Performance

Report

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| Name of service: | Uniting AgeWell Noble Park |
| Service address: | 1312 Heatherton Road NOBLE PARK VIC 3174 |
| Commission ID: | 4245 |
| Approved provider: | Uniting AgeWell Limited |
| Activity type: | Site Audit |
| Activity date: | 13 September 2022 to 15 September 2022 |
| Performance report date: | 18 October 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 Noble Park (**the service**) has been prepared by K. Spurrell 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; 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 | |  |
| 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 advised they were treated with dignity and respect and had their identity, culture and diversity valued. Staff were aware of consumers from different cultures and could explain how care and services were tailored to ensure their culture was valued.

Consumers and representatives confirmed the service recognises and respects their cultural backgrounds and provides care consistent with their cultural traditions and preferences. The Assessment Team observed the lifestyle activities calendar for culturally based events for consumers at the service. The service has policies and procedures as well as training for staff in relation to respecting and supporting consumers of culturally and linguistically diverse backgrounds.

Consumers and representatives said they were supported to exercise choice and independence when it comes to the way they are cared for, who is involved in their care and the connections with others. Care planning documentation for consumers identifies their individual choices around when care is delivered, who is involved in their care and how the service supports them in maintaining relationships.

Care planning documentation identifies areas of risk, consultation with consumers and strategies to mitigate risk agreed upon by staff and consumers in relation to the risk. Staff described the risk mitigation strategies in place for consumers taking specific risks.

Consumers said they are provided with information to assist them in making choices about their care and lifestyle needs, including current events and activities occurring internally and externally such as bus trips, meal selections and activities of daily living.

Consumers and representatives provided confirmed their privacy is respected, and their personal information is kept confidential. Staff provided examples of ways they ensure each consumers privacy is maintained and how their personal information is kept confidential.

# 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 detailed to the Assessment Team the assessment and planning processes undertaken for new and ongoing consumers at the service and explained how they consider risks. The service has documented clinical policies and procedures to guide staff practice as to the completion of assessments and care plans and the assessment of risk. Consumers said they were satisfied their assessment and care planning was adequate, included the consideration of risks and informs the delivery of safe and effective care by the service to each individual.

Consumers and representatives explained how the service takes into consideration their needs, goals and preferences when undertaking assessment and planning with consumers and advised they have participated in conversations in relation to advance care and end of life planning. The service has policies and procedures to guide staff practice in relation to assessment and planning and the identification of needs, goals, and preferences for individual consumers.

Consumers felt involved and partnered in the assessment, planning and review of their care and services and that the service includes other organisations or providers as required. Care documentation demonstrates involvement through routine contact and when changes occur to the health status of consumers and demonstrates other organisations and individuals are involved in the assessment and planning process for consumers as required. The service has documented policies that refer to the involvement of other providers to guide staff practice.

Staff detailed processes whereby they inform consumers and representatives of the assessment and planning processes and how they keep them up to date with the outcomes of these assessments. The service has policies and procedures to guide staff practice in relation to assessment and planning including communicating the outcomes of these assessments to consumers and representatives.

The service has processes in place for the regular review of care and services for effectiveness, when circumstances change or when incidents impact on the needs, goals, or preferences of the consumer. The Assessment Team observed several examples of where care and services had been reviewed as consumer needs, goals and preferences changed. The service had policies and procedures to guide staff practice in relation to the regular and as required care and service review processes.

# 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 were satisfied with the care and services provided to consumers at the service. Registered clinical and care staff demonstrated they understand the individualised personal and clinical needs of consumers. Care planning documentation for sampled consumers reflected individualised care as safe and tailored to their needs. The service has policies and procedures in place to support the delivery of care provided such as wound management, restrictive practices, skin integrity and pressure injury prevention.

The service demonstrated risks for each consumer including but not limited to, falls, weight loss and skin integrity are effectively managed. Consumers and representatives interviewed were satisfied high impact or high prevalence risks for consumers are effectively managed. Care planning documentation identified effective strategies to manage key risks and were recorded in assessment tools such as the Falls Risk Assessment Tool, care plans and progress notes.

The Assessment Team reviewed care documentation for consumers nearing end of life, included the needs, goals and preferences of consumers to ensure their comfort was maximised and their dignity preserved. Staff explained processes in relation to the assessment of consumers nearing end of life and detailed procedural requirements for those requiring this assessment.

Care documentation reviewed by the Assessment Team evidenced the service is able to identify and respond to the deterioration or change of consumers health condition, function, or capacity. The service has systems and processes to ensure information about consumers’ care is documented and effectively communicated. Most consumers and representatives are satisfied with the delivery of care including the communication of changes to consumers’ condition. Staff described how changes in consumers care and services are communicated through verbal handover, meetings and accessing care plans.

Consumers and representatives felt satisfied with the timely and appropriate referrals to individuals, other organisations and providers of other care and services. The service has policies and procedures to guide staff practice in relation to the involvement of other individuals, for example, for further clinical assessment and planning by specialists. The Assessment Team reviewed several examples of timely and appropriate referrals to individuals and other organisations.

The service has processes in place to promote practices of appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. Staff detailed strategies to reduce the inappropriate prescription of antibiotics such as increasing fluids, completing pathology testing and providing personal hygiene to prevent infection.

