Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | SummitCare Waverley |
| Service address: | 321 Bronte Road WAVERLEY NSW 2024 |
| Commission ID: | 2487 |
| Approved provider: | Phillip House Nursing Home Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 22 November 2022 to 24 November 2022 |
| Performance report date: | 10 February 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 SummitCare Waverley (**the service**) has been prepared by James Howard, 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 conducted from 22 November 2022 to 24 November 2022; 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

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 considered they were treated with dignity and respect, and felt accepted and valued. Staff provided practical examples of how they treated consumers with dignity and respect, and outlined how they acted when they thought a consumer’s dignity wasn’t being respected.

The service had policies and procedures in place which guided the provision of care in accordance with consumers’ cultural needs. Staff described how they adapted the delivery of care and services to meet consumers’ varied cultural needs and preferences.

Consumers stated they were supported to exercise choice and independence, make their own decisions and maintain personal relationships. Staff provided examples of how they supported consumers to make day-to-day choices and assisted their decision making.

Staff outlined supports provided to consumers who chose to engage in activities that included an element of risk, and how consumers were supported to understand the benefits and potential harm when making decisions about risks. A review of training records indicated the service supported staff to understand the consumers’ rights of to take risks.

The service demonstrated information provided to consumers and representatives concerning care and services was current, accurate and timely, and was provided in a manner that was clear, easy to understand and enabled them to exercise choice. Consumers indicated they received information in a manner that supported their understanding of the information presented.

Consumers indicated the service protected the privacy and confidentiality of their information, and were satisfied that care and services were undertaken in a way that respected their privacy. The Assessment Team observed staff to respect the privacy and dignity of consumers.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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 were satisfied with the delivery of care planning and assessments, and indicated staff took the time to understand how to support them. Staff described the assessment and care planning process.

The service demonstrated assessment and care planning identified and addressed consumers’ current needs, goals, and preferences, including advance care planning if consumers wished. Consumers advised they were involved in the development of their care plans and their end-of-life preferences were known by the service.

Care planning documentation demonstrated consumers and representatives were consulted throughout the assessment and care planning process and, when required, staff sought input from health professionals. Consumers felt involved in all stages of the creation of their care plans, as well as the care plan review process.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them and they could access consumer care plans upon request. The service maintained an electronic care management system that incorporated consumers’ assessments, daily charting and record keeping, progress notes and care plans.

Consumers and representatives confirmed they were notified on a regular basis, when consumers’ circumstances changed, or incidents occurred. Staff were aware of the service’s incident reporting systems and of the different types of incidents that required to be reported.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 considered consumers received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. The service had policies and procedures in place to direct the delivery of personal and clinical care.

Care planning documentation noted high impact or high prevalence risks were effectively identified and managed by the service. The service had processes for monthly data trending and analysis reporting for incidents.

Consumers felt confident that when they needed end-of-life care, the organisation would support them to be as free from pain as possible, to have those important to them with them, and their social, cultural and religious and spiritual preferences would be respected. Care planning documentation captured information regarding consumers’ end of life needs, goals and preferences.

Deterioration or changes to consumers’ health were recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Staff described the process they followed in the event they noticed a deterioration in the health and well-being of a consumer.

Consumers and representatives were satisfied with the delivery of care, including the communication of changes in consumer condition. Staff described how changes in consumer care and services were communicated through verbal handover processes, meetings, accessing care plans, communication diaries and through electronic notifications.

Care planning documentation demonstrated timely referrals to medical officers, allied health therapists and other providers of care and services. Consumers and representatives were satisfied with the delivery of care, including the referral processes.

The service had policies to guide infection control practices, and all staff received training on infection control practices, including donning and doffing of personal protective equipment and handwashing. Consumers and representatives were satisfied with the service’s management of COVID-19 precautions and infection control practices.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 advised they received services and supports that met their needs, goals and preferences and enabled them to maintain their independence, health, well-being and quality of life. Care planning documentation identified consumers’ needs goals and preferences.

Consumers advised the service provided supports for daily living which promoted consumers’ emotional, spiritual and psychological well-being. Staff described how they supported the emotional, psychological and spiritual well-being of consumers and provided examples of cultural awareness in their everyday practice.

