Performance

Report

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| Name of service: | SummitCare Wallsend |
| Service address: | 7 Bent Street Wallsend NSW 2287 |
| Commission ID: | 0841 |
| Approved provider: | Stelcom Pty Limited |
| Activity type: | Site Audit |
| Activity date: | 8 November 2022 to 10 November 2022 |
| Performance report date: | 8 December 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 SummitCare Wallsend (**the service**) has been prepared by Denise McDonald, 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
* a notice of non-compliance dated 21 September 2021
* plans for continuous improvement dated October 2021 and June 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

Following a previous site audit, the service was found non-compliant with Requirements 1(3)(a), 1(3)(c), 1(3)(d), 1(3)(e), evidence within the Site Audit report supports the service is now compliant with these requirements having provided staff with ongoing education in relation to dignity and respect, reviewed all care plans to ensure information communicated on consumer and representatives choices, is current, and implemented a planned approach to managing consumers engagement with activities of risk.

Consumers reported they were always treated kindly, with dignity and respect. Staff described what was important to consumers and their preferences for the delivery of care. Staff were observed to interact in a kind and respectful way with consumers and their families.

Consumers and representatives said their cultural interests and preferences were respected, supported, and celebrated wherever possible. Staff were able to describe consumers’ life history and preferences, and whiteboards displayed in consumer’s rooms detailed their individual care preferences and life history.

Consumers and representatives reported the service supported them to make choices and decisions to live as fully and independently as possible. Consumers said they were supported to maintain relationships with community family and intimate partners, with consumers who were married sharing a room. Care planning documentation recorded preferences of care and services, including showering times and frequency, which aligned with consumer feedback.

The service had a risk management plan, which included a risk management register. Staff described the conduct of risk assessments and risk mitigation strategies implemented for consumers who chose to take risks such as smoking. Consumers confirmed their desire to engage with activities of risk is supported.

Consumers and representatives reported being involved in care plan updates and said they received information which enabled choice. Staff described ways they effectively communicate with consumers with cognitive impairment. Information such as menus and activity calendars were displayed, with communication cards or hand gestures used for consumers with cognitive or sensory deficits.

Consumers and representatives said their privacy was respected and were confident their personal information was securely kept. Staff and management described individual consumer’s preferences and wishes with regards to their privacy, including who they were happy to share their personal information with. Staff described ways consumers’ privacy is maintained and respected, include securing personal information, knocking on doors before entering, and ensuring matters relating to consumers were discussed privately.

# 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

Following a previous site audit, the service was found non-compliant with Requirement 2(3)(a), 2(3)(b) and 2(3)(e), evidence within the Site Audit report supports the service has implemented improvements to address the non-compliance and is now compliant with these requirements, having demonstrated effective care planning and assessment processes have been implemented which identified consumer’s health risks, needs, goals and preferences. Additionally, all care planning documentation had been reviewed, regularly evaluated, contained current information and evidenced regular communication with consumers and their representatives.

Care planning documentation demonstrated risks, including pre-existing health conditions, to consumers’ health and well-being are considered, during initial and ongoing, assessment and care planning processes. Assessment and care planning policies and procedures support staff in undertaken assessment and care planning. Consumers and representatives confirmed they are involved in the care planning process and risk assessments.

Care planning documentation evidenced consumers’ needs, goals and preferences including for end of life had been captured and goals were individualised. Consumers confirmed involvement in the assessment and planning process which included discussing the wishes for end of life care. Staff described the care planning processes completed on entry and when there is a change in the consumer’s condition.

Consumers and representatives said the service involved them in the assessment and care planning process and supports others who the consumer has chosen to be involved in their care. Staff and management confirmed case conferences were completed regularly and when consumers’ condition changes. A multidisciplinary approach involving medical officers and allied health professionals is taken. Care planning documentation demonstrated the input of consumers, representatives, and allied health professionals.

Consumers and representatives confirmed the outcomes of assessment and care planning were communicated to them in a timely manner and were provided with a copy of the care plan. Staff and management said consumers and representatives are contacted regularly and effectively to update them about assessment and care planning. Care planning documentation demonstrated information relating to consumers’ care was regularly communicated with consumers and representatives.

Care planning documentation demonstrated consumers’ care and services were reviewed regularly or when there was a change in a consumer’s condition, such as a new wound or the consumer experienced a fall. Management confirmed care planning was reviewed every four to six months. Consumers and representatives confirmed care plans were reviewed regularly and when needed.

# 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

Following a previous site audit, the service was found non-compliant with Requirement 3(3)(b), 3(3)(d), 3(3)(e), evidence within the Site Audit report supports the service has implemented improvements to address the non-compliance and is now compliant with these requirements, having demonstrated high impact or high prevalence risks including behaviours, pain, wounds and falls, were effectively managed. Additionally, recognition of deterioration and the response to it, and communication processes between staff had been improved.

