Performance

Report

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| Name of service: | Performance report date: |
| Uniting AgeWell Andrew Kerr Care | 23 September 2022 |
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| Uniting AgeWell Limited | 23 August 2022 to 25 August 2022 |

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 Andrew Kerr Care (**the service**) has been considered by D. McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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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 | | Compliant |
| 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 consumers and/or their representatives said they were treated with dignity and respect by staff, with their identity and culture valued. Staff described the ways in which consumers’ identity, culture and diversity were valued. Consumer’s care planning documentation recorded individual cultural and diversity needs for each consumer. Staff were observed to be respectful towards consumers with all interactions.

Consumers from culturally diverse backgrounds said their culture was respected and they could express their cultural identity and interests. Consumer care plans included information about the consumer`s cultural background and spiritual needs. Staff could describe consumers’ different cultures and how they respected their cultural identity.

Consumers and/or their representatives felt supported to exercise choice and independence regarding how their care and services were delivered and to maintain connections and relationships. Staff could describe how each consumer was supported to maintain relationships of choice. Care planning documents set out individualised consumer choices for care and services and supports for maintaining independence.

Staff described how they provided relevant information, so consumers could make risk-based decisions on how they live their life. Care planning documentation described areas in which consumers were supported to take risks to live the life they wish. The organisation had documented policies on supporting consumers to take risks.

Consumers advised information was provided to assist them in making choices about their lifestyle and care. These involved activities occurring inside the service, meal options and activities of daily living. Staff described several ways information was delivered to consumers to enable them to make their own choices such as the meal menu.

Consumers confirmed their privacy was respected. Staff described ways they respected the personal privacy of consumers, and this information aligned with the consumer feedback. The organisation had documented policies and procedures regarding privacy and the protection of personal information.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

The service undertook a wide range of assessments and comprehensive care planning factoring in risks, and identifying needs, preferences, and goals. Staff followed a documented schedule to ensure care planning commenced on entry and continued on an ongoing basis. Consumers and/or representatives said they were consulted and their needs and preferences were responded to by the service.

Care planning documentation addressed consumer’s current needs, goals, and preferences. This included advance care planning and end-of-life (EOL) planning as directed by consumers and/or representatives. Staff regularly communicated with consumers and/or their representatives through case conferences, in person or via phone calls in relation to their care needs.

Assessment and care planning consultations included consumers/representatives, health practitioners and others the consumer wished to involve in the process. Care documentation confirmed other health professionals such as doctors, physiotherapists, speech pathologists and dietitians’ provided input. The outcomes of assessment and care planning were documented and communicated to consumers and/or their representatives who said they knew how to obtain a copy if the wanted.

Care plans were reviewed on scheduled dates and when circumstances changed, or incidents occurred. Consumers confirmed they were consulted during care plan reviews and representatives said they were notified when circumstances changed or incidents occurred. Staff were guided by the service’s documented policies and procedures in relation to assessments and care planning.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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/or their representatives were satisfied care was tailored to their needs, safe, effective and it optimised their health and wellbeing. The service had policies and procedures to support the delivery of care in areas such as: falls prevention, restraint, skin integrity and pressure injury prevention. Staff said they used the Commission’s guidelines regarding best practice.

Consumers and/or their representatives were satisfied risks such as; falls, choking, pain, nutrition and hydration, pressure injuries were managed effectively. Care planning documentation identified effective strategies to manage key risks. Staff could describe the relevant high impact and high prevalence risks to individual consumers.

Staff described how consumers who were nearing end-of-life (EOL) had their dignity preserved and care provided according to their end of life wishes in their care plan. Care documentation included advance care planning goals and end of life preferences. Consumers and representatives said staff had spoken with them about advance care and end-of-life preferences.

Care documentation and staff feedback showed the service recognised and responded to deterioration or a change in a consumer’s condition promptly. Consumers and/or representatives were satisfied with the delivery of care including the response time.

Information about consumers was documented and communicated effectively within the service and to other relevant parties. Staff described how changes in consumers’ needs and preferences were communicated through a verbal and documented handover process, accessing care plans, meetings and electronic messages. Consumers and/or representatives said staff know them and what to do for them day to day. They were satisfied with the delivery of care including the communication of changes to their condition, needs and preferences.

