Performance

Report

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| Name of service: | Uniting AgeWell Aldersgate Village |
| Service address: | 3 Tallentire Road NEWNHAM TAS 7248 |
| Commission ID: | 8059 |
| Approved provider: | Uniting AgeWell Limited |
| Activity type: | Site Audit |
| Activity date: | 6 June 2023 to 8 June 2023 |
| Performance report date: | 28 July 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 Uniting AgeWell Aldersgate Village (**the service**) has been prepared by C Spiller 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
* the provider’s response to the assessment team’s report received 4 July 2023

# 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

All sampled consumers and representative’s said consumers are treated with dignity and respect, and their identity, culture and diversity are valued as individuals. Staff were observed treating consumers with respect and demonstrating an understanding of individual choices and preferences. The service has policies and procedures which include consumers rights.

All sampled consumers and representatives said the service provides care and services that are culturally safe. Staff described how they support and respect the consumers individual needs. Care planning documents reflect the consumers cultural and religious interests. The service has policies and procedures that align with respect and dignity for the consumer in reference to their culture.

All sampled consumers and representatives said they were satisfied the consumers are supported to exercise choice and independence and decision-making about how care and services are delivered to meet their needs. Staff described how they support the decisions of consumers through care and services. Observations made confirmed that staff assist consumers to maintain relationships with their friends, family, and people of the consumers’ choice.

All sampled consumers and representatives said they are satisfied the service supports consumers to participate in things they want to do, including where there is risk involved, so they can live their best life. Staff described how they support the consumer to take risks safely, and how they assess, manage, and mitigate risk where possible. Care planning documents evidenced discussions of risk with the consumer, their representative and their medical officer when required.

All sampled consumers and representatives expressed satisfaction that the information the consumer receives is current, accurate and timely and communicated to them in a way they can understand. Staff described how they provide consumers with information and the different methods they use to communicate choice.

All sampled consumers said they are confident their information is kept confidential and said their privacy is respected. Care staff described how they maintain a consumer's privacy when delivering care and services. Staff described how they ensure computers containing consumers personal information are kept locked and password protected when not in use.

# 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

All sampled consumers and representatives expressed confidence that the assessment and care planning process considers the risks to the consumer’s health and well-being. Clinical and care staff demonstrated knowledge of consumers’ risks and described strategies to ensure safe and effective care. Care planning documents reflect the outcome of risk assessments undertaken in relation to falls, skin integrity, changed behaviours, and specialised care needs. The service has a range of risk assessment tools to guide staff in the delivery of safe and effective care and services.

Overall, consumers and/or their representatives were satisfied that assessment and planning conducted by the service addresses the current needs, goals and preferences of consumers. Clinical management outlined the process for discussing advance care planning, and staff provided examples of consumer care which were reflective of consumer preferences and captured in consumer care plans.

All sampled consumers and representatives said they are participants in the assessment and care planning conducted by the service. Staff outlined how representatives and external professionals and services are involved, and this involvement was evidenced in consumer files and care plans.

All sampled representatives said they are updated by the service regarding the outcome of assessments, and care planning. Management outlined the liaison which occurs on entry to the service and during 3-monthly care planning reviews. Clinical and care staff indicated care planning documentation is easily accessed.

All sampled consumers and representatives indicated care and services are reviewed regularly, and when circumstances change, or incidents occur. Clinical management and staff outlined regular reviews and additional reviews prompted by incidents and changes to consumers’ physical condition or function. The service has policies in place to guide review of care and services.

# 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

In relation to Requirement 3(3)(a), consumers and representatives said they are satisfied with the provision of personal care that meets the consumer’s needs and preferences. Representatives of consumers receiving clinical care such as pain management and restrictive practices expressed satisfaction with how the service effectively manages the consumer’s needs. Staff interviewed were able to demonstrate a sound knowledge of consumer care needs that aligned with their assessed care. The service has a comprehensive range of clinical care policies and work instructions for key areas of care, including but not limited to restrictive practices, and wound and pain management. The Assessment team found the service was unable to demonstrate safe and effective skin integrity care including wound care for some consumers and on this basis assessed this Requirement as not met.

In the response submitted by the provider, significant additional information regarding the wound care for the named consumers was provided to address the Assessment Team findings. The provider described the strategies they have put in place to review wound management at the service and submitted their plan for continuous improvement (PCI). An external wound care consultant had already been engaged to review all wounds at the service and they were already aware of the areas requiring improvement. In addition, the service submitted a wound care audit and evidence of wound care training.

I have considered all the information available from both the Assessment Team and the provider. The service has provided significant additional information that satisfies me that these consumers’ wounds are being managed effectively, and a range of wound care continuous improvement strategies are in place. Therefore, I assess Requirement 3(3)(a) as compliant.

