Performance

Report

**1800 951 822**

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| Name of service: | Uniting AgeWell Ningana |
| Service address: | 1 The Circle SORELL TAS 7172 |
| Commission ID: | 8048 |
| Approved provider: | Uniting AgeWell Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 18 September 2023 |
| Performance report date: | 18 October 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 Ningana (**the service**) has been prepared by D. Fekonja, 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

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 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 |

Findings

Consumers and representatives are satisfied with the service’s delivery of consumers personal and clinical care. Consumers and representatives said consumers receive personal care in line with their preferences and clinical care is monitored and reviewed. The service has policies and procedures to guide staff practices in relation to skin integrity and wound management, pain management and restrictive practices and include best practice resources and references. Staff could describe how these procedures are applied to optimise consumers’ health and well-being.

Skin integrity is regularly check for each consumer at risk of skin breakdown. Pain is managed by both pharmacological and non-pharmacological methods. Consumers subject to chemical restrictive practice are reviewed regularly, informed consent obtained, and consumers have a behaviour support plan in place.

Based on the evidence available I find Requirement 3(3)(a) 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 |

Findings

Consumers and representatives are satisfied the services they receive are safe, effective and support the consumer to optimise independence, health, wellbeing, and quality of life. Clinical and lifestyle staff demonstrated knowledge of individual consumers, their preferences, choices, and the supports required to allow consumers to do the things they enjoy, and this information was contained in their care plans.

Consumer likes, and dislikes are noted when consumers are admitted to the service as part of their personal history and feedback also informs the development of activities which is reviewed every 3 months. Some consumers prefer not to participate in activities, so the service ensures they are able to undertake their own activities in their room and allocate time with staff.

Based on the evidence available I find Requirement 4(3)(a) 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 |

Findings

Consumers and representatives said they thought there were enough well-trained staff to enable the delivery and management of safe and quality care and services. Four consumers however were not satisfied that the response to their calls for assistance were timely. The service was able to provide evidence that call bells are responded to within 5-6 minutes and there was no adverse impact for the consumers.

Rostering is considerate of staff consistency and skill mix with permanent staff and buddies for new staff to ensure continuity of care. Staff were satisfied they can provide a good level of care to consumers, however at times shift vacancies did cause them to work under more pressure. When there is an unplanned vacancy staff may choose to work extra shifts or management staff will work to cover the shift. Agency staff are only utilised when the shift cannot be covered by the previous methods. The service demonstrates ongoing workforce planning and have an active recruitment strategy.

Staff have the relevant qualifications for the role and their performance is monitored and assessed. Staff participate in mandatory training annually and additional training as needed either in face-to-face sessions or through an online learning platform.

The Assessment Team observed a range of staff circulating throughout the service and responding to call bells. Staff did not appear to be rushed and consumers were not calling for staff assistance or support other than via the call bell system.

Based on the evidence available I find Requirement 7(3)(a) compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)