# 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 felt satisfied with the services and supports for daily living meeting their needs, goals and preferences and optimise their overall health and well-being. Lifestyle and Chaplain team members at the service described how they partner with the consumer and their representative to conduct lifestyle and spiritual assessments which collect individual consumer’s preferences, including leisure likes, dislikes, interests, social, emotional, cultural and spiritual needs. staff could explain what is important to consumers and how they support them to optimise their overall health, well-being, and quality of life.

Staff described the services and supports in place promoting 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 facilitate contact between consumers and family members who are not local to the service, support consumer attendance at spiritual and religious services visiting individual consumers and non-denominational church service visits provided at the service to enhance consumers’ emotional and spiritual well-being.

Consumers felt supported by the service to participate in their community within and outside the service environment as they choose. The service supports consumers to maintain social and personal relationships and do the things of interest to them.

Staff described ways in which they share information and are kept informed of the changing condition, needs and preferences for each consumer. Care planning documentation for consumers sampled provided adequate information to support safe and effective care as it relates to services and supports for daily living.

Care planning documentation showed the service collaborates with external providers. Consumers said the service offers to refer them to external providers to support their care and service needs.

Consumers and representatives said they were satisfied with the meal variety, quality, and quantity at the service. Consumers and representatives reported having access to equipment, including mobility aids, shower chairs and manual handling equipment, to assist them with their daily living activities as well as providing resources and equipment for the leisure and lifestyle activities. Staff interviewed said they have access to equipment when they need it and could describe how equipment is kept safe, clean, and well maintained.

# 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 said they feel at home at the service and considered it a nice place to live. Staff advised how they support consumers to customise their rooms and promote a sense of belonging and independence. The service has communal indoor and outdoor areas for consumers with wide, level pathways, and outdoor areas easily navigated.

The service has an on-site maintenance team who ensure the environment is safe and well maintained. The service has processes and systems in place for identifying and recording hazards, maintenance issues and cleaning, and those requests are completed in a timely manner. The Assessment Team reviewed maintenance documentation which demonstrates regular maintenance of the service environment.

Consumers feel furniture, fittings, and equipment are safe, clean, well maintained, and suitable for them and they feel safe when staff are providing care using mobility or transfer equipment with them. Staff demonstrated awareness of how to report any maintenance issues and the service has a preventative maintenance schedule in place.

# 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

Staff described the methods available for consumers and representatives if they wanted to provide feedback or make a complaint, and the process they follow should a consumer or representative raise an issue with them directly. Consumers and representatives confirmed they are encouraged and supported to provide feedback and make complaints and stated they are aware of different methods for raising complaints and aware of the advocacy services available to them. Staff were able to describe how they assist consumers who have a cognitive impairment, difficulty communicating or do not speak English as their primary language to raise a complaint or provide feedback, including utilising a translation service. The service has information on advocacy services displayed on noticeboards and brochures about complaints in different languages.

Consumers and representatives said they are satisfied with the response to their complaints. Staff were able to demonstrate an understanding of the principles of open disclosure, and when an open disclosure process is to be applied. The service demonstrated actions taken in response to complaints.

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

# 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

The service was able to demonstrate there was adequate staffing levels and mix to meet the needs of the consumers. Management and staff were able to describe how they ensure there is enough staff to provide safe and quality care by having a workforce planning team who manage the roster 24/7 with a staff replacement strategy.

All consumers and representatives said that staff are kind, gentle and caring when providing care. Staff demonstrated they were familiar with each consumer's individual needs and identity and management explained that the service has a range of policies and procedures to guide staff practice, which outline care and services are to be delivered in a respectful, kind, and person-centred manner.

Consumers and representatives said staff perform their duties effectively, and they are confident staff are skilled to meet their care needs. Management said the service requires staff to complete role-based annual mandatory refresher training monitored centrally and followed up by management at the service. Position descriptions include key competencies and qualifications. Staff interviewed stated they received education to ensure they can perform their roles effectively and safely.

Management and staff confirmed, the service has probationary and ongoing performance review systems in place. The service also has policies and procedures in place to guide staff performance management. Management explained the process of staff performance monitoring and disciplinary actions, as well as the process of probation review, performance reviews are conducted and up to date for all staff.

# 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

Consumer and representative feedback demonstrated they have ongoing input into the quality of care and services they received, and they felt the service encourages their participation when making decisions. The organisation has effective systems to engage and support consumers in the development, delivery and evaluation of care and services.

The service was able to demonstrate it has central policies and procedures with the governing body promoting a culture of safe, inclusive, and quality care and services and is accountable for their delivery. Management described a robust organisational structure governing the delivery of quality care and services across the organisation.

The service demonstrated there is an organisation wide governance system to manage information effectively. The service demonstrated there is a system in place for effective identification, capturing and monitoring for continuous improvement opportunities.

There are governance systems to support effective information management, compliance and regulation, complaints management and open disclosure and clinical care. Any updates to practice or legislative, are disseminated to staff through staff meetings, memoranda, staff education and training sessions, and amendments to policies and procedures.

The organisation risk management systems are implemented to monitor and assess the high impact or high prevalence risks associated with the care of consumers. Risks are reported, escalated, and reviewed by management at the service level and the Board.

The clinical governance framework addresses anti-microbial stewardship, best practice and minimising the use of restrictive practices, and open disclosure.

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)