Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Uniting AgeWell Preston |
| Commission ID: | 4209 |
| Address: | 78 Bruce Street, PRESTON, Victoria, 3072 |
| Activity type: | Site Audit |
| Activity date: | 13 December 2023 to 15 December 2023 |
| Performance report date: | 29 January 2024 |
| Service included in this assessment: | Provider: 9609 Uniting Agewell Limited  Service: 2748 Uniting AgeWell Preston |

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 Preston (**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; 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
* the provider’s response to the Site Audit report received on 24 January 2024
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 said staff knew what was important to them and most staff treated them respectfully, while others said there had been times when they felt disrespected. Staff spoke of consumers in a respectful manner and considered their identity and preferences when delivering care. Staff were observed to speak to consumers about their backgrounds and interests in a respectful manner.

Consumers confirmed they received care which considered their cultural needs and preferences. Staff demonstrated knowledge of consumers’ life histories and outlined how this influenced consumer’s care delivery. Care documentation evidenced consumers’ cultural needs and preferences were captured.

Consumers and representatives advised they were supported to be make choices about the consumer’s care. Care documentation evidenced staff were guided with the supports required for consumers, including married couples, to maintain their chosen relationships. Policies and procedures encouraged consumer decision making.

Consumers described how they were supported to engage in activities of their choice, such as smoking. Care documentation evidenced risk had been discussed with consumers and risk minimisation strategies agreed. Staff demonstrated knowledge of the care required to promote consumers safety, while engaging with risk-based activities.

Consumers confirmed they were kept informed and different communication methods were used to meet their sensory needs. Staff confirmed information was disseminated via posters, meetings and verbally. Brochures and menus were observed translated into consumers preferred languages and activities programs were displayed within their rooms.

Consumers confirmed staff were generally considerate of their privacy. Policies and procedures provided guidance to staff on how to respect consumer’s privacy and protect their personal information. Staff were observed knocking and seeking consent prior to entering consumer rooms and locking computers when not in use.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

Policies, guidelines and checklists guided staff practice in developing care plans following the completion of assessments which identified risks to consumers. Staff demonstrated knowledge of the required assessment and the care strategies planned for each consumer. Care documentation evidenced validated assessment tools were completed as scheduled, with risk of pain, falls and pressure injury considered.

Consumer representatives confirmed consumers’ needs and preferences including for end of life had been discussed with them. Care documentation evidenced consumers’ goals, and preferences including for advance care were captured. Policies and procedures guided staff on when end of life and advance care should be discussed with consumers and their representatives.

Consumer representatives confirmed they were involved in the care assessment process, in line with the consumer’s preferences. Staff described how and when consumers, representatives and health professionals contribute to assessment and care planning processes. Care documentation evidenced case conferences were conducted and involved consumers, representatives, medical officers and allied health professionals.

Consumers and representatives confirmed the outcomes of assessment and planning were effectively communicated and they could access consumer care plans. Staff were observed to document and communicate consumer care planning information. Staff described how they communicated planning outcomes with consumers and representatives through various written and verbal mechanisms.

Care documentation evidenced care plans were reviewed on a 3 monthly basis, or when a change or incident occurred. Staff confirmed care for the consumer was reviewed monthly and their care plan 3 monthly. Consumers and representatives confirmed consumers’ care plans were reviewed when an incident occurred.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 said consumers received care which was safe, right for them and it was tailored to meet their needs. Staff demonstrated knowledge of consumers’ personal and clinical care needs to maintain their skin integrity and to manage pain. Care documentation evidenced chemical restraint was being used and wounds were being monitored consistent with best practice expectations.

Management said falls were the most prevalent and highest impact risk to consumers. Staff demonstrated knowledge of, and were observed implementing, falls prevention strategies recommended for consumers. Consumer representatives confirmed falls risks to consumers was being effectively managed. Care documentation supported other risks such as weightloss were being monitored to ensure effective management.

Staff described how they would provide end of life care, including by ensuring the consumer was comfortable and providing oral care, repositioning and monitoring their pain. Policies and procedures guided staff practice in providing care to consumers at end of life.

Consumers said staff were responsive when they detected a change in their condition. Staff demonstrated knowledge of what may indicate deterioration and confirmed they monitored consumers to ensure early detection. Policies and procedures guided staff practice in their responses to and management of clinical deterioration.

Consumers said their care information was communicated effectively between staff. Staff was readily accessible as it was documented in the electronic care management system. Staff were observed to communicate changes to consumers’ care or health during the handover process.

Representatives confirmed consumer referrals were actioned quickly and consumers had access to a range of health professionals. Care documentation demonstrated timely referrals were made to medical officers, allied health professionals and specialist services. Staff described, and allied health professionals confirmed, various methods were used to refer consumers for review.

Representatives provided positive feedback regarding the measures taken by staff to minimise infection related risks to consumers. Staff demonstrated knowledge of antimicrobial stewardship principles and gave practical examples of how this influenced consumer care. Staff and visitors were observed to be screened for infectious diseases prior to entry.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 confirmed they were supported to undertake their activities of daily living with their wellbeing promoted by participating in an organised leisure program. Staff confirmed activities are tailored to incorporate the sensory and cognitive abilities of consumers. Care documentation evidenced consumers goals and preferences for independence in undertaking everyday activities had been assessed.

Consumers said the company of staff elevates their emotional and spiritual wellbeing. Staff demonstrated knowledge of consumers individualised support needs and their religious preferences. Care documentation evidenced social workers were engaged in providing psychological supports, when required.

Consumers and representatives confirmed consumers were supported to maintain relationships, make new connections, and participate in the internal and external community. Consumers were observed socialising in their rooms and in communal areas including outdoor courtyards. Lifestyle documentation evidenced individual and group activities were scheduled.

