Performance

Report

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| Name of service: | Uniting AgeWell Lillian Martin |
| Service address: | 281 Cambridge Road MORNINGTON TAS 7018 |
| Commission ID: | 8008 |
| Approved provider: | Uniting AgeWell Limited |
| Activity type: | Site Audit |
| Activity date: | 4 April 2023 to 6 April 2023 |
| Performance report date: | 21 May 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 Lillian Martin (**the service**) has been prepared by J. Howard, 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 conducted from 4 April 2023 to 6 April 2023; 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 this 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 they were treated with dignity and respect, and staff were aware of their individual needs and preferences. Documentation informed staff of consumer interests, cultural backgrounds, and preferences. The Assessment Team observed kind, supportive interactions between staff and consumers. A collaborative lifestyle options calendar supported consumer independence and individuality.

Staff discussed how they supported culturally diverse consumers. Care plan reviews specified consumers’ preferences, spirituality and culturally significant days. The Assessment Team observed culturally specific activities on the lifestyle options calendar, such as Anzac Day.

Consumers confirmed they were supported to maintain the relationships they wished, decide who was involved in their care arrangements, and had care provided as they stipulated. Staff described how they supported consumer connections by contacting friends and family, fostering visitations, and asking consumers how they would like care and services delivered.

Documentation detailed consumer preferences, choices and risk assessments. Consumers confirmed they were supported in taking risks which contributed to their sense of wellbeing and fulfilment. The Assessment Team observed staff explaining risk consequences and mitigation with consumers.

The Assessment Team observed copies of the lifestyle options calendar and the menu displayed throughout the service, and observed staff discussion upcoming events and activities with consumers. Staff said information was shared with consumers at Resident Meetings, and specific communication needs were addressed at an individual level to ensure informed decision making.

Consumers said staff were respectful when providing care and knocked on doors before entering their rooms. Staff were observed to be logged out of the electronic care management system when it was not in use and the location where files were stored was locked. Staff explained they asked consumers about the care they required prior to commencing any actions, and consumer files were stored in a locked location.

# 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

Consumers were satisfied the care provided by the service met their needs. Care plans were individualised and contained information and assessments reflecting consumer needs, choices, and preferences. Evidence-based assessment tools and policies and procedures were available to guide staff. The Assessment Team reviewed policies supporting initial and ongoing assessment and care plans contained information relative to consumer risk, health and wellbeing.

Consumers confirmed they felt involved in care planning and were consulted by staff through case conferences, care plan reviews, and informal communication. Representatives said they were satisfied services were delivered per consumers’ wishes. Advanced Care Directives for end-of-life care and care plans were reviewed by the Assessment Team, and details aligned with individual needs and preferences.

A review of care plans by the Assessment Team revealed consumer care and services were updated when changes occurred. Ongoing assessment and planning partnering consumers, their representatives and staff were corroborated by care documentation detailing consumer life history, needs, goals, friends and family. Staff explained the process of referrals and the liaison with consumers for consent. The Assessment Team observed staff discussing consumers with referrals or had completed assessments during handover.

Overall, consumers and representatives were aware they could access a copy of their care plan. Management advised participation in a care review was extended to consumers, their representatives and medical officers to discuss care and services. The Assessment Team observed care documentation was available to staff and allied health involved in the delivery of care. Staff said they knew how to access care planning information and actions to take when an incident or change in health status occurred.

Consumers and representatives said information on care strategies was received following a review or incident. Care plans, and assessments examined by the Assessment Team detailed regular reviews and updates, when circumstances had changed or incidents occurred. Staff advised of 3 monthly assessments and reviews, with more frequency if care needs changed. Policies and procedures offered guidance for staff regarding assessment, care planning, review and referral processes.

# 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

Staff identified consumers’ personal care needs and preferences. Staff explained to the Assessment Team how they provided best practice care, through monitoring, regular reviews, discussions and consumer feedback. Care documents and charting reviewed demonstrated, up-to-date, safe, effective and tailored care delivery. Consumers confirmed they received safe personal care and clinical care which suited their needs and preferences. The service had policies and procedures in place clarifying roles and responsibilities in accordance with legislation, regulations, standards and evidence based practice.

