Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | SwanCare Waminda |
| Service address: | 1 Adie Court BENTLEY WA 6102 |
| Commission ID: | 7054 |
| Approved provider: | SwanCare Group Inc. |
| Activity type: | Site Audit |
| Activity date: | 3 May 2023 to 5 May 2023 |
| Performance report date: | 15 June 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 SwanCare Waminda (**the service**) has been prepared by P. Sequeira, 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

|  |  |
| --- | --- |
| 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 and representatives said they were treated with dignity and kindness and their identity respected. Consumers and representatives described how staff understood their needs and preferences and what was important to them. Staff demonstrated knowledge of consumers’ interests, backgrounds, needs, preferences and cultural identities. Care planning documentation reflects what is important to consumers to maintain their identity, culture and dignity and information about consumers’ history, emotional, spiritual and cultural needs and preferences to guide staff. Staff were observed treating consumers with dignity and respect, speaking in a kind and caring manner.

Consumers and representatives said they were supported to make choices about how their care is delivered. Consumers said they were supported to connect and maintain relationships of their choice. Staff explained consumers were encouraged to make decisions and involve them care conferences, and in care planning. Care planning documentation evidenced consumers make decisions regarding the way care and services were delivered. The Assessment Team observed consumers socialising with family and friends from within the service and the local community during the Site Audit.

Consumers and representatives said staff understood what is important to them and support them to live the best life they can, which includes risk taking activities to support their independence. Staff were able to describe how they received training regarding supporting consumers’ choices, decision-making involving risk taking and dignity of risk. Risk assessments were cited and signed by consumers and their representatives which included interventions to mitigate risks such as walking without assistance outside the service, the consumption of alcohol and smoking of cigarettes.

Consumers and representatives said the service provided relevant information and regularly communicated with them. Staff explained how they provided information to consumers, with consideration for different needs and preferences. Care planning documentation reflected consumers’ communication needs. The service has several channels for information provision including noticeboards, monthly newsletters, and consumers and representatives’ meetings.

Consumers said their privacy is maintained and respected. Staff said they ensure consumers’ privacy is maintained when attending to activities of daily living (ADLs) and with personal information. The Assessment Team observed staff respecting consumers’ personal privacy, such as knocking on a consumers’ door before entering and the nurses’ stations to be locked and a pin code needed to access consumer information online.

# 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 and representatives said they were involved in the assessment and planning of their care. Staff described consumer risks and interventions and stated they would access the electronic care management system (ECMS) for further information. Care planning documentation identified individual risks ensuring it informs safe and effective practice. A wide range of assessments which consider personal, clinical and lifestyle aspects of care were identified in care planning documentation.

Consumers and representatives said they were involved in discussions with the service regarding the consumers’ end of life wishes, needs, goals and preferences. Staff stated they complete advanced care planning (ACP) on admission and were reviewed with the consumer and or representative and Medical Officer if there is significant health deterioration. Staff reported they have access to palliative care specialists if needed. Care planning documentation demonstrated consumers’ preferences were in place with regard to EOL care.

Consumers and representatives said they were satisfied with the quality of care and services consumers receive, and that assessments and planning were based on partnership with them and include others they choose to involve in their care. Clinical staff could explain the referral process to allied health, external specialists and Medical Officers and care planning documentation included input from these providers of care.

Consumers and representatives said their needs and preferences were effectively communicated between staff and they were informed of the outcomes of assessment and planning. Representatives said they receive a copy of the consumers care plan and regular updates on the consumers well-being and the care planning reviewed supported this. Staff confirmed they receive relevant and current information about consumers during the handover process and information regarding consumers’ care needs and preferences is readily accessible on the ECMS.

Consumers and representatives said the service provides good care and support and they were informed of any changes to their care. Staff reported changes to consumers’ health and preferences were relayed. Care plan reviews were monitored for concurrency and completion and staff were notified if any were outstanding. Care planning showed reassessment had occurred following incidents and in line with the services policies and procedures.

# 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 said they were happy with the care they were receiving both personal and clinical and had positive comments about staff having the skills to manage their care and services. Management stated consumer care was based on best practices, tailored to consumers’ needs to optimise consumers’ health and well-being. Care planning documentation for the sampled consumers reflected individualised care, which is safe, and effective, and uses validated assessment tools as per policy and procedure concerning care needs.