In relation to Requirement 3(3)(d), consumers and representatives said the staff recognise, report changes in health and respond in a timely manner when a consumer has experienced a fall or is feeling unwell. Clinical staff described how changes to the consumers are discussed at handover, staff meetings, and would trigger a referral to an appropriate health provider for further investigation and treatment. The service has organisational policies and procedures to guide staff in the timely identification and response to consumer deterioration. The Assessment Team found one consumer experienced delays in relation to skin assessment and identification of a skin infection and on this basis assessed this requirement as not met.

In the response submitted by the provider, detailed information regarding this consumer care was supplied, including clinical assessments and GP notes. Additionally, the response described how deterioration is managed at the service.

I have considered all the information available to me, the provider’s response detailing how care was provided has satisfied me that this consumer care was complex and being managed appropriately. The Assessment Team report detailed evidence from four consumer files that the service had responded to deterioration immediately and appropriately. Therefore, I have come to a different finding and assess this Requirement as compliant.

The remaining five Requirements are assessed as compliant.

Interviews with consumers and representatives along with review of clinical documentation confirmed the service is effectively managing high-impact, high-prevalence risks, specifically falls, diabetes, changed behaviours, unplanned weight loss, and dysphagia. Staff were able to identify consumers at risk, and how their risks are managed. Management identified the 2 risks most prevalent at the service and outlined actions the service has taken in response.

The service did not have any consumers currently receiving end of life care; however, some past consumers files were reviewed, which evidenced consideration of advance care planning, pain management, and other comfort measures. Interviewed staff were able to recall these consumers and outlined how they ensured their comfort and dignity were maximised. The service has a policy in place to guide end of life care.

Overall, consumers and representatives said the staff recognise, report changes in health and respond in a timely manner when a consumer has experienced a fall or is feeling unwell. Clinical staff described how changes to the consumers are discussed at handover, staff meetings, and would trigger a referral to an appropriate health provider for further investigation and treatment. The service has organisational policies and procedures to guide staff in the timely identification and response to consumer deterioration.

Overall, consumers and/or their representatives expressed satisfaction that staff understand consumer needs and preferences. Clinical and care staff demonstrated a thorough understanding of consumer care needs and preferences and could outline how this information and any changes are communicated. Review of clinical documentation evidenced information regarding consumers is mostly current. Where deficits were identified, these were not found to impact consumer care or wellbeing and were rectified by management in response to feedback from the Assessment Team. Detailed information was observed to be provided during a handover meeting amongst staff.

Consumers and/or their representatives indicated they can access external professionals and care providers as needed. Care and clinical staff outlined processes for referral to a range of allied health professionals. Clinical files reviewed evidenced the frequent involvement of external providers including dieticians, speech pathologists, palliative care, DSA, and mental health services.

Consumers and representatives said they are satisfied with the actions the service is taking to assess and minimise the spread of infection. Staff demonstrated knowledge and understanding of infection control practices to reduce the spread of infection as well as practices to promote antimicrobial stewardship. There is an organisational COVID-19 outbreak management plan which provides overarching guidance and resources for the service to support their readiness, response and recovery from a COVID-19 outbreak.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and/or their representatives described how the consumer is supported by the service to engage in the things they want to do and how their individual preferences are respected. Staff members described how the service supports consumers to maximise their independence and enhance wellbeing. Care planning documentation identified consumers choices and provided information about the services and supports needed to help them do what they like to do.

Consumers and/or their representatives are satisfied the consumers emotional, spiritual, and psychological well-being is supported. Staff described how consumers are supported emotionally, spiritually, and psychologically. Care planning documentation includes information on consumers emotional spiritual and psychological needs.

Consumers and/or their representatives are satisfied the services and supports enable them to participate in the community, have relationships and do things of interest to them. Staff describe how they support consumers to do the things of interest to them, participate within and outside the service environment and have social relationships. Care planning documents described individual consumers’ interests and identified the people important to them.

Consumers and/or their representatives expressed satisfaction that information is communicated effectively throughout the service. Staff members confirmed how they ensure communication is effective and information is shared. The service demonstrated information about consumers conditions, needs and preferences are communicated within the organisation and with others where responsibility for care is shared.

Consumers and/or their representatives confirmed the service involves other organisations and makes appropriate referrals when required. Lifestyle staff confirmed that external services would be engaged if the need was not able to be met through the service. Care planning documentation reflects how the service collaborates with external providers to support the needs of consumers.

Consumers and/or their representatives expressed satisfaction with the quality and quantity of the meals provided at the service assisting, encouraging, and offering choices with meals. Care planning documents evidence consumers likes, dislikes, allergies, and individual preferences. The service has a seasonal changing menu with 4-week rotations, created with input from consumers and a registered dietitian.

Consumers said they felt safe using the equipment provided by the service, and it was clean and well maintained. Consumers said they felt comfortable raising issues if equipment needed repair and knew how to report to staff. Equipment used by the service was observed to be safe, suitable, clean, and well maintained.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers said they feel welcome and comfortable at the service and described how they are encouraged to personalise their rooms. Consumers and their visitors were observed using communal areas, indoor and outdoor, and moving independently throughout the service. Lifestyle staff explained how they include consumers in the process of personalising the service. The service is welcoming and provides comfortably furnished communal areas that promote consumer interaction. All consumer rooms were observed to have garden or courtyard outlooks.

