staff. Management explained monitoring the workforce interactions with consumers and actions were taken if expectations were not being met. The organisation’s code of conduct for staff had recently been enhanced with staff being updated, and training included during onboarding processes.

Management explained staff checks, including qualifications, were managed and maintained at organisation level. Staff said recruitment and induction processes were comprehensive, with mandatory training and tasks required to be completed at commencement of employment and at ongoing intervals to verify competency. Position descriptions outlined job requirements, duties, responsibilities, and skills, and credentials were checked prior to commencement.

Staff explained mandatory and ongoing training programs to ensure they had required knowledge. Management explained topics covered within mandatory training relevant to the Quality Standards, with additional programs to meet identified training needs. Education records identified staff compliance with skills training and competency programs.

Staff described the performance appraisal process used to monitor and improve professional practice. Management identified less formal monitoring processes, including feedback, peer reviews, and supervisor check-ins. Organisational procedures included pathways for management of under performance of staff, including identifying areas for development within performance appraisals, or performance improvement plans for disciplinary actions.

# 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

This Quality Standard is Compliant, as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives described the service as well run, with opportunities to have input through feedback, suggestions, within meetings and through responding to social media and notice boards. Management added other avenues through which they seek consumer updates, including surveys and the Quality care consumer advisory body, which incorporates the consumer advisory body. Meeting minutes reflected consultation with consumers and input was used to inform quality improvements in the Continuous improvement plan.

Management outlined how service performance was monitored and reported to senior management and the Board through relevant subcommittees. The Board includes members with appropriate clinical expertise to support accountability of safe and effective clinical care and services. Board meeting minutes evidenced review of performance and trends, with responsibility for outcomes demonstrated through communication of outcomes to the service.

Organisation wide governance systems provided effective management of key areas. Information management processes ensured staff had access to consumer information, communication methods, incident reporting, and enabled oversight. Financial governance was demonstrated through oversight of the financial executive, committee, and Board of expenditure through delegated authority and processes to apply for additional funding to meet consumer needs. Regulatory compliance included review of service performance against the Quality Standards through auditing and reporting, and monitoring and communicating changes to legislation.

Risk management systems supported monitoring of high impact or high prevalence risks for consumers, with staff able to explain how risks were identified and managed using policies, procedures, and practices. Oversight practices from management ensured risks were identified, escalated, reported and reviewed at service and organisation level. The electronic incident reporting system enabled identification of issues and trends, reported through the governing body. Staff undertook mandatory training on the Serious Incident Response Scheme and demonstrated a shared understanding of their responsibility to identify and report elder abuse and neglect. Consumers were supported to live their best life through the person-centred care framework, which supported risks of choice.

The clinical governance framework and systems supported provision of safe and quality clinical care through training, policies, procedures, and oversight by management and the governing body. Use of restrictive practice was monitored, with records kept and reported monthly to the Board, and staff were familiar with obligations to identify, assess, and minimise use. Antimicrobial stewardship practices were supported by training and policies and monitored within monthly clinical and Medication advisory committee meetings. Electronic systems prompted steps of open disclosure to guide staff, with monitoring by management.

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)