Performance

Report

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| Name: | Uniting AgeWell Aldersgate |
| Commission ID: | 8001 |
| Address: | 12-22 Hobart Road, KINGS MEADOWS, Tasmania, 7249 |
| Activity type: | Site Audit |
| Activity date: | 5 December 2023 to 7 February 2024 |
| Performance report date: | 7 March 2024 |
| Service included in this assessment: | Provider: 9609 Uniting Agewell Limited  Service: 4974 Uniting AgeWell Aldersgate |

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 Uniting AgeWell Aldersgate (**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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.

The Approved Provider did not submit a response to the Site Audit report.

# 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 assessed as compliant.

Consumers said staff were familiar with their identity through understanding important parts of their lives, such as their backgrounds and beliefs, and treated them with respect and kindness. Staff explained how they demonstrated respect to consumers, ensuring interactions were kind, empathetic, and patient. Care planning documentation demonstrated awareness of diversity of consumers, capturing backgrounds and life stories which inform unique identities.

Consumers said cultural beliefs and values were respected, and they were supported to partake in activities of cultural significance. Staff described how assessment and planning processes captured cultural needs, evidenced in care and services plans. Staff provision of culturally safe care is guided by the Diversity policy and practice standard.

Staff detailed how they engaged consumers in making decisions about their care, and outlined how they supported consumers to maintain relationships. Consumers said they felt supported to make and communicate decisions about their care. Care planning documentation reflected consumer choices within needs and preferences.

Policies and procedures identify consumer right to take risks and how this should be supported. Consumers said they were enabled to take risks, with assessment undertaken for safety. Management explained the assessment process for consumers wanting to undertake activities with an element of risk, including discussion of positive and negative impacts and supports required.

Consumers reported information was communicated in a timely and accurate manner, and they received sufficient information through written and verbal channels to make informed choices. Staff said they ensure communication is tailored to consumer needs to enable understanding. The consumer handbook outlines information on meals, personnel, advocacy services, and activities, and activity calendars were observed displayed on noticeboards and in consumer rooms.

Consumers said privacy is respected and personal information kept confidential. Staff explained processes in place to respect privacy, such as closing doors and curtains and covering consumers during care and were aware of obligations to maintain confidentiality. Policies and procedures relating to collection and storage of personal information outlined actions required to keep information confidential.

# 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 assessed as compliant.

Staff demonstrated awareness of assessment and planning processes, explaining how these identified risks and informed care. Care planning documentation for consumers informed care, outlining identified risks to each consumer’s health and well-being along with individualised management plans. Guidance on assessment and planning is informed by the Clinical assessment and care planning policy.

Consumers and representatives said they are consulted on needs, goals, and preferences, including for end-of-life care. Care planning documentation reflected current needs, goals, and preferences, with advance care and end-of-life care directives. Staff explained how they approached conversations relating to end-of-life wishes within admission processes and case conferences.

Consumers and representatives described their involvement in assessment and planning processes and were aware of other providers involved in provision of care. Clinical staff explained how they engaged consumers, representatives, and other providers in assessment and planning, which was reflected in documentation.

Clinical staff said they ensure a copy of the care and services plan is offered to consumers and/or their representatives after review, and changes were communicated to other staff at handover. Consumers and representatives said staff explain relevant information within the care and services plan relating to consumer needs, and they can access a copy. Care planning documentation summarised the outcomes of assessments and demonstrated communication with consumers, representatives, and other providers.

Staff were aware of the care plan review process, including following incident or changing needs, demonstrated within care planning documentation. Representatives said they were contacted following incidents and informed of responsive updates to care and services. Care plans sampled demonstrated evidence of review on a regular basis and when circumstances change and or when incidents occurred.

# Standard 3

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

Findings

This Quality Standard is assessed as compliant as 7 of the 7 Requirements have been assessed as compliant.

Staff said they ensured delivery of best practice care through training, support, resources, and understanding the needs of consumers. Consumers said they receive care that is tailored to their needs and preferences, with representatives explaining personalised strategies developed to ensure consumer needs were met. Care planning documentation demonstrated assessment, monitoring, and management strategies were tailored to the consumer to optimise health and supported delivery of safe and effective care.

Overall, consumers and representatives said risks associated with consumer care were effectively managed. Whilst one representative raised concerns on staff understanding and strategies for specialised clinical needs of a consumer, staff were familiar with processes to be followed, and management explained how the risks were managed, such as providing specialised training for new staff, keeping instructions in the consumer’s room, and regular review with documentation to verify completion, which were monitored for compliance. Care planning documentation identified key risks for individuals, with management strategies. Staff detailed processes to ensure management of high impact or high prevalence risks, with consumers identified as being high risk monitored daily by management to ensure strategies remain effective and needs were effectively met.