Consumers and representatives considered the care and services they received was safe and right for them. Care planning documentation confirmed care was safe, effective, and individualised. Staff and management described individual consumer’s care with goals designed to meet their needs, and how the care was delivered to consumer preferences. The Assessment Team observed staff practices and interactions which confirmed personal and clinical care was delivered in line with the consumer’s care plan.

The Assessment Team observed staff undertaking practices relating to maintaining skin integrity, wound management, behaviour management, and falls management. Care planning documentation demonstrated the identification and management of high impact and high prevalence risks for consumers. Staff and management described the processes used to identify risk and how these risks were managed.

Consumers and representatives confirmed they had advance care directives which included their end-of-life preferences. Staff described how end-of-life care is delivered to maximise comfort and dignity through regular nursing interventions and spiritual support. A representative of a named consumer who had recently passed at the service described how the service provided end-of-life cares in accordance with their loved one’s specific wishes.

Staff described the process of identifying changes in deteriorating consumers and the process for reporting and escalation. Care planning documentation demonstrated the identification and response to deterioration or changes in a consumer’s condition. Consumers and representatives reported the service had identified changes to their condition, or deterioration through regular assessments.

Consumers and representatives reported the service communicated effectively within the organisation and with others who are responsible for other care and services for consumers. Staff and management described how information is shared within the organisation, including through handover, electronic mail, and electronic case management systems. The service utilised electronic mail and hard copy documents to share information with external providers. Care planning documentation demonstrated regular communication with consumers and representatives to communicate changes in consumers’ health condition.

Consumers and representatives said the service enabled appropriate referrals when required. Staff and management explained the importance of external service providers and how input from external providers was arranged. Care planning documentation demonstrated timely and appropriate referrals and input from external services to consumers’ care.

The service demonstrated minimisation of infection-related risks through standard and transmission-based precautions to prevent and control infection and through antimicrobial stewardship. Staff demonstrated an understanding of infection control practices and strategies to minimise the use of antibiotics. The service reviewed reports from the pharmacy on antibiotic use to inform the clinical indicators which are reviewed monthly.

# 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 interviewed felt supported to live the best life they can, and said the service provided safe and effective support to enable consumers to optimise their health, well-being, and independence. Staff and management described ways consumers were supported to live full and independent lives. Care planning documentation confirmed consumers received support to meet their goals and preferences.

Consumers and representatives said they received supports for their emotional, spiritual, and psychological well-being. Staff described the supports offered to consumers which included church services and pastoral services within the service, support for consumers to attend their church outside of the service and a range of activities such as music, art, and one-on-one engagement. Care planning documentation, progress notes and the activity schedule confirmed consumers were encouraged to engage in activities which support emotional, spiritual, and psychological well-being.

Consumers and representatives stated they are encouraged and supported to participate in the community within and outside the organisation, have social and personal relationships and do things that interest them. Staff described each consumer, their interests, preferences and how they are supported to do activities of interest to them. Care planning documentation recorded activities of interest and the satisfaction levels of consumers.

Consumers and representatives said when their needs and preferences change, they notified staff and the changes were then communicated appropriately. Staff and management explained how changes in consumers’ needs and preferences are communicated within the organisation and with others where responsibility of care is shared. Care planning documentation and progress notes documented changes to consumers’ needs and preferences, interventions, and referrals.

Consumers and representatives reported they were assisted to contact, or referrals were made to, other individuals, organisations and providers of care and services. Staff described a range of services and supports which consumers have accessed and care planning documentation demonstrated timely referrals were made.

Consumers reported satisfaction with the quality and quantity of meals provided and said they were provided choice. Kitchen staff explained how they accessed consumers’ dietary needs, preferences and changes through the electronic case management system and a printed copy stored in the kitchen. Lifestyle and consumer meeting minutes confirmed consumers have input into food services.

Consumers reported, and the Assessment Team observed, equipment provided to be suitable for use, clean and well-maintained. The Assessment Team observed lifestyle equipment being disinfected between each use in line with the service’s COVID-19 infection control protocols.

# 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 and representatives felt at home in the service and said they could easily find their way around. Consumers and representatives said they had indoor and outdoor spaces for consumers, family, and friends to sit. The Assessment Team observed lifts, handrails, and clear navigational signage. The service had lounges, activity and dining areas and outdoor areas containing tables and chairs, aviaries and gardens.

