Performance

Report

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| Name: | Uniting AgeWell Ningana |
| Commission ID: | 8048 |
| Address: | 1 The Circle, SORELL, Tasmania, 7172 |
| Activity type: | Site Audit |
| Activity date: | 20 August 2024 to 22 August 2024 |
| Performance report date: | 19 September 2024 |
| Service included in this assessment: | Provider: 9609 Uniting Agewell Limited  Service: 5021 Uniting AgeWell Ningana |

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 Ningana (**the service**) has been prepared by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers and representatives and others

# 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

Consumers and representatives said staff were kind, caring and they felt consumers were treated with dignity and respect which made them feel valued. Staff described various ways they showed respect towards consumers’ and promoted their dignity when providing care. Staff were observed treating consumers in a dignified, respectful way, using their preferred name, and interacting in a kind manner.

Consumers and representatives said consumers received culturally safe care. Staff were knowledgeable of consumer’s identity, background, and individual values and how this influenced the care provided to each consumer. Policies and procedures regarding diversity and inclusion guided staff.

Consumers and representatives said consumers were supported to maintain relationships, make their own care decisions, including the level of involvement of others in decision making processes. they wanted involved in decision making processes. Staff gave examples of requesting consumers choices before providing care and knew which consumers had elected to be independent in their decision making. Care documentation reflected consumers’ choices, their important relationships and who they had decided was to be involved, in their care.

Consumers and representatives said consumers were supported to take risks and live life as they wished. Staff were knowledgeable of consumers rights to take risks, which risks consumers had chosen to take and the supports required of them to promote the consumers safety. Care documentation evidenced risks were identified, harm minimisation strategies were planned, with consumers and representatives having made informed decisions.

Consumers and representatives confirmed the information they received about activities, meals, meetings and upcoming events was accurate and timely. Staff described how they supported consumers to understand information and were knowledgeable of their preferred communication method. Posters, flyers, menus and lifestyle programs were observed to be current and in a format which was clear and easy to understand to support consumers to exercise choice.

Consumers and representatives stated consumers’ privacy was respected as staff closed doors when providing care and they seek consent before entering consumers’ rooms. Staff described various practices including locking nurse’s stations, computers and avoiding care discussion in public areas as how they kept consumer information confidential. Policies, procedures and training on privacy and confidentiality, guided staff practice.

Based on the information above, it is my decision this Standard is compliant.

# 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

Staff said when a consumer enters care, they followed policies, procedures and guides to assess risks to consumers and develop their care plan, which informed staff on the care required to be delivered. Care documentation evidenced staff completed a range of validated risk assessment tools as scheduled, and interventions were planned when risks of falls, skin tears and pressure injuries were identified. Consumers confirmed staff were knowledgeable of the risks to their health and wellbeing and knew what care they needed.

Consumers and representatives said they were consulted about consumer’s care goals and preferences and confirmed staff had spoken with them about advance care and consumers end of life wishes. Staff demonstrated knowledge of consumers’ current needs and their care preferences, including for advance care and end of life as these were discussed and updated during care plan reviews. Care documentation evidenced assessments and care planning information was consistent, with a copy of the consumer’s advance care directives retained on file.

Consumers and representatives confirmed their ongoing involvement in assessment and planning through case conferences and regular care updates. Care documentation evidenced case conferences were held as scheduled and involved a diverse range of medical and health professionals. Staff demonstrated knowledge of the importance of consumer-centred care and described how this was translated into practice.

Consumers and representatives said they received verbal updates as care changes occurred and confirmed receipt of a copy of the consumer’s care plan. Staff advised assessment outcomes were documented and accessible within the electronic care management system (ECMS). Care documentation evidenced consumers and representatives were informed of kept abreast of changes to care needs and copies of care plans were offered during care plan reviews.

Consumers and representatives said consumers’ care was reviewed regularly, including if an incident occurred or there was change in the consumer’s condition. Staff advised care plans were reviewed 3 monthly and when incidents or changes occurred, the care needs of the consumer were reassessed. Care documentation evidenced care was routinely reviewed, as scheduled, with incidents prompting review by allied health professionals, medical officer and specialists.

Based on the information above, it is my decision this Standard is compliant.

# 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

Consumers and representatives gave positive feedback on the personal and clinical care provided to consumers and felt their needs were met. Care documentation evidenced the provision of individualised care, which was safe, effective, and tailored to optimise the health and wellbeing of consumers. Policies, procedures, and guidelines related to personal and clinical care, guided staff practice in the management of pain, wounds and restrictive practices with care documentation supporting, translation into practice, however, chemical restrictive practice had not been identified as having restrictive practice applied, with remedial actions implemented during the Site Audit.