Consumers and/or their representatives stated the service and gardens are well maintained, clean and comfortable. Maintenance and cleaning staff demonstrated their knowledge of the services preventative and reactive systems and schedules and described how ad hoc issues are reported. Consumers were observed accessing internal and external areas of the service. The service was observed to be very clean, with no obvious stains or areas of improvement required.

Consumers stated that furniture, fittings, and equipment are well maintained and cleaned regularly. Cleaning staff described the process for cleaning-stained furniture, and care staff explained how they clean consumers equipment as part of their delivery of daily care. Maintenance staff explained the external providers the service uses to maintain mobility equipment and described the schedule for regular weekly, monthly and quarterly review cycles.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and/or their representatives said they are aware of the feedback and complaints process and feel comfortable to use this. Staff said they are encouraged to provide feedback and would do this when they had suggestions. Management said all feedback and complaints are recorded and open disclosure principles are applied when actioning these. The organisation has feedback, complaints and open disclosure policies which are available for staff on the organisation’s online platform.

Overall, consumers and/or their representatives said they were aware of advocacy services and external mechanisms available to them. Staff described how they would provide assistance to consumers wanting to access advocates or external complaints mechanisms. Management advised the Assessment Team of the process for accessing advocates and interpreter services. The Assessment Team observed information relating to external services available to consumers.

Overall, consumers and/or their representatives were satisfied with the action taken by management and confirmed management was open and responsive during the complaints process. Staff described open disclosure and how this was applied in their roles when a concern is raised with them. Management said training in open disclosure had been delivered to staff and recent audits indicate staff are aware of the term and when it is applied. Management also advised they respond to complaints and resolve them via actions that are accepted by the complainant prior to closing them off in the complaints/feedback register.

Consumers and/or their representatives described how their feedback is acknowledged and used to make improvements to the care and services provided. Staff are aware of the need to record details of feedback and complaints so that improvements to care and services can be made for the consumer. Management explained how complaints and feedback are used to improve care and services and how these are entered into a Plan for continuous improvement (PCI).

# 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

Feedback from consumers and/or their representatives in relation to staffing levels was mixed, however all said there was little if any impact on consumer care. Staff said the service is mostly well staffed and when there is unexpected leave they pull together and ensure the consumers’ needs always come first. Management said there is a backfill process that mostly ensures sufficient staff across all shifts.

Overall, consumers and/or their representatives said that staff were kind, caring and respectful towards them. Staff said they always treat consumers with dignity and respect, and they ensure consumers feel comfortable when they deliver care and services. Management said staff have received training and are continually reminded of the need to be kind and respectful when providing care and services to consumers. The organisation has provided staff with education, policies, and procedures to guide them.

Consumers and/or their representatives were satisfied staff know how to deliver care and services, however said some agency staff have to be told what to do and can take a while to learn. Staff said they have received ongoing training and have the qualifications to perform their role. Management said the organisation’s recruitment process includes the collection of evidence relating to qualifications and registrations required for each job role. These are listed in position descriptions.

Staff said they are trained and kept up to date with their mandatory training. Management explained recruitment and onboarding processes. All staff are required to complete mandatory training and competencies tailored to the needs of their specific role. The organisation has policies and procedures which are followed for recruitment and mandatory training.

Staff said they had undergone a performance appraisal process over the past 12 months. Management advised the organisation has a formal process for monitoring and reviewing the performance of each member of the workforce. The organisation has policies and procedures used by management relating to performance review.**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

All sampled consumers and representatives described how they provide feedback to the organisation. Staff said they record any feedback received, both negative and positive, into the electronic recording system. Management said they obtain feedback from consumers via various methods such as feedback sheets, emails and surveys.

All sampled consumers and representatives expressed that consumers feel safe and receive safe and quality care. Staff were able to describe how they are kept informed of the strategic policy of person-centred care by the board. Management was able to describe how the board promotes a culture of safe, inclusive and quality care and services.

Staff were able to explain how they access information and use systems in providing care and services to consumers and how they can access policies and procedures to guide them. Management was able to describe the governance systems that are in place and their application in considering best outcomes for consumers. The board monitors and reviews routine reporting and analysis of data related to consumer experience, and via these reports satisfies itself that systems and processes are in place to ensure the right care is being provided in accordance with the Aged Care Quality Standards.

The organisation’s risk management systems monitor and assess high-impact high-prevalence risks associated with care of consumers. The system requires that risks are reported, escalated and reviewed by management at the service and organisational level. Feedback is communicated through service and organisation meetings with outcomes leading to improvements to care and services for consumers.

The service has an organisational clinical governance framework in place that provides an overarching monitoring system for clinical care. There are accessible policies in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)