Care documentation described key risks of individual consumers and processes aligned with effective management of the high-impact risks. Staff said risk mitigation strategies included clinical data monitoring and techniques to alleviate conditions. Consumers and representatives reported they were satisfied with how the service managed risks associated with their care and services.

Consumers and representatives confirmed advance care planning and their end-of-life preferences were discussed with consumers. Management and staff described how they adjusted the delivery of care for consumers requiring end-of-life care to align with their specific needs and preferences. Staff were guided by a palliative care policy which supported consumers nearing end-of-life.

Changes in consumers’ health were recognised and responded to in a timely manner, as confirmed by consumers and representatives. Care planning documents reviewed by the Assessment Team detailed changes and the responses.

Consumers and representatives said consumers’ care needs and preferences were effectively communicated between staff and they received the care they needed. Staff described how information about consumers’ needs, conditions, and preferences was documented and communicated within the organisation and with others where care was shared. Care documentation included care plans, progress notes and handover notes to support effective consumer care information sharing.

Consumers confirmed they had access to medical officers and other health professionals. Management and staff described the referral process and were aware of contact persons for an array of external services.

The service had policies and procedures in place to guide staff practices on antimicrobial stewardship and infection control management. Consumers and representatives said they were satisfied with the with the service’s management of COVID-19 precautions and infection control practices.

# 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 received the services and supports for daily living which were important for their health and well-being and enabled them to do the things they wanted to do. Staff described activities which supported each consumer’s own goals and needs, and optimised their quality of life. The service developed a lifestyle calendar, reviewed each trimester, from consumer feedback and suggestions, and pastoral care was available to provide consumer spiritual and emotional support. A chaplain and staff at the service explained how they provided emotional support, and how they recognised the need for this. Consumers said staff provided them with the emotional support they needed. Lifestyle staff and the Chaplain at the service described spiritual care services provided.

Consumers told the Assessment Team they were supported in maintaining contact with friends and family, and they were able to do things of interest to them, both within and outside the service. Staff described how consumers were supported in conserving social and personal relationships, and how they enabled consumers to participate in the community outside of the service. The Assessment Team observed consumers spending time with each other, and with friends and family at the service.

Consumers said they felt staff communicated well with each other, and were aware of consumer needs, and changes to their needs. Staff described how they recognised changes in consumer needs and preferences, received updates during comprehensive handovers, via emails, and during consumer review conversations, and individual consumer needs were addressed throughout the day.

The use of pet therapy, NDIS (National Disability Insurance Scheme) workers, choir and other external services to optimise consumer’s independence, health, well-being and quality of life were noted in care plans, confirmed by consumers, and mentioned in the service’s lifestyle calendar. Staff described how the service worked with external organisations to supplement choices available to support consumer daily living. Documentation indicated involvement from other organisations and individuals for provision of care and services.

Consumers said they enjoyed the food at the service, and they had choices in daily meals. Consumers with dietary requirements said hospitality staff discussed and provided meals according to their preferences. Management described how consumers were supplied meals, reviewed by a dietician and to suit their needs and preferences, and were able to give feedback. The Assessment Team observed well-presented meals, a varied menu, and options for each meal.

Staff members described how maintenance of equipment was managed, and how maintenance staff were notified of defects. Maintenance staff described an effective preventative and reactive maintenance process, to ensure safety and suitability of equipment. The Assessment Team observed equipment throughout the service to be clean, and serviced on time. Consumers confirmed equipment was clean and well maintained.

# 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

Consumers said they felt comfortable navigating the service environment. Staff members described how they ensured consumers were able to move freely and safely, and how they supported them. The service environment was clean, tidy and welcoming, with easy to understand signage which assisted with locating rooms and shared spaces.

Consumers said their rooms and communal areas were kept clean and they felt safe, with unimpeded access throughout the service, including to outside areas. Staff at the service described how they ensured the environment remained clean and safe for consumers.