Staff explained processes to support end-of-life care, including consideration of the family and involvement of palliative care specialists, and focusing on management of comfort and symptoms. Care planning documentation demonstrated consumers approaching end-of-life were identified, with a case conference coordinated to discuss needs, revisit preferences and wishes, and update end-of-life care plans, with this process verified through representative interviews.

Consumers and representatives said changes in consumer condition were promptly recognised, aided by staff knowing consumers well, and appropriately managed. Staff explained consumers were constantly monitored for change through observations and during care, with changes or concerns escalated to clinical staff for assessment and further actions if required. Care planning documentation demonstrated staff identified and responded to change in consumer condition in line with policies and procedures.

Consumers and representatives said staff effectively share information and are knowledgeable about consumer needs. Staff explained changes are documented in progress notes and discussed at handover and within meetings, with medication changes triggering alerts in the electronic system. Management described how different handover processes were trialled to determine preferred and effective model, and significant information is emailed to staff who are not on shift. Documented handover information included key information to inform care, highlighting risks and identifying monitoring processes or time sensitive appointments.

Staff gave examples of referrals made for consumers, and explained processes followed. Care planning documentation evidenced timely referrals to providers appropriate for consumer needs. Consumers and representatives confirmed referrals were prompt and suitable for their needs. Documented referral pathways were outlined within policies and procedures.

Consumers and representatives described how staff were following infection prevention processes, such as washing hands and wearing personal protective equipment and screening for presence of COVID-19. Staff outlined mandatory training on infection minimisation strategies and management of antimicrobial medications, such as ensuring pathology has been collected to identify the correct medication and only using antibiotics where the consumer is symptomatic. Documentation, including policies, procedures, and outbreak management plans, informed staff practice.

# 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 assessed as compliant.

Staff explained how they identified consumer needs, goals, and preferences for services and supports, and used to develop strategies to maintain independence and quality of life, evidenced within care planning documentation. Consumers said services and supports enabled them to meet needs, goals, and preferences whilst optimising independence.

Consumers and representatives explained how their emotional and spiritual needs were understood and met. Staff gave examples of scheduled activities to meet consumer needs, such as church services. Care planning documentation identified consumers’ spiritual and emotional needs.

Consumers and representatives outlined how they were supported to stay connected with family and friends and were supported to do things of interest within the service and in the broader community. Care planning documentation reflected consumer interests and people of importance. Staff explained how they encourage consumers to participate in activities and do things of interest and consult on preferences to develop the activities calendar.

Staff explained how information about consumers is shared. Care planning documentation reflected consumers’ care needs and preferences were communicated within the organisation and with others where responsibility for care is shared. Consumers and representatives said staff were aware of consumer needs, for example, kitchen staff ensured meals were appropriate to dietary plans.

Consumers explained how referrals were made to appropriate providers to meet their needs, and staff gave examples of referrals made for consumers to providers such as social workers and volunteers. Care planning documentation demonstrated referrals were timely and appropriate to consumer needs.

Consumers and representatives described provided food as of good quality of quantity and said they would raise concerns if not satisfied. Staff outlined how consumers were consulted within the menu planning processes, and recipes adapted to taste, and food was always available outside meal service times. Care planning documentation captured consumer likes, dislikes and needs.

Staff reported sufficiency in available equipment, which they cleaned regularly, and reporting processes to address repairs. Consumers and representatives said equipment was suitable, safe, clean, and well maintained. Documentation demonstrated maintenance reqeusts were recorded with timely response.

# 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 assessed as compliant.

Consumers described the service environment as welcoming, allowing them to feel at home. Staff explained features to enable consumers to navigate and move independently, such as wide corridors and signage, including personalised cues for consumers living with cognitive impairment, with recent work outside to improve space for consumer use. Indoor and outdoor communal areas were observed to be shared by consumers and visitors.

Consumers said they moved freely indoors and outdoors through an environment they considered clean, safe, and comfortable. Staff explained cleaning processes and how to report hazards. Documentation, such as cleaning and maintenance logs, were up to date and compliant with processes.

Consumers said equipment is safe, repaired when required, and furniture and fittings suited to their needs, although if something specific was required it might take a while to obtain. Staff explained equipment cleaning processes and training for safe use, with preventative maintenance processes performed. Equipment was serviced in accordance with scheduled dates and furniture and fittings were clean and well-maintained.

