Performance

Report

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| Name of service: | Presbyterian Aged Care - Wescott |
| Service address: | 91 Hereford Street STOCKTON NSW 2295 |
| Commission ID: | 0424 |
| Approved provider: | Moran Australia (Aged Care Services) Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 18 January 2023 to 20 January 2023 |
| Performance report date: | 11 April 2023 |

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

**This performance report**

This performance report for Presbyterian Aged Care - Wescott (**the service**) has been prepared by G-M Cain, 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.
* other information and intelligence held by the Commission in relation to the service.

# 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 confirmed they were treated with respect and felt valued. Staff demonstrated their understanding of consumers' individual histories and interests. Assessment and review processes identified consumers' culture, choice and personal preferences, documented in care plans. Observations showed staff interacting with consumers with dignity and respect. Policies about dignity and respect guided staff.

Consumers and representatives said the staff provided culturally safe care and services. Staff identified consumers with diverse cultural backgrounds and explained how care was delivered with respect. Care planning documentation reflected consumers' cultural needs and preferences.

Consumers and representatives said staff supported them in exercising choice and independence when they made decisions about their care and services and those whom they wanted to be involved in their care. Staff provided examples of how they helped consumers to make informed choices about their care and services. Care planning documentation outlined consumers' preferences and activities of interest. Observations showed staff supporting and encouraging consumers to maintain relationships with other consumers and loved ones who visited the service.

Consumers and representatives said they were supported to take risks to enable them to live their best life. Staff described the assessment process to ensure consumers are supported to undertake activities of choice, including those which may include an element of risk. Care planning documentation evidenced risk assessment and dignity of risk forms completed in line with the service's risk management policies and procedure for informed consent.

Consumers and representatives said the information received was current, accurate, timely, communicated clearly, and easily understood. Staff described how they reminded consumers of events that interested them and meals for the day. Newsletters, activities, and menus were observed to be displayed on noticeboards throughout the service. Observations showed how consumers received copies of menus, activities, and newsletters.

Consumers and representatives confirmed they felt confident their information was kept confidential and their privacy was respected. Staff explained that computers were locked and password protected to protect consumers' personal information. Staff were observed knocking on the door before entering consumers' doors and closing the door while attending to care. A privacy and confidentiality policy guided staff.

# 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 received the care and services they needed, and representatives confirmed they were involved in the care planning process. Staff described the initial assessment, care planning and the ongoing care review processes to determine risks. Care planning documentation evidenced identifying risks through assessments and monitoring risks through charting.

Consumers and representatives said the service regularly addressed and supported consumers' ongoing needs and preferences. Staff described how they approached the end-of-life and advance care planning conversations with consumers during the admission process and when care needs changed. Care planning documentation was individualised to consumer needs and preferences, including advance care directives and end-of-life plans.

Consumers and representatives said they were involved in assessment and planning through case conferences and verbal updates. Staff described how they liaised with consumers, representatives and allied health professionals to ensure an ongoing partnership in care planning. Care planning documentation evidenced involvement and input from the consumers, representatives, medical officers and allied health specialists.

Consumers and representatives said they were advised of outcomes from assessments timely, and they had access to copies of their care plans. Staff said they regularly communicated any changes to consumers' care with consumers and representatives. Care planning documentation contained regular entries reflecting ongoing communication with consumers and representatives.

Consumers and representatives said they were regularly informed when consumers' care changed and when incidents occurred. Staff confirmed care plans were reviewed every 3 months or when care needs changed and described how incidents triggered a reassessment or review of consumers' needs. Care planning documentation showed evidence of regular review, including when circumstances changed or when incidents occurred.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives confirmed that consumers received safe, effective personal and clinical care, which optimised their health and wellbeing. Staff described consumers’ needs and preferences and how they were delivered in line with their care plans. Comprehensive behaviour support plans and consent authorisations aligned with the service’s policy and legislation. Observations showed personal and clinical care delivered in line with consumers’ care plans.

Consumers and representatives said the service managed high-impact and prevalent risks effectively. Staff described how high impact and high prevalent risks were mitigated, which aligned with care planning documentation and the service’s policies and procedures. Care planning documentation reflected actions taken and monitoring of consumers’ weight, pain skin integrity and post falls as per the service’s policies.

Consumers and representatives said they completed an advanced care directive with their end-of-life wishes included. Staff described how care delivery changed for consumers nearing the end of life and practical ways in which their comfort was maximised and dignity preserved. Care planning documentation evidenced advance care planning and the needs, goals, and preferences recorded for consumers receiving end-of-life care. Policies about palliative and end-of-life care guided staff.