Consumers confirmed they felt safe at the service, and their equipment was well maintained. Staff described how furniture, fittings and equipment were safe and fit for purpose, and knew the maintenance process for repairs. Management described how both reactive and preventative maintenance was undertaken to ensure equipment was safe for consumer use. The Assessment Team reviewed documentation detailing effective maintenance management and observed equipment throughout the service to be safe, and well maintained.

# 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 representatives stated they were encouraged and supported to raise concerns or provide feedback via staff, feedback forms, resident meetings or by sending management an email. Management described different avenues for consumers to provide feedback including compliments, suggestions for improvement and complaints as outlined in the service’s policy and complaint management protocols. The Assessment Team observed feedback forms and a box were located at the service’s reception.

Posters were displayed and brochures were available regarding complaints, language and advocacy services. Consumers and representatives confirmed they were informed of access to advocacy, interpreters, legal services, and external complaints through the resident handbook, brochures, posters and newsletters. Management and clinical staff knew the process to access advocacy and interpreter services for consumers.

The Assessment Team reviewed the service’s electronic feedback and complaint system where complaint descriptions, suggestions or compliments and actions taken were retained. The service had policy to guide staff through the processes, including open disclosure, and to ensure prompt responses, regular communications, and actions. Consumers and representatives confirmed the service responded to complaints appropriately and the service communicated with them to discuss concerns. Management and staff described how service improvements had been made in response to feedback, and policy stated feedback and complaints data were analysed for identification of continuous improvement.

# 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

Consumers and representatives said there were adequate staff to provide safe and effective care and they received assistance when required. Staff advised there were enough resources to provide safe and quality care to consumers. Management reported shift vacancies were adequately filled and a review of rosters by the Assessment Team detailed sufficient staff to deliver safe and quality care and services.

The Assessment Team observed management and staff addressing consumers by their preferred names and using respectful language when assisting them. Consumers and representatives confirmed staff were kind, caring, and respectful, and they knew what was important to them.

Consumers and representatives felt staff were capable, experienced and equipped to do their jobs. Management described how they assessed staff for competency and capability, provided ongoing supervision and training, and recruited qualified staff. A review of documentation by the Assessment Team showed the workforce was recruited, trained and supported to deliver safe and quality care and services, with qualifications, knowledge and experience matching their positions. The service carried out the necessary checks required of roles and position descriptions and responsibilities were evident.

Management and staff described performance assessments, and a review of staff records showed staff performance was regularly assessed and monitored with elements of mandatory training embedded.

# 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 said they were involved in the development, delivery and evaluation of their care and services. Management and staff described resident meetings, consumer surveys, and consumer feedback as engagement pathways in the delivery and evaluation of care and services. The service provided documentation to the Assessment Team which demonstrated consumers were included and supported in providing input on service delivery.

Consumers said they felt safe and received the care they needed. Management detailed how the executive and governing body (Board) were involved through monthly meetings where incidents and safety issues, service performance and trends were reviewed. A review of policy and organisational structure indicated the Board played a role in promoting a culture of safe, inclusive, quality care and services and was accountable for their delivery.

The service had appropriate governance systems in place, with a reporting structure for electronic information management, workforce management, continuous improvement, a suite of policies and procedures, financial governance, and management meeting reports. Management said gateways for continuous improvement were identified through a variety of reporting mechanisms and reviewed at meetings.

The service’s Risk Management Framework outlined its commitment to an integrated, enterprise-wide approach to managing risk efficiently and effectively. The framework promoted an integrated, holistic approach to risk management and ensured the identification of risk, and mitigation measures. Management and staff described processes, risk mitigation and management, including the prevention of abuse, harm and neglect of consumers. The Assessment Team reviewed registers, and policies offering guidance for risk management.

The organisation had a documented clinical governance framework in place which included policies, procedures, service delivery practices, and staff training requirements across antimicrobial stewardship, restrictive practice minimisation, and open disclosure. Management and staff interviewed by the Assessment Team were aware of and understood indicators and protocols.

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)