Consumers and representatives said the strategies used by staff to manage consumers’ high impact and high prevalence risks were effective. Staff demonstrated knowledge of the risks to, and the care required to be delivered by them for individual consumers. Care documentation evidenced falls, wounds, weight loss, and catheters were identified as risks to consumers and staff implemented care in line with their planned directives and recommendations.

Care documentation, for a consumer who passed away at the service evidenced, the consumer’s dignity was preserved, and they were kept comfortable, with the presence of their family, staff completing regular comfort cares and administering pain medication. Staff were knowledgeable of the ways in which care delivery changed for consumers nearing EOL, with policies and procedures available to guide their practice.

Consumers and representatives provided positive feedback on the responsiveness of staff when there was deterioration in the consumer’s condition, health, or ability. Staff described signs and symptoms which may indicate deterioration and confirmed any concerns were escalated to ensure the consumer was monitored and reviewed promptly. Care documentation evidenced the identification of and response to deterioration or changes in condition.

Consumers and representatives said the consumer’s care needs and preferences were effectively communicated, known and understood by staff. Staff said information relating to consumers’ conditions, needs and preferences was documented in the ECMS, and changes were communicated through handover processes. Staff were observed to share information at handover including updates following allied health reviews and consumer’s ongoing care needs.

Consumers and representatives advised timely, and appropriate referrals occurred, and consumers had access to relevant health services and allied health professionals. Care documentation evidenced consumers were quickly referred to other health care providers as needed. Staff demonstrated knowledge of referral processes and confirmed access to a range of services and providers.

Consumers and representatives confirmed staff performed standard and transmission-based precautions to prevent and control infection and infectious outbreaks were managed well. Staff confirmed pathological testing was completed and reviewed to ensure appropriate antimicrobial usage and non-pharmacological care strategies were used to reduce the likelihood of consumers contracting an infection. Staff were observed practicing hand hygiene, using personal protective equipment and screening processes were completed by staff and visitors prior to them entering the service.

Based on the information above, it is my decision this Standard is compliant.

# 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 representatives said the services and supports for daily living met consumers’ needs, goals, and preferences and enhanced their quality of life. Care documentation captured the consumer’s life story including their choices, likes, social affiliations, psychosocial needs, and what supports were required to assist them to do the things they want to do. Consumers were observed participating in range of individual and group activities which aligned to their interests, including having a pet, art classes and playing piano.

Consumers and representatives said consumers' emotional and spiritual well-being was promoted through access to pastoral support, religious services and spending time with staff. Staff could describe the services and supports in place to promote consumers' emotional, spiritual, and psychological well-being, such as spending time with consumers who do not wish to participate in group activities. Care documentation outlined consumers’ emotional and spiritual needs and preferences, with responsive strategies planned.

Consumers and representatives said consumers were supported to maintain their connection to the community, those important to them and to do activities they enjoyed. Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships. Care documentation identifies activities of interest for the consumers and how they are supported to participate in these activities and the wider community.

Consumers and representatives confirmed staff had a consistent understanding of consumers' daily living needs and their dietary preferences. Staff advised they accessed consumer information via the ECMS and were informed of any changes to their support needs through automated alerts and handover processes. Care documentation contained consumers' conditions, needs, and preferences, and noted any changes for the consumer.

Consumers and representatives confirmed staff were prompt to refer consumers to external services when additional emotional support or companionship was required. Staff confirmed they work in partnership with local services, schools and religious services to provide supports to consumers. Care documentation evidenced collaboration with external services to support the diverse needs of the consumers including referrals to several local churches, pet therapy and to the community visitor scheme.

Consumers and representatives gave positive feedback regarding the meals provided and consumer’s dining experience. Staff confirmed food and drink were available outside of mealtimes and they were knowledgeable of consumer’s dietary requirement, preferences and nutrition needs. Meal service was observed to be calm, with consumers served appealing looking meals, staff offered variety of meal choices at point of service and were available to support consumers who required assistance.

Consumers and representatives said they knew the process for reporting an issue with consumer’s equipment, and confirmed items were repaired or replaced quickly when required. Equipment used for activities of daily living was observed to be safe, suitable, clean, and well-maintained. Maintenance documentation evidenced equipment was regularly inspected and serviced to ensure it was safe and in good working condition.

Based on the information above, it is my decision this Standard is compliant.

# 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 and representatives stated the service environment was open, welcoming and provided a feeling of being at home. Staff understood this was the consumers’ home and confirmed consumers were assisted to decorate their rooms with personal belongings, furniture and photographs as they chose. Staff were observed to warmly greet consumers and their visitors, who spent time together in communal areas which were comfortably furnished to encourage interaction and directional signage supported navigation within the environment.

Consumers and representatives said the service was clean, well-maintained, with consumers confirming it was comfortable to live in and they were able to move around as they wished. Staff demonstrated knowledge of reactive and preventative cleaning and maintenance processes with documentation evidencing repairs were attended promptly and cleaning was attended, when scheduled. Consumers were observed accessing indoor and outdoor areas which were clean, well maintained and safe.

