Performance

Report

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| Name: | SwanCare Ningana |
| Commission ID: | 7421 |
| Address: | 3 Allen Court, BENTLEY, Western Australia, 6102 |
| Activity type: | Site Audit |
| Activity date: | 10 April 2024 to 12 April 2024 |
| Performance report date: | 16 May 2024 |
| Service included in this assessment: | Provider: 206 SwanCare Group Inc.  Service: 26612 SwanCare Ningana |

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 SwanCare Ningana (**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; 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; and
* the Approved Provider’s response received on 7 May 2024.

# 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 assessed as Compliant as 6 of the 6 Requirements have been found Compliant.

Consumers and representatives confirmed staff treated consumers with dignity and respect, and their identity, culture and diversity was valued. Staff were aware of consumers’ identities and explained how their culture and diversity would influence the delivery of their care. Care and service plans reflected the aspects of consumers’ care which supported them to maintain their identity and diversity.

Consumers and representatives described how the culture of consumers was respected and supported by staff, including by staff respecting their cultural meal preferences and receiving support to celebrate days of cultural significance. Staff were able to identify consumers’ individual cultural needs and preferences. A cultural needs and diversity policy was in place to guide staff practice in the delivery of consumers’ cultural needs.

Consumers and representatives confirmed consumers were encouraged to maintain relationships of importance, including supporting a married couple to continue to live together and spend time as a couple. Staff described how consumers were supported to make decisions regarding their care and services, and were familiar with consumers’ important relationships. Care planning documentation reflected consumers’ decisions were captured.

Staff were familiar with the risks taken by consumers, and described the supports they provide to promote consumer safety. Care planning documentation evidenced risk assessments were conducted to identify risks and inform risk mitigation strategies. Consumers and representatives provided positive feedback regarding being supported to take risks and advised risk mitigation strategies had been discussed with them.

Consumers and representatives confirmed they were provided with sufficient information to inform decision making. Noticeboards displaying the lifestyle activities calendar and newsletters were observed within communal areas, and available in large fonts. Staff advised information was communicated to consumers through monthly newsletters and consumer meetings.

Consumers felt their privacy was respected, and staff knocked on their doors and awaited their response prior to entry. Nurses’ stations and computers were observed to be locked when not in use, and confidential information was securely stored. Staff were observed to close doors when providing personal care to consumers.

# 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 assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Consumers and representatives provided positive feedback regarding the management of risks to the consumer’s health and well-being. Staff described how assessments, and care and service plans were completed upon the consumer’s entry to the service, and considered their key risks. The Assessment Team identified an after-hours intercom was in use when consumers wished to re-enter the service and advised this was not assessed as an environmental restrictive practice. The Approved Provider clarified this matter and advised that the mobility and dexterity of consumers was assessed upon their entry to the service and on an ongoing basis, and fobs were available to enable independent access. If there were identified issues with the consumer’s ability to enter and exit the service, additional discussions and support would be provided. I am satisfied with the response provided by the Approved Provider, and accordingly find Requirement 2(3)(a) to be compliant.

Consumers and representatives confirmed consultation with staff during assessment and planning processes to understand consumers’ needs goals and preferences. Care planning documentation evidenced consumers were consulted on end-of-life care to capture advance care directives and wishes. Staff explained their approach to discussions about goals and preferences, with consideration of advance care directives prior to entry to the service, and palliative care consultants supported cultural and diverse needs of consumers when formulating end of life care plans.

Consumers advised they were involved in the assessment and planning process in consultation with their family, and others involved in their care, such as medical officers and allied health therapists. Care planning documentation evidenced regular partnership and input from consumers, representatives, and other health providers. Staff advised consumers and representatives were involved in the assessment and planning process during their initial entry into the service and on an ongoing basis through care conferences, and advice from other providers was incorporated into care and services plans.

Care planning documentation evidenced assessment outcomes were communicated to consumers, representatives and external providers of care. Representatives confirmed they were informed of assessment and planning outcomes, and could access a copy of the consumer’s care plan. Staff advised care and service plans were accessible through the electronic care management system.

Care planning documentation evidenced care and service plans were evaluated on a regular basis and reviewed when changes in condition or an incident occurred. Consumers and representatives advised care and service plans were regularly reviewed and they could request for a review to occur if the consumer’s needs or preferences changed. Consumers provided examples of how their care had changed following reviews. Staff advised consumers were consulted on their care monthly, and explained how review processes were used to identify changes and emerging risks.

# 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 assessed as Compliant as 7 of the 7 Requirements have been found Compliant.

Consumers and representatives advised consumers received personal and clinical care tailored to their personal needs. Staff demonstrated knowledge of consumers’ personal and clinical care needs, and the supports required to ensure these needs were met. This included involvement of external professionals for assessment and advice on best practice and personalised strategies for consumers. Care planning documentation evidenced individualised care was provided to consumers in alignment with best practice shared through policies, procedures, and training.

