Performance

Report

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| Name of service: | Performance report date: |
| Uniting AgeWell Condare Court | 5 July 2022 |
| Commission ID: | Activity type: |
| 3081 | Site Audit |
| Approved provider: | Activity date: |
| Uniting AgeWell Limited | 1 June 2022 – 3 June 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 Condare Court (**the service**) has been considered by Melissa Frost, 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

Consumers said, and representatives agreed, they are treated with dignity and respect, and staff are kind in all interactions across aspects of care and services. Consumers said their cultural needs and preferences are supported. Staff spoke about consumers in a respectful manner and were familiar with consumers’ backgrounds, likes, dislikes, preferences and how these impact on their care. Staff described how they incorporate consumers’ culture into the activity schedule and communicate with consumers from varying backgrounds.

Consumers said they are supported to exercise choice and independence regarding how their care and services are delivered and to maintain connections and relationships. Staff assist consumers to maintain contact with people important to them. Staff described supporting consumers to exercise choice, through following their preferences.

Consumers are supported to take risks which enables them to live their best lives. Risk assessments are conducted in consultation with the consumer, their representative and relevant health professionals, and are periodically reviewed. Staff described risks relevant to consumers, consistent with care planning information.

Consumers are provided timely information that is accurate, easy to understand and enables them to exercise choice. Regular consumer meetings and monthly food forums occur. Staff described how they facilitate consumer choice and vary communication methods to suit consumers’ needs. Menus, activity calendars and notices were displayed throughout the service.

Consumers reported that their privacy and confidentiality is respected and described staff practices such as knocking on doors prior to entry and closing the door during provision of personal care. Consumers’ information is stored securely, and handover is conducted privately.

# 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

Consumer care plans demonstrated effective, comprehensive assessment and care planning processes occur to identify the needs, goals, and preferences of consumers, and relevant risks. Advance care and end of life planning are included if the consumer wishes.

Care plans are reviewed every 3 months, or earlier if any changes to a consumer’s condition is recognised or any incidents occur. Care planning documents reflected the involvement of consumers, representatives and other health professionals in the assessment and planning process. Staff said care plans are updated following medical officer or allied health professional reviews to include any directives.

Consumers and their representatives said staff explain information about care and services, they can access a copy of the consumer's care and service plan when they want to and know how to do so.

# 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

Care plans reflected consumers get individualised care that is safe, effective and tailored to optimise their health and well-being. The service demonstrated effective care delivery regarding restrictive practices, skin integrity and pain management, in line with best practice. Consumers and their representatives said consumers receive care that meets their individual needs and preferences. Staff said they provide care to consumers according to instructions and directives from care planning documentation.

Care planning documents identified that high impact and high prevalence risks are effectively managed, and staff implement relevant strategies to minimise risks. Consumers and their representatives said they were satisfied with the management of risks, and representatives are informed of circumstances such as falls.

Care planning documents of consumers receiving palliative care support reflected consumers’ comfort is maximised, their wishes and needs are supported. Staff described how they deliver end of life care to consumers in line with their needs, goals and preferences.

Staff described how they identify and respond to deterioration or change in consumers’ condition, including through conducting assessments and referring to other services. Care plans and progress notes reflect consumers are monitored after changes occur.

Progress notes, care and service plans and handover reports provide adequate information to facilitate effective and safe sharing of consumers' information to support care. Staff use handover to discuss consumers’ needs and changes.

Consumers and their representatives said referrals are timely, appropriate and occur when needed. Staff described the process to refer clinical matters to other providers.

Staff described how infection related risks are minimised, antibiotics are used appropriately, and infection control procedures are followed.

# 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 said they are supported to pursue activities of interest to them that optimise their quality of life. Care plans reflect consumers’ preferred activities and relevant support staff may offer. Staff said activities are tailored to consumers’ needs and preferences, and levels of functional ability. Consumers were observed engaged in group activities.

Consumers said staff support their emotional and psychological wellbeing and maintain their spiritual needs. Staff identify any changes in consumers’ mood and offer support. Staff were observed providing reassurance to consumers and interacting in a caring and respectful manner.