Consumers stated the service manages their high impact and high prevalence risk well. The service demonstrated effective management of consumers’ high impact or high prevalence risks, which included pain and pressure injuries ensuring consumers’ preferences were being met. Management said staff receive training and support to ensure the minimisation of high impact, high prevalence risks.

Consumers and representatives confirmed staff had spoken to them about advance care planning and EOL. Staff described how a palliating consumer’s comfort is maximised and how care needs change. Care files included details of EOL preferences and choices during EOL care, and sampled files for late consumers demonstrated actions to maximise comfort and preserve dignity.

Consumers and representatives said the service responds quickly to changes in their wellbeing. Staff described how they responded to a consumer's deterioration and confirmed training is provided on recognising and responding to clinical deterioration. Care documentation showed recognition and timely response to a consumer’s deterioration and consumers were monitored for changes in condition with vital signs taken as required.

Consumers and representatives said they were confident the service collects all the information required to provide care about their preferences or needs. Staff reported up to date information relating to consumers’ conditions, needs and preferences is in line with care planning documentation and shared during daily handover. Care planning and review of documentation were completed contemporaneously to enable timely and accurate information sharing with other staff, Medical Officers, consumers and representatives.

Consumers and representatives interviewed advised they were aware the service arranges timely and appropriate referrals to relevant health supports such as allied health professionals and Medical Officers. Staff had a shared understanding of available referral avenues for individual consumers’ needs, which aligned with the Assessment Team’s observations of care documentation. The Assessment Team identified timely referrals in progress notes of consumers for optometry, dental, psychiatric, dementia support and specialist appointments.

Consumers stated they were satisfied with the service’s infection control measures. Staff could describe infection control practices to minimise the transmission of infections and described how they review pathology reports to confirm infections and discuss appropriate antimicrobials with the consumer’s Medical Officer. The Assessment Team observed the service identifies and manages consumers’ infections effectively and antibiotic prescriptions were minimised. The service has an outbreak management plan, with stocks of PPE observed throughout the service.

# 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 and representatives described they receive safe and effective services to support daily living which meets their needs, goals and preferences. Staff said how they meet consumers’ needs and preferences and had an understanding of what was important to consumers to support independence, health, well-being and quality of life. Care planning documentation contained current information about consumer’s needs, goals and preferences. The Assessment Team observed consumers in communal areas knitting, doing arts and crafts, attending a concert and exercise therapy sessions.

Consumers and representatives said their psychological, spiritual and emotional needs were supported. Staff provided examples of how they supported consumers’ well-being, such as assisting them to meet their needs. Care planning included consumers’ emotional and spiritual requirements.

Consumers and representatives said the service supported them to join in on activities, be independent, and stay connected with family and friends. Care planning reflected consumers’ relationships, activity preferences and goals. Consumers were observed socialising and attending activities of interest. Management stated they work with other organisations, advocates, community members or groups to help consumers continue to have community connections.

Consumers and representatives stated those involved in consumers’ care were informed and they do not have to repeat information to different staff. Staff were aware of consumers’ needs and preferences through a variety of methods. Care planning documents showed detailed information about consumers’ conditions, needs and preferences that had been regularly updated and shared with others as required.

Consumers and representatives confirmed they have appropriate referrals to other organisations, individuals and providers of other care. Staff were knowledgeable of other external services and supports provided to consumers. Care planning documents reflected other services and supports were in place.

Most consumers and representatives expressed satisfaction with the variety and quantity of food. Care planning detailed consumers’ dietary requirements, dislikes, allergies, and preferences. Staff said consumers were able to provide input into the dining experience. Menus were reviewed by a dietitian and were swapped 4 weekly and included meals from a variety of cultures.

Consumers, representatives and staff said the equipment was clean, well maintained and suitable for their needs. They described how equipment repairs were completed in a promptly, and they knew how to raise maintenance issues. Equipment was observed to be safe, clean, and suitable.

# 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

Consumers described the service environment as warm and friendly and they felt at home. Consumers’ rooms were personalised according to their interests and hobbies. Staff advised they ensure the consumers’ environment is kept clean and clear to enable safe mobilisation in and around the service. The Assessment Team observed consumers socialising together and participating in activities.

Consumers and representatives described feeling comfortable in their environment and were able to freely move around the service and had access to outdoor areas. Consumers stated any maintenance concerns were reported to the staff and the maintenance staff attends to them promptly. Staff confirmed they knew how to lodge maintenance requests. The service environment was observed to be comfortable, safe, clean, and well-maintained.