Consumers and representatives provided positive feedback on how the service responded to a change or deterioration in the consumer’s condition or health. Staff said, and care planning documentation reflected that appropriate actions were taken in response to a decline or change in a consumer’s health. Policies and procedures guided staff in the timely identification and response to consumer deterioration. Observations showed changes and continuing deterioration in consumers’ conditions being discussed during the handover.

Consumers and representatives said information was well documented and shared between staff and services. Staff said information relating to consumers’ condition, needs and preferences were documented in the service’s electronic care management system, which was easily accessible. Care planning documentation showed how external health professionals were notified if the service identified a change in the consumer’s condition or care needs.

Consumers and representatives said appropriate referrals were facilitated when required by the consumers. Staff discussed the various referral options available depending on consumer needs. Management advised that the clinical leadership team generated referrals to ensure referrals were lodged in the appropriate avenues. Care documentation reflected referrals made and improved consumers’ health after implementing their recommendations.

Consumers and representatives said they have observed staff consistently wearing their personal protective equipment, including masks and gowns when applicable. Staff demonstrated an understanding of infection control practices relevant to their duties and antimicrobial stewardship. The service had policies and procedures to inform and guide staff practice about infection control. Observations showed entry screening processes, infection control signage, and appropriate supplies of sanitisers and personal protective equipment throughout the service.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives said services and supports for daily living met their needs, goals and preferences. Staff described how they supported consumers to attend group and individual activities tailored to their interests. Care planning documentation identified consumer needs and goals and provided relevant information for consumers to engage in activities of interest. Observations showed that consumers were engaged in a broad range of activities adapted and suitable for consumers with varying physical and cognitive abilities.

Consumers and representatives described services and support available to promote emotional, spiritual, and psychological well-being, such as one-on-one conversations. Staff provided examples of supporting consumers for their emotional and psychological well-being in line with care planning documentation. Care planning documentation detailed individual emotional support strategies and how these were implemented.

Consumers and representatives confirmed they were supported to participate in activities within and outside the service, maintain relationships of choice and do things of interest to them. Staff provided examples of consumers who were supported to participate in outside communities. Care planning documentation identified people important to individual consumers and activities of interest. Observations showed staff supporting consumers with mobility issues to move around the service so they can maintain relationships of choice.

Consumers and representatives said services and support delivered were consistent, and they did not have to repeat their preferences to staff. Staff advised that consumers’ care needs and individual preferences were shared internally at handovers and care plans. Care planning documentation reflected accurate descriptions of the consumers’ needs and preferences and updates when they changed.

Care planning documentation showed collaboration with external providers to support the diverse needs of consumers. Lifestyle staff said the service engaged external providers for consumers who wished to participate in specific activities. The Assessment Team observed how the service worked with outside organisations to supplement the services provided.

Most consumers said meals were varied and of suitable quality and quantity. Staff described how consumer preferences were communicated to the kitchen and how meals were adapted for consumers with different needs and preferences. For sampled consumers, dietary needs were updated and current through dietary review forms and staff were notified of any significant changes to consumer needs and preferences.

Consumers and representatives confirmed equipment provided was clean, safe and well-maintained. Both consumers and staff described the maintenance notification process if the equipment was faulty. Preventative and reactive maintenance records showed that equipment was serviced and maintained. A maintenance policy and procedure guided staff.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers said they felt comfortable in, and found it was easy to move around the service environment. Staff described how consumer rooms were personalised and the renovations, furniture and fittings were made in consultation with consumers. The service environment was observed to be bright, easy to navigate with clear signage with spacious areas inside and out. Observations showed consumers rooms were personalised with photographs and artwork, and consumers enjoying communal areas of the service.

Consumers said the service environment was safe, clean, well maintained and they could move freely both indoors and outdoors. Maintenance staff described the process for reporting safety issues and said this worked effectively. The environment was observed to be clean and well maintained, with consumers moving freely between the areas both indoors and outdoors.

Consumers and representatives said furniture, fittings and equipment was safe, clean, well maintained and fit for use. Staff described the process of using shared equipment including disinfecting the equipment before and after use. Maintenance records showed all outstanding entries had been resolved or were in progress at the time of the Site Audit. Observations of the furniture, fittings and equipment noted they were in good condition and being used by consumers.