# 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 assessed as compliant.

Consumers said they were encouraged and supported to provide feedback or make complaints. Staff explained feedback methods, and how they can listen to and escalate concerns or assist consumers complete feedback forms. Documentation within newsletters and consumer meeting minutes demonstrated consumer input and feedback was encouraged and actively sought. Feedback forms and collection boxes were observed in reception and each wing.

Consumers reported awareness of advocacy and complaint services if felt required. Staff were aware of how to engage interpreter and translation services or contact advocacy groups to assist consumers. Information on available organisations was included within the consumer handbook and displayed on posters, and an advocacy newsletter was available. Management advised they can arrange information on available supports in multiple languages, should a need arise, and they have had advocacy groups attend to speak with consumers.

Consumers said complaints were appropriately managed to satisfactory outcomes. Management detailed the open disclosure process applied in response to complaints, and steps involved to investigate and resolve the issue and evaluate satisfactory outcomes. Complaints documentation included description of issue and actions taken, aligned with expectations within policies and procedures.

Management explained how feedback and complaints inform improvements in care and services, and this was verified by consumers. Documentation demonstrated feedback and complaints were used to inform improvement activities to better meet consumer needs or expectations.

# 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 assessed as compliant.

Consumers and representatives reported variation in staffing levels, however, acknowledged all needs were met in a timely manner, including prompt response to call bells. Management outlined rostering processes to ensure consumer care needs and minutes of care were met, and strategies had been implemented to increase consistency and number of staff members. Documentation demonstrated rostering considered the number and skills of staff to meet consumer needs and sampled rosters showed all shifts were filled.

Consumers and representatives said staff were kind, caring, and respectful within interactions. Care and clinical staff interviewed explained they aim to always treat consumers with kindness and respect, taking time to understand what is important to them. The performance appraisal process outlined how the staff demonstrate the services values and competencies.

Management explained recruitment and monitoring processes to ensure staff have suitable qualifications and knowledge to perform their roles, with onboarding procedures to provide additional support. Documentation demonstrated staff had appropriate qualifications, professional registrations, training, and other requirements to competently perform roles and responsibilities outlined within position descriptions.

Staff said they received sufficient training to understand their responsibilities and provide safe and effective care, for example, education was provided on infection control, incident reporting obligations, use of restrictive practices, and management of complaints. Management explained the mandatory training program and education calendar, and monitoring processes ensure staff compliance. Training records demonstrated education aligned to expectations within the quality standards.

Management outlined processes to assess, monitor, and review staff performance through formal performance appraisal evaluations. Staff could describe the appraisal process and opportunities to discuss performance with management, including if issues or mistakes arise. Documentation demonstrated all current staff had performance appraisal in line with expectations for their roles.

# 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 assessed as compliant.

Consumers confirmed they were engaged in the development, delivery, and evaluation of care and services through consultation processes in meetings and feedback opportunities. Management outlined other methods through which consumer input, such as through focus groups and forums, verified within meeting minutes. Whilst the organisation has not yet formed a Consumer advisory committee, activities are underway into seeking expressions of interest.

Management explained how the service informed the governing body, made up of the Board and subcommittees, through bi-monthly reports on performance indicators, such as complaints, incidents, and clinical indicators. Through review and consideration of this information, the Board satisfies itself the Quality Standards are being met, demonstrated within meeting minutes. The organisation’s Strategic Plan and structure flow chart outlines objectives, frameworks, reporting lines, and oversight responsibilities.

The organisation wide governance systems included a reporting structure, policies and procedures, and reporting to monitor quality of care and services. Frameworks relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints ensured staff awareness of processes and procedures to guide practice. Oversight and monitoring processes were understood by management, who were accountable through organisational management to the governing body.

Management and staff could describe the processes in place for identifying, managing, and minimising risks. Risks and strategies were logged and monitored in the electronic risk management system. Staff demonstrated awareness of responsibilities to identify and report incidents, which were investigated by management. Policies and procedures outlined how consumers were supported to live their best lives, including when taking risk, recognising consumer autonomy and right to exercise choice.

The clinical governance framework includes policies, procedures, practices, and monitoring processes. Antimicrobial stewardship is monitored through recording infections and antimicrobial use, reviewed by the infection prevention and control committee, and used to improve practice and knowledge, with the service reporting decreasing trends in infections. Staff were aware of obligations following incident or complaint, including use of open disclosure, and management were aware of actions and obligations to address concerns. Use of restrictive practices were recorded and reported, and staff aware alternate interventions should be used ahead of any form of restraint.

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)