Consumers and representatives said the furniture, fittings and equipment was safe and clean, confirming faults were attended quickly. Staff confirmed furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. Both, indoor and outdoor furniture and manual handling equipment was observed to be clean, safe for consumer use as it was regularly inspected.

Based on the information above, it is my decision this Standard is compliant.

# 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 representatives said they were encouraged to provide feedback and complaints. Staff described various ways consumers were supported to provide feedback or make complaints including feedback forms, speaking directly with staff or raising issues at meetings. Posters and brochures displayed, and handbooks given to consumers and their representatives encouraged them to give feedback, make complaints and raise concerns.

Consumers and representatives demonstrated awareness of the Commission and advocacy services should they need assistance with raising complaints. Staff were knowledgeable of external feedback and complaints agencies and gave examples of how they had supported consumers to access these. Posters and leaflets available in multiple languages, promoted consumer access to the Commission, advocacy and interpreter services.

Consumers and representatives confirmed when they had lodged complaints regarding meals and delays in staff assistance, the response was timely, and they had received an apology. Staff confirmed they had received complaint handling training and were knowledgeable of open disclosure procedures. Complaints documentation evidenced complaints had been followed up promptly and open disclosure had been used.

Consumers and representatives said their feedback and complaints had been used to make improvements to the breakfast meal service. Staff confirmed all feedback and complaints were recorded and trended to inform where improvements were needed. Continuous improvement documentation evidenced actions were monitored through to closure, following evaluation with consumers to ensure improvement had been obtained.

Based on the information above, it is my decision this Standard is compliant.

# 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

Consumers and representatives confirmed there were enough staff as consumers were provided with care and supports in a timely manner. Management confirmed workforce planning was undertaken through the development of a master roster, allocating a mix of skilled staff based on consumer need. Rostering documentation evidenced all shifts were filled, unplanned leave was covered, and agency staff were contracted for planned leave.

Consumers said staff treated them kindly and respected their identity, culture and diversity. Staff were observed to be attentive and respectful in their interactions with the consumers. Policies, procedures and training records evidenced staff were informed on behavioural expectations including the Code of Conduct.

Consumers and representatives confirmed staff were competence and had the skills to provide the care needed to consumers. Management advised competency was assessed during orientation and via training, with processes in place verified staff held the appropriate qualifications as outlined in their position descriptions. Personnel records evidenced professional registrations and suitability to work in aged care was screened and monitored.

Consumers and representatives said staff possess the necessary skills and knowledge to deliver the care and services required. Staff confirmed completing mandatory and supplementary training programs comprising of modules on the Quality Standards, infection control, incident management, open disclosure and restrictive practices. Education records evidenced staff had completed training as scheduled.

Management advised they formally review the performance of new staff at 6 weeks and 3 months from commencement and annually thereafter during August. Staff confirmed participating in performance appraisals and were kept abreast of complimentary consumer feedback or when complaints were lodged. Policies and procedures guided staff in performance development, assessment and management processes.

Based on the information above, it is my decision this Standard is compliant.

# 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

Consumers and representatives said the service was well-run, and confirmed consumers were engaged in the development, delivery and evaluation of care and services. Management advised consumers and representatives were encouraged and supported to be involved in service design and evaluation through meetings and they actioned changes from consumers and representatives’ input. Meeting minutes evidenced consumers attended quality meetings, were invited to form an advisory body and their input had contributed to snack fridges being implemented.

Consumers expressed feeling safe, said the environment was inclusive and confirmed they were kept aware of changes or updates as Board members visited the service to meet with consumers. Staff confirmed the service promotes and maintains a culture of care which was safe and inclusive, through a range of policies and procedures. Management described how clinical indicators, quality initiatives and incidents were discussed at service and organisational levels, with meeting minutes evidencing the Board and the relevant organisational subcommittees, monitored and evaluated the performance of the service in meeting the Quality Standards.

An organisational wide governance framework had been applied and was used to control information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Staff understood their roles and responsibilities, with management monitoring systems and processes to ensure they remained effective.

The organisation had effective risk management systems in place to monitor and assess high impact or high prevalence risks associated with the care of consumers whilst supporting them to live their best life. Management confirmed risks were identified, reported, escalated, and reviewed by the management, at clinical governance meetings, and other relevant committee meetings. An electronic incident reporting system was implemented and used effectively to monitor and respond to serious incidents to reduce reoccurrence and future potential harms.

A clinical governance framework and systems to ensure the quality and safety of clinical care and promote AMS systems, minimise the use of restrictive practices and the use of an open disclosure process had been implemented. Staff said they had been trained in clinical governance systems, with documentation supporting policies and procedures, had translated into practice.

Based on the information above, it is my decision this Standard is compliant.

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)