Care documentation and staff responses confirmed there was an effective referral process to other health professionals and services. Consumers and/or representatives said they were satisfied appropriate and timely referrals occurred and they had access to other health professionals and services. There were organisational policies and procedures to guide to the referral process to services operating both within and outside the facility.

Policies, procedures and plans guide staff in the minimisation of infections through prevention, precaution, control measures, antimicrobial stewardship and outbreak management. Staff said they had training and education in infection control practices, including the use of personal protective equipment and were observed using preventative strategies. Consumers/representatives said they are satisfied with the management of infectious outbreaks including COVID-19 by the service.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 were satisfied the services and supports for daily living met their needs, goals, and preferences. Consumers felt they could maintain their independence, well-being, and quality of life. Care planning documentation captured consumers’ life story, lifestyle likes and dislikes, social affiliations, spiritual and religious needs and the supports needed to do the things they wanted to. Staff demonstrated knowledge of each consumers’ needs and preferred activities.

Consumers said the service supported their emotional and spiritual well-being. Staff could describe the services and supports to promote consumers’ emotional, spiritual, and psychological well-being such as spending one-on-one time with consumers who don’t wish to participate in group activities. Staff described how they facilitated contact between consumers and remote family members, and visits from clergy or the service’s chaplain. Regular church services are either held on site or streamed to the service.

Consumers said they were supported to participate in their community within and outside the service environment, as they choose. The service supported consumers to maintain social and personal relationships and do the things of interest to them. Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships. Care planning documentation identified activities of interest and how consumers were supported to participate in these activities. The monthly activity program was displayed in consumer bedrooms and around the service.

Consumers said staff know them, and they don’t have to repeat their preferences to multiple staff members. The service utilises an electronic documentation system (EDS) and a handover process between shifts to ensure consumers’ information is shared with care providers. Staff detailed the process for communicating internally at the service and externally to others involved in their care. The organisation has a documented policies supporting effective communication of care needs across providers.

The service had relevant policies and demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services. The organisation had a volunteer coordinator and counselling services. Staff could describe how consumers were referred to other providers of care and services and gave examples. Consumers and their care documentation confirmed the service had referred them to external providers of care and services.

Consumers said the meals provided were varied and of suitable quality and quantity with alternatives available if they did not like the menu options. Staff could describe how they met individual consumer’s dietary needs and preferences and how any changes were communicated. Staff confirmed consumer have input into the menu through feedback and regular food focus meetings.

All consumers/representatives felt the equipment provided was safe, clean and suitable for their needs. Staff advised equipment was safe, clean and well maintained. Staff knew how to report any maintenance issues and said it was attended to promptly. There was an electronic maintenance log system for corrective maintenance and a preventative maintenance schedule. The organisation had documented policies for maintenance of equipment, stock management and cleaning.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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

All consumers and representatives said the service environment was welcoming, easy to understand and optimised the consumer’s sense of belonging, independence, interaction, and function. The service environment was observed to be welcoming with plenty of space for consumers, no clutter and clear signage to aid navigation around the service.

Consumers and representatives said the service environment was clean, well maintained, and comfortable. Consumers were able to move freely both indoors and outdoors within the service. Most consumers kept a fob to allow them access through the front door. Informed consent documents were completed where consumers were environmentally restricted.

The organisation had documented policies in place for maintenance of equipment and cleaning services. Cleaning schedules were in place for each area and the service environment appeared safe, clean, and well maintained. Outdoor areas were easily accessible and consumers were seen utilising the outdoor areas.

Consumers and/or representatives said the furniture and equipment was safe, clean, well maintained, and suitable for their use. Staff described the process for logging a maintenance request and ensuring it is completed promptly. The organisation had documented policies in place for maintenance of equipment, stock management, and electrical safety testing of equipment. Furniture and equipment were observed to be clean and well maintained throughout the service.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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 were supported to provide feedback and make complaints, which were dealt with in a timely manner. Staff described the various avenues available to consumers/representatives to provide feedback or make a complaint. The service had documented processes and systems in place to encourage and support consumers/representatives to provide feedback and make complaints.

Consumers said they felt comfortable speaking directly with the management about concerns and complaints. Staff described how they assisted consumers who had a cognitive impairment or poor vision. The service displayed information on advocacy services on the noticeboards throughout the service and brochures about making complaints were available in different languages.