Consumers confirmed the service was clean, well-maintained, and comfortable and said they can move freely within and outside the service whenever they wish. All consumers were assisted to move freely between floors and areas of the service, including consumers who resided in the memory support unit. Lifestyle staff described how the outdoor areas were used for activities, gardening, and morning teas.

Consumers considered furniture, fittings and equipment were clean, well-maintained, and suitable for their use. Management described and produced a detailed preventative maintenance schedule and monthly audits. The service had an electronic system for maintenance requests which were located in accessible places around the service.

# 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 reported they were encouraged and supported to provide feedback or make complaints. The Assessment Team observed clear signage which encouraged consumers and others to provide feedback or make complaints via a scanned portal or into the feedback box. Posters displayed encouraged consumers to provide feedback or make complaints.

The service displayed information regarding service delivery in several languages, together with information about advocacy and translation services, and external complaint mechanisms. Staff were familiar with telephone interpreter services and which consumers would be suitable to access these services.

Consumers and representatives expressed confidence the service would address any complaint swiftly. The service had an open disclosure policy and training records indicated staff have received training regarding open disclosure. The complaints register demonstrated complaints were addressed in accordance with the service’s policies and procedures.

Consumers and representatives said the service regularly requested feedback and enjoyed partnering with the service in planning care, activities, celebrations, and special occasions. Management confirmed the service was committed to continuous improvement. A complaints register evidence feedback had led to improvements.

# 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

Following a previous site audit, the service was previously found non-compliant with Requirement 7(3)(a) and 7(3)(e), evidence within the Site Audit Report supports the service has implemented improvements to address the non-compliance and is now compliant with these requirements, having commenced programs aimed to improve recruitment, including partnerships with a recruitment agency, and a sponsorship program for international registered staff, and demonstrating the majority of annual performance appraisals have been completed.

Although consumers reported some level of understaffing remains at the service, they confirmed this did not impact on care delivered. Call bell data reports the average call bell response time to be approximately 2 minutes. Management described minimal use of agency staff and most staff felt there was sufficient staff at the service. Staff confirmed they work as a team, if shifts are unfilled, to ensure consumers needs are met.

Consumers said staff are kind, respectful and caring when providing their care, and were respectful of their identity, culture, and diversity. The Assessment Team observed staff interacting with consumers in a kind, familiar and caring manner. The service had policies related to dignity and respect, workplace diversity, and diversity and inclusion.

Consumers and representatives considered staff were effective in their roles and were sufficiently skilled to meet their care needs. Management described how they ensured staff meet their qualification and registration requirements and had current criminal history checks. Staff received orientation training, annual mandatory training, and completed various competences, including medication management and manual handling.

Staff confirmed receiving orientation education, ongoing training, completing core competences and felt comfortable to request additional training. Consumers and representatives confirmed staff had appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Training records are maintained and monitored by the organisation through an electronic system.

The service’s performance review register demonstrated the majority of staff had participated in performance appraisals in the twelve months prior to the site audit. Staff confirmed they participated in performance appraisals annually and in line with probationary periods. Management described formal and informal performance management processes.

# 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

Following a previous site audit, the service was previously found non-compliant with Requirement 8(3)(d), evidence within the Site Audit Report supports the service has implemented improvements to address the non-compliance and is now compliant with this requirement, having risk management systems and policies and procedures in place to monitor, assess and manage high impact and high prevalence risks associated with the care of consumers.

Consumers and representatives said the organisation was well run and confirmed there were engagement opportunities to inform the design, delivery, and evaluation of services. Management said consumers were encouraged to be involved in consumer and relative meetings and described how their feedback resulted in changes at the service. Consumer meeting and activity planning meeting minutes, surveys and evaluations demonstrated consumers are engaged to provide feedback and ideas.

Management described how the organisation’s governing body promoted a culture of safe, inclusive, and quality care and services. Staff described how clinical indicators, quality initiatives and incidents are discussed at relevant meetings and management explained that the organisation’s governance structure includes the direct feeding of information to senior management.

The organisation’s board satisfies itself that systems and processes ensure care is provided in accordance with the Quality Standards and regulatory systems through monthly reports and meetings. The organisation had effective governance systems to support information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

Management confirmed incidents are analysed and trends and issues are identified and reported to various committees and the board and lead to improved care and services. Staff described the process for reporting incidents relating to high risk and high prevalence risks including falls, serious incident response scheme (SIRS) incidents, pressure injuries and behaviour related incidents. The SIRS register demonstrated relevant incidents were reported in a timely manner, and investigations and actions were taken to reduce the recurrence of incidents.

The organisation had a clinical governance framework which included policies and procedures related to antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff received education related to these policies and provided examples of the relevance and importance of these within their roles. Care planning documentation demonstrated compliance with the service’s antimicrobial stewardship policy.

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)