Consumers and representatives confirmed consumers’ high impact or high prevalence risks were effectively managed. Care planning documentation evidenced risks were appropriately managed with staff following care directives, with monitoring for change or emerging risks. Staff were aware of the high impact or high prevalence risks associated with the care of consumers and the strategies in place to manage these risks.

Staff described how they adapted care for consumers nearing end of life to ensure their comfort was maximised and their dignity preserved. Care planning documentation evidenced staff were guided by an end-of-life pathway, staff completed regular observations and monitoring of consumers’ pain and comfort, with supports to meet spiritual and emotional needs.

Care planning documentation evidenced changes in consumers’ health was recognised and responded to in a timely manner. Staff advised they knew consumers well, which supported them to promptly identify any changes in their condition and explained monitoring practices and escalation pathways for concerns. Consumers and representatives reported change to consumer health was promptly identified and managed.

Consumers and representatives advised consumers’ needs and preferences were effectively communicated between staff, and they did not have to repeat themselves. Care planning documentation demonstrated consumers’ information was communicated and accessible to staff and visiting practitioners. Staff stated information was documented and communicated through the electronic care management system and handover practices.

Consumers and representatives confirmed consumers had access to medical officers and allied health professionals when required. Care planning documentation evidenced prompt and timely referrals were made to allied health professionals in response to changes to the consumer’s condition and incidents. Staff described the process to refer consumers to external providers of care and services, with practitioners receiving referrals confirming timely requests.

Consumers and representatives provided positive feedback with the management of infection related risks, including COVID-19, and described staff actions to prevent infection spread, such as handwashing and use of personal protective equipment. Staff described how they minimised the transmission of infections within the service, including through screening and monitoring practices, and confirmed they completed regular infection control training. Staff actions to minimise infection related risks were informed by policies, procedures, outbreak management plans, training, and the Infection prevention and control lead. Care planning documentation demonstrated pathology was collected upon identification of signs of infection, and antimicrobial medication prescribed with results.

# 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 assessed as Compliant as 7 of the 7 Requirements have been found Compliant.

Staff described how they partnered with consumers to capture their needs, goals and preferences, and these were recorded within care planning documentation. Consumers reported services and supports, such as on-site laundry services, were of good quality and supported their well-being and quality of life.

Consumers and representatives felt consumers’ emotional, spiritual, and psychological well-being was supported, and said they could speak with staff if feeling low. The activities calendar included a range of church services available to consumers on a regular basis. Care planning documentation reflected the emotional support strategies for consumers, including receiving one-on-one emotional support.

Consumers and representatives confirmed consumers were supported to participate in activities within the internal and external community, and to maintain contact with their family and friends. Staff advised of the supports they provided to consumers to ensure they could safely access the external community and maintain relationships of importance. Whilst interests were considered within development of the activities schedule, consumers in the memory support unit were not observed to be engaged in activities of interest. Management advised consumers engaged in one-to-one activities, and developed improvement activities, with immediate changes observed.

Consumers and representatives advised consumers’ daily living choices and preferences were effectively communicated to staff. Care planning documentation reflected consumers’ preferences were captured, and this information accessible to staff. Staff described how information was shared within the service and external providers, such as dietary needs and preferences, and were aware of information within care planning documentation.

Care planning documentation evidenced timely and appropriate referrals to meet consumer needs. Staff and consumers described involvement of other providers, accessed through referrals, such as volunteers and library services. Staff described referral processes.

Consumers provided positive feedback regarding the quality, quantity and variety of meals provided to them. Care and service plans reflected consumers’ dietary needs and preferences. Staff advised consumers were offered an alternative meal if they did not like the current meal, and consumers’ feedback was gathered to improve their meal service.

Consumers confirmed their equipment was kept clean, well maintained and suitable for their use. Staff described the responsibilities to ensure equipment was kept clean, and advised they would lodge a maintenance request if equipment issues were identified. All personal and shared equipment was observed to be in operational order, and disinfectant wipes were readily accessible throughout the service.

# 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 assessed as Compliant as 3 of the 3 Requirements have been found Compliant.

Consumers and representatives felt the service environment was welcoming and easy to navigate, and consumers were at home within the service. Staff advised walkways were kept free of obstructions, and would report any hazards when identified. Consumers’ rooms were observed to be safe and uncluttered, and contained consumers’ personal photographs and artwork.

Consumers said the service environment was clean, well maintained and they were able to move freely through both indoor and outdoor areas. Maintenance documentation evidenced preventative maintenance was completed in a timely manner. The service environment contained handrails in all corridors to ensure consumers could safely mobilise throughout the service. The Approved Provider advised the outside doors were locked after-hours to enhance the security of consumers, staff, and the service environment, however, all consumers were provided with the opportunity to have an electronic fob allowing them to independently enter and exit the service, and an intercom was available to other consumers and visitors that wished to enter the service during after-hours. Management provided reminders to staff during the Site Audit to ensure balcony doors were unlocked, with improvements being made to the safety rails within the memory support unit requiring completion before this could be unlocked.