Consumers felt the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. Staff described how they engaged with other organisations, advocates, community members and groups to assist consumers to follow their interests, social activities and maintain their community connections.

Consumers indicated information regarding their daily living choices and preferences was effectively communicated to staff and others where responsibility for care was shared. The service demonstrated there was an effective system in place to manage information for consumer care.

The service demonstrated timely and appropriate referrals of consumers to other organisations, individuals and providers of other care and services. Care planning documentation identified the involvement of other organisations and providers of care and services.

The service had processes in place to plan and deliver nutrition and hydration in line with consumers’ needs and preferences, and evidenced consumers were consulted in developing menus. Consumers expressed positive feedback regarding the meals provided at the service and indicated they could choose from suitable and health meals, snacks and drinks.

The Assessment Team observed equipment used to support consumers to engage in activities of daily living and lifestyle activities was safe, suitable, clean and well maintained. Management described how the service planned and followed maintenance and cleaning routines for equipment.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

Staff described how consumers were supported to make the service feel like home, and how they were supported to maintain independence. The Assessment Team observed the bedrooms of consumers were personalised with their own possessions.

Consumers and representatives reported the service was clean, and maintenance issues were promptly resolved. The Assessment Team observed consumers moving freely both indoors and outdoors.

Staff advised they had access to the equipment needed for consumer care. The Assessment Team observed furniture and equipment was maintained under a scheduled maintenance plan with specialist contractors in place when required.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 stated they felt comfortable and understood how to provide feedback or make complaints and advised they spoke with staff or management if they had any concerns. The service had multiple avenues for consumers to provide complaints and feedback, including a formal feedback form, raising issues at the consumer meetings, or speaking directly with the general manager.

Consumers described the various ways they provided feedback and complaints, both internally and externally. Staff demonstrated they understood the internal and external complaints and feedback systems and were aware of advocacy and translation services available for consumers and representatives.

Staff indicated they received education regarding the management of complaints and described the process that was followed when feedback or a complaint was received. Consumers confirmed management and staff provided an apology upon the making of a complaint or when things went wrong.

Consumers confirmed the service used feedback and complaints to improve care and services. Management reported complaints and feedback were used to improve how care and services were delivered and provided.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

The service demonstrated there was an adequate staffing level and mix of staff to meet the needs of the consumers. Management and staff described how they ensured there were enough staff to provide safe and quality care.

Consumers stated that staff were kind, gentle and caring when providing care. Management and staff advised the service had a range of documented policies and procedures to guide staff practice and outlined that care and services are to be delivered in a respectful and kind manner.

Consumers expressed confidence with the ability of staff to perform their duties effectively and meet their care needs. The Assessment Team observed staff performed their roles with confidence and competence.

Management described how the analysis of incidents, clinical indicators and feedback and complaints informed staff training needs. The service demonstrated processes and systems to ensure all staff had the required qualifications, training and support to provide quality care and services.

Consumers indicated staff treated them with respect regardless of their background and this was due to their training and the supervision by management. Management maintained records of staff completing performance appraisals and followed up staff who had missed an appraisal.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 advised they provided ongoing input in the development, delivery and evaluation of care and services, and could provide their feedback in a variety of ways. Management and staff described the ways in which consumers were encouraged to be engaged and involved in decisions regarding the delivery of care and services.

The organisation had systems and processes in place to monitor the performance of the service and to ensure the governing body was accountable for the delivery of safe, inclusive and quality care and services. Management provided examples of changes driven by the governing body as a result of consumer feedback, experience and incidents.

The service had an effective organisation wide governance system in place to guide and effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. Staff advised they could readily access the information needed to delivery safe and quality care and services.

The service had risk management systems in place which enabled it to monitor and assess high impact or high prevalence risks associated with the care of consumers and supported consumers to live the best life they can. Care planning documentation confirmed assessments were conducted and risk minimisation strategies were detailed for consumers.

The organisation’s clinical governance framework ensured the quality and safety of clinical care, and promoted antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process through accessible policies, procedures and guidelines. Staff demonstrated a shared understanding of the restrictive practice requirements, including the need to obtain consent, trialling alternative interventions prior to the use of restraint and monitoring restraint when in use.

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)