# 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 confirmed they were encouraged, supported and comfortable to provide feedback and make complaints. Staff described the various ways available for consumers and representatives to make complaints or provide feedback such as the feedback forms. Meeting minutes demonstrated consumers and representatives raised issues of concerns with actions undertaken noted. Feedback forms and boxes were observed in the service.

Consumers and representatives confirmed they were made aware of advocacy services and external complaints mechanisms if their complaint was not resolved to their satisfaction. Staff described how they supported consumers with communication barriers to access these services. Care planning documentation demonstrated how the service supported consumers to access a range of advocacy services. Observations showed various posters and brochures about advocacy services displayed throughout the service.

Consumers and representatives said management promptly addressed and resolved their complaint and apologised when things went wrong. Staff described actions taken to support consumers to resolve complaints which was reflective of the service’s feedback policy. Complaints register demonstrated staff actioned complaints when raised and education records demonstrated staff received training about open disclosure.

Consumers and representatives confirmed their feedback was used to improve the quality of care and services. Staff confirmed management discussed feedback and complaints during staff meetings including planned improvement actions resulting from consumer feedback. The Assessment Team reviewed the Plan for Continuous Improvement and noted consultation and evaluation of feedback had occurred with consumers and representatives.

# 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 and representatives said they were happy with the staffing levels, and they had access to the support they needed. All clinical and care staff sampled said they could complete their work and provide the level of care consumers required. Roster documentation evidenced contingency plans for vacant shifts, including the use of agency and casual staff as a surge workforce when needed. Observations showed staff were not rushed while assisting consumers and were speaking patiently to consumers who had trouble hearing.

Consumers and representatives confirmed staff engaged with consumers in a kind, caring, gentle and respectful manner. Staff said they completed culturally inclusive care training and provided practical examples of how they respected consumers’ identities. Care plans documented consumers’ preferred names and choices for personal care. Staff were observed to talk to consumers in a respectful and kind manner, and called consumers by their preferred name.

Consumers and representatives confirmed staff were trained, competent and had the right qualifications to perform their roles effectively. Staff described how they were provided ongoing mandatory education to maintain their skills and knowledge. Compliance records evidenced current vaccinations, police clearances and registrations maintained by the service.

Management described the training program and processes for identifying staff training needs and delivering education. All care staff said they felt supported by management. Staff confirmed they received mandatory training in relation to Serious Incident Response Scheme (SIRS), restrictive practices, incident management and infection control. Staff training records reviewed were comprehensive and included education to support staff to meet the Quality Standards.

Policy and procedures outlined the staff performance framework including annual performance appraisals and mandatory education. Staff confirmed they have undergone performance development processes, including performance appraisals which outlined areas for development. Relevant documentation confirmed performance appraisals, mandatory training and competency assessments were scheduled to be completed annually.

# 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 said the service was well run and they were engaged with the development and delivery of their care and services. Staff said consumers were involved in the development and delivery of care and services in a number of ways, including lifestyle assessments completed upon admission. Management advised the Chief Executive Officer regularly attended the service to obtain feedback directly from consumers, and an electronic mail correspondence sighted confirmed an upcoming visit scheduled.

Consumers and representatives said they felt safe and engaged with the service which provided access to quality care and services. Clinical management and staff described how key performance indicators and clinical indicators, quality initiatives, and incidents were discussed at relevant corporate and service level committee meetings. The service’s information is reported monthly at the executive management meeting, with relevant information and recommendations being shared to and from the Board.

Management and staff described policies, processes and mechanisms in place for effective organisation-wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service had an effective electronic care management system, a continuous improvement framework, a Plan for Continuous Improvement, established financial governance arrangements, and processes for workforce governance, feedback and complaints.

The service identified risks, and it was reported, escalated, and reviewed by management, quality team, executive and relevant committee level, and by the Board. Incident reports were completed, and reports were analysed to drive changes and mitigate particular risks for consumers with specific care requirements. Staff described the process for reporting incidents such as falls, skin integrity, SIRS, and behaviour of concern. Staff described their reporting responsibilities when they became aware of or had a suspicion, of a reportable incident.

The organisation’s clinical governance framework included policies and procedures about clinical governance, antimicrobial stewardship, minimising the use of restraint and open disclosure which were confirmed to be current by the Assessment Team. Clinical and care staff described strategies to minimise the risk of infections, including urinary tract infections. Care planning documentation confirmed strategies to minimise the use of restrictive practices, including a psychotropic assessment tool implemented to monitor and minimise its use.

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