Performance

Report

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| Name of service: | Uniting AgeWell Queenborough Rise |
| Service address: | 1 Peel Street SANDY BAY TAS 7005 |
| Commission ID: | 8086 |
| Approved provider: | Uniting AgeWell Limited |
| Activity type: | Site Audit |
| Activity date: | 29 March 2023 to 31 March 2023 |
| Performance report date: | 21 May 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Uniting AgeWell Queenborough Rise (**the service**) has been prepared by James Howard, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* The Assessment Team’s report for the site audit conducted from 29 March 2023 to 31 March 2023; the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* Other information and intelligence held by the Commission in relation to this service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives stated staff treated them with kindness and respect, they could maintain their identities and make informed choices about their care and services. Care planning documentation reflected what was important to consumers. Staff treated consumers with dignity and respect and demonstrated an understanding of individual consumers’ choices and preferences.

Consumers said they felt safe and respected. Consumers and representatives described how staff valued consumer spirituality and relationships and how it influenced the delivery of care and services. Staff showed an understating of consumers’ identities, backgrounds, and individual values. Care planning documentation included consumers’ cultural and spiritual backgrounds.

Staff explained how consumers were supported to maintain relationships, including family visitation. Consumers and representatives stated they were supported to make choices regarding the way services were delivered and whom they want to be involved. Consumer care planning documentation identified individual care delivery choice, who was involved, and how the service supported consumers to maintain relationships.

Consumers and representatives stated they were supported to take risks to enable them to live the best lives possible, and staff understood what was important to them. Staff could identify and minimise risks taken by consumers. Consumer care planning documentation identified risks and risk mitigation strategies.

Consumers and representatives confirmed they were provided with timely, clear, and easy to understand communication. Staff described communication used at the service, including phone calls, electronic messages, online communication platforms, and regular resident meetings. The Assessment Team observed the monthly activity program and menu were displayed in the lounge and dining area, and a variety of posters and pamphlets were displayed around the service and the foyer.

Consumers and representatives stated their privacy was respected. Staff were observed knocking on doors and closing doors when providing personal care to consumers. Staff confirmed consumer information was kept confidential by locking password protected computers and securing paper-based information in a restricted access location.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers and representatives said they were consulted during admission and at regular, ongoing assessments. Staff confirmed assessment and care planning processes included the consideration and minimisation of risks and care assessments were accessible on the service’s electronic care management system (ECMS). Care planning documentation reviewed by the Assessment Team showed consideration of individual risks influenced the delivery of care and services.

Staff described the needs and preferences of consumers, which aligned with consumer feedback and documentation. Consumers and representatives confirmed they were regularly consulted to address current needs, preferences, and goals, including deterioration and end of life care. Care plans documented consumer preferences, reflecting consumers’ end-of-life wishes.

Consumers and representatives said care assessment and planning was an ongoing partnership with staff, management, and service providers through regular reviews and the opportunity to provide feedback. Staff verified consumers partnership and their practice of contacting consumers and representatives with changes to care needs. Documentation reflected regular input by both internal staff and allied health professionals into care plans, and consumers confirmed a copy of their care plan was offered to them as part of review processes.

# Standard 3

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| Personal care and clinical care | | Compliant |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives reported consumers received care and services which met their needs and preferences, were provided with choices, were safe, and enabled them to live their best lives. Staff described individual consumer needs and preferences in line with documented clinical care and care plans. Care documentation confirmed staff used strategies and clinical management policies and procedures to guide and deliver effective individualised care aligning with best practice.

Staff identified consumers with high impact and high prevalence risks and referred to care plan documentation as a source of guidance. Documentation reflected management of high impact and high prevalence risks and detailed interventions, treatment, and prevention strategies.

Consumers and representatives confirmed consumers’ needs, goals, and preferences, including their end-of-life wishes, were discussed. Staff detailed their understanding of consumers’ goals, needs and preferences, including end-of-life care interventions. Care documentation confirmed staff responded to care needs in a timely manner, involved consumers and representatives in palliative planning and delivery, and palliative care symptoms were well controlled with external palliative care providers utilised.

Care documentation reflected, and consumers said, changes in consumer health were identified and responded to in a timely manner. Staff discussed response to deterioration in consumers health, and confirmed the service had policies and procedures to guide care interventions. The service had registered nurses on site 24 hours a day, and out-of-hours access to a senior clinical team member and locum medical officer(MO).

Consumers and representatives spoke positively regarding staff understanding of their care needs, goals and preferences. Care documentation and observations showed staff received up-to-date information regarding consumer needs, preferences, referrals and monitoring requirements.

Consumers and representatives said access to the medical officer and care referrals were timely. Care files reflected referrals to a range of services including, but not limited to, physiotherapists, speech pathologists, dietitians, wound care specialists, palliative care providers and geriatricians. Staff described the referral process and how they informed the care and services provided to consumers.

Policies and procedures provided guidance for antimicrobial stewardship and how to support care consistently to ensure the minimisation of infection-related risks. Consumers and representatives stated they were confident with the service’s management of outbreaks. Staff confirmed they received training on infection prevention. Infection control supplies were observed throughout the service, with staff adhering to infection control practices.

# Standard 4

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| Services and supports for daily living | | Compliant |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Staff described what was important to consumers and the activities they enjoyed. Consumers were satisfied they received services and supports that met their needs, goals and preferences and enabled them to maintain their independence and quality of life. Consumer interests, preferences, choices, and goals were documented in care plans.

Lifestyle staff said they partnered with consumers and representatives to conduct lifestyle assessments, identify individual’s preferences and support consumers’ emotional and psychological needs. Consumers confirmed they received emotional, spiritual, and psychological support which promoted and maintained their well-being, and this aligned with care plan documentation.