Consumers confirmed their furniture, fittings and equipment were kept clean and in operational order. Staff described their responsibilities to ensure maintenance issues were reported, and confirmed their requests for maintenance were promptly resolved. Preventative maintenance documentation evidenced electrical inspections, air conditioning servicing and internal equipment inspections were up to date.

# 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 assessed as Compliant as 4 of the 4 Requirements have been found Compliant.

Consumers and representatives confirmed they were encouraged and supported to provide their feedback or make complaints. Management advised consumers and their representatives were supported to provide their feedback through a variety of avenues, including feedback forms, consumer meetings, surveys, emails or by directly speaking with staff and management. Feedback forms and locked suggestions boxes were observed to be accessible for consumer use.

Consumers and representatives said they were aware of external advocacy and language services, including the Commission, to raise and resolve their complaints. Posters, pamphlets and information relating to advocacy and language services were displayed throughout the service. Management advised consumers were reminded of contact information for advocacy and language services through the consumer handbook and during meetings.

Consumers confirmed prompt action was taken in response to their complaints and said they were provided with an apology. Management and staff described their responsibilities when managing complaints, which included acknowledging the complaint within 24 hours, providing an apology and investigating and resolving the issue. Complaints documentation evidenced complaints were acknowledged, discussed with consumers and actions were taken.

Consumers confirmed their feedback and complaints led to improvements, and could provide examples. Management advised trends were identified through the analysis of feedback and complaints to inform improvement opportunities. A review of the complaints register, meeting minutes and continuous improvement plan evidenced feedback and complaints led to improvements to consumers’ care and services.

# 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 assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Consumers and representatives confirmed there were enough staff to provide safe and quality care to consumers in a timely manner. Staff advised their staffing levels were sufficient, and had enough time to perform their duties. Management stated the staffing roster was planned on a fortnightly basis in consideration with the competencies of staff, the needs of consumers, and regulatory requirements.

Consumers and representatives felt staff were kind, caring, and respectful when assisting consumers. Staff described how they respected the identity of consumers by referring to them by their preferred names. Policies, procedures, and training informed staff of expectations on respectful interactions.

Consumers and representatives confirmed staff performed their roles effectively, and were confident staff had the knowledge to meet consumers’ care needs. Position descriptions outlined the necessary qualifications, registration, knowledge and skills required for each role. Management advised police checks were completed, and the qualifications and competencies of staff were verified prior to their employment.

Consumers and representatives confirmed staff were appropriately trained to ensure the delivery of safe and quality care. Staff confirmed they received a variety of during the orientation process and on an ongoing basis on topics including incident management, infectious outbreak management, and restrictive practices. Training records evidenced staff were up to date and had received the training set out in their education calendar.

Staff advised they received a 6 monthly probationary performance review, and annual reviews thereafter. Management stated the performance of staff was further monitored through observations, feedback and the analysis of incidents. Management provided examples of the formal performance management of a staff member arising from the investigation of an incident.

# 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 assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Consumers and representatives advised the service was well run and they were supported to be engaged. Management and staff confirmed consumers and representatives were engaged in the development of care and services through meetings, feedback processes. and surveys. Documentation, including meeting minutes and consumer advisory board information, confirmed consumer engagement.

Management advised monthly clinical indicators, quality initiatives, incidents, and trends were reported to and discussed with the governing body to ensure their oversight and accountability. Management confirmed they received regular updates from the governing body through weekly meetings and emails which was disseminated across the workforce. Management described the various improvements initiated by the governing body to promote a culture of safe care and services.

A documented governance framework was in place to guide staff practice in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. Management advised results from surveys, audits, incident reports, feedback and trend analysis was captured within the continuous improvement plan and informed improvement opportunities. Management confirmed information regarding legislative and regulatory changes were monitored by the governance committee and communicated, whilst maintaining responsibility for ensuring compliance.

Effective risk management systems and practices, including policies and procedures were in place to guide staff practice regarding the management of high impact or high prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live the best life they can and managing and preventing incidents. An electronic incident management system was utilised to record and document incidents and ensure appropriate escalation occurred when required. Management and staff demonstrated how they supported consumers to life their best lives by identifying risks and implement risk mitigation strategies.

A clinical governance framework and supporting policies in relation to antimicrobial stewardship, restraint minimisation and open disclosure were in place. Staff confirmed they had received training on open disclosure, and demonstrated how it was practically applied in the delivery of their duties. Infections and antibiotic usage were monitored through monthly clinical indicator reports and was benchmarked across the organisation.

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)