Consumers and their representatives said consumers participate in the community and maintain relationships. Staff described activities that support consumers to participate in the community outside the service and how they facilitate communication between consumers and their friends and families.

Staff described how communication of consumers’ needs and preferences occurs via care plans, handover and dietary requirements listed in the kitchen. Referrals to other providers occur based on consumers’ needs, such as religious services, volunteers, and entertainers.

Consumers and their representatives considered meals to be of suitable quality and quantity, and said staff are aware of dietary needs. Staff described how they plan meals to accommodate consumers’ needs, offer choices and obtain feedback. The kitchen environment was observed to be clean and tidy, with staff following safety protocols.

Equipment for daily living and lifestyle supports were observed to be safe, suitable, clean and well-maintained. Consumers said they have access to equipment, including mobility aids, to assist them with their daily living activities. Staff said they have access to equipment they need, and when issues are identified with equipment, this is reported to maintenance and is rectified in a timely manner.

# 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

The service environment was observed to be welcoming, reflecting dementia enabling principles of design, with sufficient light and handrails to support consumers to move around. Consumers said they feel comfortable and they belong in the service. Consumers are supported to personalise their rooms.

The service was observed to be safe, clean, and well-maintained. Common areas and outdoor spaces were tidy and free of hazards. Consumers were observed moving freely. Regular cleaning occurs.

Furniture, fittings, and equipment were observed to be safe, clean, and suitable for the use and needs of the consumers. Consumers and staff confirmed sufficient shared equipment is available. Regular maintenance is completed according to a schedule, or in response to reports raised by staff.

**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 their representatives said they feel safe and supported to provide feedback or raise concerns with staff and management. They said they are aware of external complaint, advocacy and language services. Staff described how they encourage and support consumers to provide feedback and make complaints. Feedback is received via feedback forms, telephone, email, or verbal conversations and documented in a register. Information was displayed at entry and on noticeboards on how to make complaints, and information and brochures are available in multiple languages.

Consumers and their representatives said the service takes action in response to complaints and were satisfied that improvements are applied. Staff had a shared understanding of open disclosure and how to address complaints, including how improvements are made to prevent issues recurring. The service’s feedback register showed records of feedback, that an apology was provided, the actions taken and that appropriate outcomes occurred.

**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

Overall consumers and their representatives said sufficient staff are rostered to meet consumers’ needs, and staff respond promptly when assistance is required. Staff said they can manage their duties and respond to consumers in a timely manner. The service has processes to fill vacant shifts.

Consumers and their representatives said staff engage with consumers in a respectful, kind and caring manner. Staff were observed to greet consumers by their preferred name and demonstrated they are familiar with each consumer's individual needs and identity.

Staff said they are confident the training provided has equipped them with the knowledge to carry out care and services for consumers. Education records reviewed identified staff participate in mandatory training and other training identified as required. Position descriptions include key competencies and registrations required for roles, and the service monitors registration status.

Staff performance is monitored, and performance discussions occur informally and through annual appraisals. Service records showed appraisals are up to date.

**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 partner in improving the delivery of care and services by participating in meetings, forums, surveys and care plan reviews. Consumers and their representatives said they are engaged in evaluation.

The organisation’s Board engages with the service’s management to promote a culture of safe, inclusive, and quality care and services, and is accountable. The organisation monitors the service’s performance through regular monthly reporting and internal site audits. The Board initiates changes as a result of consumer feedback, including amendments to the menu and medication management processes.

The service has effective systems relating to information management, financial and workforce governance. Continuous improvement occurs, incorporating data gathered from feedback and complaints. Regulatory compliance is monitored by the organisation and information regarding legislative change is communicated to staff.

The service has a risk management system, with supporting policies and procedures. Staff receive training regarding elder abuse and risk management procedures, including managing and reporting incidents. Staff described how they manage high impact and high prevalence risks, and support consumers to live their best lives, aligned with the service’s policies.

The service demonstrated an effective clinical governance framework that includes antimicrobial stewardship, minimising use of restrictive practice and open disclosure. Staff said they were educated in these areas and provided examples of how it applied to their day to day work.

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