Consumers and representatives said consumers participated in activities of interest to them, both within the service, and the community, with assistance from staff, family, and friends. Staff said they supported consumers to keep in touch with family and friends by phone and electronic messaging. Care planning documentation detailed information regarding consumer participation in the community, doing things of interest, and staying connected with family and friends.

Consumers said staff effectively communicated their needs and preferences within the organisation and with others where responsibility for care was shared. Staff explained how they shared information and how changes in a consumer’s needs were shared within the service. Lifestyle staff said they were kept informed by care staff, and changes or requests were communicated to all staff.

Consumers and representatives described referrals and follow-ups, as timely and appropriate. Care documentation collaborated referrals to external providers. Staff described referral processes to external and exampled services to support consumers.

Consumers and representatives spoke positively regarding the quantity, quality, and variety of meals. Kitchen staff said the menu was reviewed annually by a dietician, and food focus meetings were held bi-monthly, where consumers provided input into the food planning process. Meals were observed to be well-plated, and consumers were attended to in a caring manner while dining.

Staff said equipment was regularly maintained and cleaned and explained the maintenance processes. Consumers and representatives said the equipment was safe, suitable for purpose, clean and well-maintained. Equipment was observed to be safe, suitable, clean, and well-maintained. Maintenance documents and records identified scheduled and reactive maintenance was routinely completed.

# Standard 5

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| Organisation’s service environment | | Compliant |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives said the service environment was open and welcoming, and they felt at home. The Assessment Team observed rooms with photos and personal belongings, in a quiet and easy to navigate environment. Staff said consumers could move independently throughout the service, and the Assessment Team observed consumers moving between their rooms, the lounge and dining areas, and accessing the courtyard.

Consumers and representatives said the service environment was clean, well-maintained, and comfortable, with access both indoors and outdoors. Cleaning staff explained the cleaning schedule. The maintenance staff provided the Assessment Team with a preventative and corrective maintenance schedule and explained the process for arranging repairs. The Assessment Team observed the service was clean, tidy and free of obstructions.

Consumers and representatives said furniture, fittings and equipment were safe, clean, well-maintained, and suitable for purpose. The Assessment Team observed consumers using clean, safe, well-maintained, and comfortable furniture.

# Standard 6

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| Feedback and complaints | | Compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives said they felt encouraged and supported to provide feedback or make complaints. Staff described avenues and processes for consumer complaints and feedback. Management said staff were trained and supported in the completion of feedback forms and accepting verbal feedback from consumers. The Assessment Team observed feedback forms and suggestion boxes throughout the service. The service had systems in place which enabled consumers and representatives to raise concerns. A communication board was evident in the main foyer detailing feedback, suggestions, complaints and actions taken.

Consumers said they were aware of, and had access to, advocates to support them, with a translating and interpreting service available for consumers requiring language assistance. Consumers and representatives said they were comfortable raising issues with management either verbally, in writing or through meetings. The service provided annual information sessions for consumers through the Older Persons Advocacy Network (OPAN).

Consumers and representatives said management and staff acknowledged their concerns and took appropriate action in response to complaints. The Assessment Team reviewed documentation regarding complaints, actions taken, and the open disclosure process.

Staff discussed how feedback and complaints resulted in care and service improvements, and provided an example of a consumer suggestion to improve environmental sustainability within the service. Consumers and representatives said they saw feedback and complaints used to improve care and services. The Assessment Team reviewed the plan for continuous improvement and noted consultation had occurred.

# Standard 7

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| Human resources | | Compliant |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers said they received the support they needed in a timely manner. Most staff said there were enough staff, and the teams worked well together. Management said the number and mix of staff worked well.

Consumers and representatives said staff were respectful, kind, caring, and gentle when providing care. Staff demonstrated a strong understanding of individual consumers, including their needs and preferences. Examples provided by staff aligned with the Assessment Team’s review of care planning documentation and observations. Staff engaged with consumers and their family members in a respectful and personable manner. Staff were observed knocking on doors before entering rooms, encouraging consumers while they mobilised, and using consumers’ preferred names.

Consumers said they felt safe and staff had the appropriate skills and knowledge to be effective in their roles and meet consumer care needs. Management described the process of ensuring staff met qualifications and registration requirements for their respective roles and had current criminal history checks. Staff confirmed they received comprehensive orientation and buddy support, and the service provided ongoing training. The Assessment Team reviewed position descriptions outlining core competencies, roles, responsibilities, and qualifications required for staff.

Staff said competency-based assessments were undertaken, and online learning provided by management to monitor their performance. Additionally, the service carried out annual performance appraisals of staff.

# Standard 8

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| Organisational governance | | Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and representatives said the organisation was well run and they were encouraged to provide ongoing input into how care and services were delivered, through food focus meetings, feedback and suggestion forms, consumer surveys and the communication board. Management said an advisory committee identified areas for improvement and feedback was tracked and implemented in the service’s plan for continuous improvement.

Consumers said they felt safe and lived in an inclusive environment which provided quality care and services. Management and executive management detailed how meetings used consolidated monthly reports to identify the service’s compliance with the Quality Standards, initiate improvements, enhance performance and monitor the delivery of care and services. Additionally, the executive management team and the Board visited the service regularly. The Assessment Team reviewed documentation, reports and meeting minutes which included clinical incidents, quality indicators, information on legislative changes, and complaint resolution actions.

The service had risk management systems in place which monitored and assessed high impact or high-prevalence risks associated with the care of consumers whilst supporting consumers to live the best lives possible. Staff completed incident reports through an electronic care system. Management analysed data, identified issues and trends, and amalgamated information to present to the board for improvements to care and services for consumers.

The service had systems in place to support clinical governance, the delivery of safe care, promote antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something went wrong. Management said staff were trained to apply this understanding in everyday practice.

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)