Consumers/representative were satisfied with the response to their complaints and stated they were aware of all incidents as the service kept them informed. Staff were able to demonstrate an understanding of the principles of open disclosure, and when an open disclosure process should be applied.

Consumers were satisfied with the improvement to the service based on their feedback. Staff could describe how information from feedback and complaints was used to improve the quality of care and services. Feedback and complaints were trended, analysed, and used to improve the quality of care and services. Improvement actions taken in response to feedback and complaints were evaluated in consultation with consumers/representatives.

# Standard 7

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| Human resources | | Compliant |
| 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

Most consumers said there were sufficient staff to meet their needs and staff attended promptly when they called for assistance. Staff considered there were sufficient staff numbers to meet consumers’ care needs and preferences. Staff said they had sufficient time to undertake their allocated tasks and duties. In the event staff took unplanned leave, shifts were replaced by permanent staff, a pool of casual staff, or contracted agency staff. The service roster showed the service utilised a combination of registered and care staff to provide care across a 24-hour period. The average call bell response time was just over 4 minutes.

All consumers and representatives said staff engaged with them in a respectful, kind, and caring manner. Staff were observed interacting with consumers and representatives in a kind caring and respectful manner. Staff had an in depth understanding of individual consumers and their needs and preferences, which aligned with their care documentation. Management said they monitored staff interactions through observations as well as formal and informal feedback and complaints processes.

Consumers and/or representatives felt confident staff were suitably skilled and competent to meet their care needs. Staff expressed satisfaction with the training and support provided to them by other staff and management staff on commencement and afterwards. Management could describe how they determine whether staff were competent and capable in their role. Management said staff performance was monitored through feedback from consumers and representatives, input from other staff members and analysis of clinical data to help monitor the clinical outcomes and competencies of registered staff.

Consumers and representatives expressed confidence in the abilities of staff and felt staff were well trained and equipped to perform their roles. Staff described the training, support, professional development, and supervision they received during orientation and on an ongoing basis. Training records showed the service orientates, trains and monitors staff training and competencies to ensure the workforce had the skills to perform their roles effectively. The organisation tracks completion of mandatory training modules and has related organisational policies and procedures.

The performance of the workforce was regularly assessed, monitored, and reviewed. Management and staff confirmed there were probationary and ongoing performance review systems in place. Management advised staff performance was monitored through reviews, observations, competencies, analysis of internal audits, clinical data, and consumer/representative and staff feedback.

# Standard 8

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| Organisational governance | | Compliant |
| 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/representatives were confident the service was run well, and they were satisfied with their level of engagement in the development, delivery and evaluation of care and services. Management and staff described multiple ways which consumers were encouraged to be involved in decisions about the care and services provided. Management gave examples of changes initiated from consumer feedback such as introducing serveries in each dining area and memory boxes for consumers who had recently passed away.

The organisation’s governing body promoted a culture of safe, inclusive, and quality driven care. The organisation had implemented systems and processes to monitor the performance of the service and to ensure the Board had oversight of the delivery of safe, inclusive, and quality care and services. The Board received various consolidated monthly reports from the service relating to internal audits, feedback and complaints, continuous improvement initiatives, reported hazards and risks, and clinical and incident data. The Board used this information to identify the service’s compliance with the Quality Standards, to initiate improvement actions to enhance performance, and to monitor care and service delivery. The organisation communicates regularly with the service and consumers and representatives about news, legislation, policies and procedures via emails, newsletters, online hubs and training modules.

There were effective organisation wide governance systems in place to guide information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints. Staff and management said they can readily access the information they need to deliver safe and quality care and services.

The organisation provided a documented risk management framework and policies on the management of high impact and high prevalence risks, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents. Staff had a sound knowledge of various risk minimisation strategies, including those to prevent falls, infections, manage challenging behaviours and minimise the use of restrictive practices. Staff also demonstrated knowledge in relation to dignity of risk and elder abuse and neglect. Management and staff were able to describe how incidents were identified, responded to, and reported in accordance with the Serious Incident Reporting Scheme (SIRS).

The organisation had clinical governance framework to ensure the quality and safety of clinical care. The framework included policies addressing antimicrobial stewardship, the minimisation of restrictive practices and the use of open disclosure. Staff had received training in relation to the application of these policies. Antimicrobial stewardship and antibiotic usage is monitored through medication advisory committee meetings.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)