Consumers said their information was effectively communicated as staff are up to date with knowing what their care needs were. Care documentation evidenced sufficient information was captured to support staff to understand consumers daily living needs and preferences. Staff confirmed the sharing of information between departments occurred when changes were made to consumers dietary needs.

Consumers confirmed they were referred to and supported by external service providers, when required. Staff advised consumers had been referred to social workers, library services and pastoral supports to meet consumers daily living needs. Care documentation evidenced consumers were referred in a timely manner.

Consumers said the meals were of good quality, they get enough food and were prepared to meet their specific dietary requirements. Staff demonstrated knowledge of consumers’ dietary preferences and needs, stating these were used during the development of the menu. Meal service was observed to run on time and staff were available to support consumers who needed assistance.

Consumers said the equipment they used, was kept clean. Maintenance documentation evidenced equipment was inspected routinely to ensure it was safe to use. Equipment was observed to be clean, in good condition and readily available to support consumers daily living activities.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 felt at home and were supported to personalise their rooms. Management said consumers, new to the service, were provided with a tour to assist with navigation and were introduced to other consumers to promote a sense of belonging. The service environment was observed to be welcoming and contained directional signage to assist with navigation.

Consumers and representatives provided positive feedback regarding the quality of the cleaning and confirmed consumers were able to move around as they wished. Maintenance documentation evidenced inspections were completed as scheduled and repairs were attended to promptly. Staff were observed cleaning consumer rooms and communal areas.

Consumers confirmed equipment and furniture in communal areas was kept clean and well maintained. Staff confirmed the condition of equipment, fittings and furniture was monitored through audits to ensure it was safe. Furniture was observed to be clean, in good condition and the call bell system was in operational order.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 felt supported to provide their feedback and complaints. Staff said consumers were encouraged to raise concerns at meetings and to lodge feedback forms. Feedback forms and lodgement boxes were observed to be available and accessible to consumers and representatives.

Consumers and representatives confirmed they have information on advocacy and external complaint services and had used these in the past. Staff confirmed advocacy and complaint services were regularly discussed at consumer meetings. Posters and brochures were observed to promote access to external complaints and interpreter services.

Consumers said staff were helpful in finding solutions to resolve their complaints. Complaints documentation evidenced actions taken in response to complaints was prompt and open disclosure practices were applied. Staff demonstrated knowledge of open disclosure principles, confirming apologies were given.

Consumers gave practical examples of improvements made to their personal care and meal services in response to their lodged complaints. Management described feedback from various sources is collated and used to inform them of where improvements were needed. Continuous improvement documentation evidenced feedback from various sources had been logged and improvement actions were monitored. Management gave practical examples of improvement actions planned to redress consumer feedback regarding staff interactions.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 provided positive feedback regarding the staff available to deliver care, however some felt staff rostered on weekends and at mealtimes could be improved. Staff advised they have enough time to complete their duties and were observed, not to be rushing when providing care. Management said the roster was developed based on assessed consumer needs and strategies were in place to respond to unplanned leave.

Most consumers said staff were kind and caring, but some consumers felt staff had been disrespectful to them in their interactions. Management gave practical examples of responding to consumer concerns to improve how consumers felt following some interactions with staff. Staff demonstrated knowledge of consumers identity and were respectful when speaking about consumers.

Consumers and representatives said staff were skilled and competent in their role. Management said the competency of new staff was assessed through orientation and essential qualifications were checked. Position descriptions outlined the key competencies and qualifications required for each role and systems were in place to monitor lapsing qualifications for renewal.

Staff confirmed they received ongoing training and professional development opportunities and were supported by management to pursue further training. Mandatory training records evidenced the majority of staff had completed their training and any outstanding training was attributed to new staff and staff on extended leave. Representatives confirmed staff had the appropriate skills and knowledge to meet consumers’ needs.

Management said staff performance was monitored through annual performance appraisals and general observations. Personnel records evidenced annual appraisals had been completed or were scheduled for completion by staff who were due or on leave. Policies and procedures guided the assessment, monitoring and review of the workforces’ performance.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 felt involved in the designing how care and services were delivered. Management described the various ways input from consumers and representatives was gathered and used to evaluate the service’s operations. Meeting minutes evidenced consumer’s involvement in the development of laundry, meal and leisure services.

Management described the quality and safety of care and services was monitored by the governing body through reports provided at various organisational meetings and the Board is supported in its oversight by a range of subcommittees. Meeting minutes evidenced the Board was kept informed of audit results, improvement opportunities, feedback and complaints and clinical incidents. Management provided examples of service changes arising from feedback and complaints and driven by the Board.

Management advised opportunities for continuous improvement were identified through various mechanisms, including audits, clinical indicators, surveys, observations and consumer and representative feedback. Staff confirmed they could access the information required to perform their roles through the electronic care management system and online portal. Management advised they regularly received correspondence from their head office in relation to regulatory and legislative changes and this information was communicated to staff.

Policies and procedures were in place to guide staff practice in relation to the management of risks and incidents. Staff demonstrated how consumers were supported to live their best life by assisting them to take risks safely and participate in activities of their choice. Management advised how incidents were managed and were monitored at the organisational level and reported to the Board.

Management and staff demonstrated knowledge of policies and procedures regarding antimicrobial stewardship, restrictive practices and open disclosure. Management said use of medications including antibiotics and psychotropics was monitored and staff were encouraged staff to utilise non-pharmacological strategies in the first instance. Staff confirmed when adverse events occurred an apology is given; and investigations are undertaken. Management confirmed restrictive practices were assessed and monitored to ensure it was used as a last resort, however opportunities were identified to strengthen clinical governance in relation to the assessment and monitoring for environmental restrictive practices.

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)