Consumers said they felt safe when staff use equipment, and equipment is kept clean. The Assessment Team observed furniture, fittings, and equipment were safe, clean, and well maintained. Staff said there was enough equipment to support them to provide care and services. The service demonstrated it had systems and processes in place to maintain and respond to faults relating to furniture, fittings, and equipment.

# 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 and representatives said they were supported by the service to provide feedback and make complaints. Staff described the avenues available for consumers and representatives if they wished to make a complaint or provide feedback, and how they support them to raise any issues. Management described consumers were supported by staff, family and friends to provide feedback. The service has processes and systems in place for consumers to raise concerns about their care and services.

Consumers and representatives said they were aware of other avenues for raising complaints through external avenues. Staff showed an understanding of the internal and external mechanisms for providing feedback and making complaints and demonstrated how consumers who may not be capable of using the usual feedback methods were supported to provide feedback. Advocacy service signage was displayed throughout the service and provided to consumers and representatives. The complaints register evidenced feedback raised by staff on behalf of consumers.

Consumers and representatives said when feedback was provided the service responds appropriately and in a timely manner. Consumers said when things go wrong, the service apologises and acts quickly to resolve the issue. Management demonstrated appropriate and timely action is taken in response to complaints, and an open disclosure process is applied when things go wrong. The complaints register demonstrated the use of open disclosure and timely management of complaints under with policy and procedure.

Consumers and representatives stated they have seen feedback and complaints used to improve care and services. Staff described how feedback and complaints have resulted in care and service improvements. The service was able to demonstrate feedback and complaints were trended, analysed and used to improve the quality of care and services. Management described how improvements had resulted from actions taken in response to feedback and complaints and how these were evaluated in consultation with consumers and representatives.

# 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

Consumers and representatives said there was enough staff and their needs are attended to promptly. Staff said there was enough staff at the service to enable them to perform their roles. Management stated RNs are allocated across a 24-hour period and strategies to replace staff for planned and unplanned leave include discussions with existing staff for additional shifts and the use of regular agency services. The Assessment Team observed consumers being attended to by staff in a timely manner.

Consumers and representatives confirmed staff engage with consumers in a respectful, kind and caring manner and are gentle when providing care. Staff interviewed demonstrated an in-depth understanding of consumers, including their needs and preferences. Staff were observed engaging with consumers and their family members in a respectful and personable manner.

Consumers and representatives reported they felt the staff were skilled in their roles and competent to meet care needs. Staff said they are well supported by management in undertaking ongoing training. The organisation has recruitment and selection procedures that ensure staff have the required qualifications and police checks.

Consumers and representatives said they are confident with staff abilities and practices. Staff described how they have regular mandatory training sessions available to them, are confident they can access additional training as needed and are well supported by management. Management demonstrated an online training system and training records management system, which ensured management were aware of training completion details for all staff members.

Staff said their performance is monitored through observation, assessments completed after training and annual performance reviews. All staff described they had undertaken a performance appraisal or had one scheduled and described the process. Management said staff competency is assessed regularly and the service reviews and analyses feedback, complaints, incidents, internal audit results and clinical data to monitor staff practice.

# 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 and representatives said the service is well run and they have ongoing input into how consumers care and services are delivered. Management advised they encourage feedback and complaints and support consumers and representatives to be engaged in the delivery and evaluation of their care. Documentation review showed consumers are meaningfully engaged in the evaluation of services through consumer meetings and surveys.

Management outlined systems and reporting processes in place through which the governing body monitors the services’ compliance with the Quality Standards. Management said they complete internal audits, review clinical data and work closely with the executive leadership team to identify trends and gaps in the provision of safe care and quality services.

Management and staff described processes in place for effective organisation wide governance systems relating to the provision of information, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The Board monitors and reviews routine reporting and analysis of data related to consumer experience. The Board then satisfies itself that systems and processes are in place to ensure that quality care and services are being provided in accordance with the Quality Standards. The service has an effective ECMS, continuous improvement plan, established financial governance arrangements and processes for workforce governance and feedback and complaints.

Management provided the documented risk management framework, including policies, procedures and the SIRS register. Staff confirmed they utilise policy and procedures, for example in relation to assessment and care planning, incident management and serious incident reporting. The Assessment Team observed evidence of SIRS register and evidenced examples where policy and procedures were followed.

The service demonstrated a clinical governance framework in place, including policies concerning antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrates a shared understanding of these concepts and gave practical examples to demonstrate how the principles applied to their work.

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)