Performance

Report

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| Name: | Uniting Wesley Heights Manly |
| Commission ID: | 2655 |
| Address: | 47 Birkley Road, MANLY, New South Wales, 2095 |
| Activity type: | Site Audit |
| Activity date: | 5 December 2023 to 7 December 2023 |
| Performance report date: | 21 January 2024 |
| Service included in this assessment: | Provider: 1352 The Uniting Church in Australia Property Trust (NSW)  Service: 1013 Uniting Wesley Heights Manly |

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 Wesley Heights Manly (**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
* 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 confirmed staff treated them with dignity and respect. Care documentation reflected consumers’ background, identity and outlined strategies to guide staff to provide dignified care. Staff were aware of consumers’ identity, and how they encouraged their diversity.

Consumers said their preference for care provided by staff of a specific gender was met. Care documentation guided staff on how to meet each individual consumer’s needs. Staff identified consumers’ unique cultural needs and explained how care was delivered with respect.

Consumers said how they wished to maintain important relationships was supported and they make their own decisions regarding their care. Staff demonstrated knowledge of consumers’ personal relationships and how they wished their care to be delivered. Care documentation evidenced consumers’ care decisions including who was involved in their care.

Consumers said they were supported to engage in their chosen life activities which contain an element of risk. Staff were aware of risks taken by consumers, and the strategies implemented to promote consumer safety. Care documentation evidenced risk assessments were conducted, and consumers were informed of potential harm to assist with decision making.

Consumers confirmed they were provided with information which enable them to make choices. Staff said consumers and representatives were given information through a variety of verbal and written means which were adapted to meet different sensory requirements. Activity schedules, menus and upcoming events were displayed on noticeboards.

Consumers stated their personal privacy was respected, as awaited consent prior to entering their room. Staff explained how they ensured the personal privacy of consumers by closing doors and curtains when providing personal care in their rooms. Nurses’ stations were observed to be locked, and computers were kept password protected when not in use.

# 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 assessment and care planning processes and described how these informed the delivery of care. Care documentation evidenced care plans were developed to address risks identified through completion of a suite of evidence-based assessment tools. Policies and procedures guided staff on assessment and care planning to ensure consumers received safe and effective care.

Consumer said staff were knowledgeable of their care routines, preferences and they had been consulted about their end of life wishes. Care documentation evidenced consumers’ needs, goals, preferences were captured and contained copies of consumer’s advance care plan. Staff said discussions on advance and end of life care occurred on entry and were revisited when required.

Consumer’s representatives stated they were involved in care conferences including the consumer’s medical officer and specialist services. Care documentation evidenced input from medical officers and allied health professionals into the consumers’ care. Allied health professionals confirmed their involvement in the regular assessment of consumers.

Consumers and representatives knew they could access a copy of the consumer’s care plan. Care documentation evidenced consumers and representatives were informed of assessment outcomes and copies of care plans were offered. Staff described the processes for documentation and communicating assessment outcomes.

Staff advised reviews of consumers’ care plans were conducted on a 3-monthly basis, or in response to an incident. Care documentation evidenced care plans were reviewed as scheduled, following falls and when changes in condition were identified. Consumers confirmed their care was reviewed regularly.

# 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 confirmed consumers were provided with care which was safe and consistent with their needs and preferences. Staff demonstrated knowledge of consumers’ personal and clinical needs, restrictive practices, pain management and skin care. Care documentation evidenced care was being delivered in accordance with the strategies included in each consumers care plan.

Staff demonstrated knowledge of the high impact or high prevalence risks associated with each consumer, and the strategies in place to manage these risks. Care documentation evidenced strategies to manage risks, including falls, stomas, catheters were implemented and monitored by staff. Policies and procedures guided staff to manage high impact or high prevalence risks effectively.

Staff demonstrated knowledge of how end of life care was delivered, including through providing regular care to consumers eyes, mouth, skin and giving pain relief. Care documentation, for a recently deceased consumer, evidenced emotional support and end of life care was provided in alignment with their preferences. Policies and procedures guided staff practice on end of life care pathways and processes.

Consumers confirmed staff were prompt at recognising and responding to changes in their health. Staff demonstrated knowledge of signs of deterioration and understood escalation pathways. Care documentation evidenced when consumers showed signs of deterioration they were monitored and transferred to hospital when required.

Consumers and representatives said consumer’s information was regularly and consistently communicated between themselves and staff. Staff knew consumers’ condition, needs and preferences, and advised handover was used to transfer information between staff. Care documentation evidenced the exchange of information between staff, medical officers and hospitals, as required.

Consumers confirmed they were referred for review when required. Staff said and care documentation evidenced prompt and timely referrals were made to medical officers and allied health professionals. Policies and procedures guided staff in referral processes.

Staff demonstrated an understanding of infection control prevention and the steps taken to ensure the appropriate use of antibiotics. Care documentation evidenced pathology tests were conducted and a medical officer’s diagnosis was obtained prior to the prescription of antibiotics. Staff and visitors were observed wearing personal protective equipment as required.

# 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 provided positive feedback regarding the supports provided for them to engage in daily living activities. Staff described conducting lifestyle assessments upon entry, which collected information regarding the consumer’s needs and preferences. Individual and group activities were observed to cater to the cognitive abilities of individual consumers.

Consumers said their spiritual needs were met through attending the weekly religious services. Care documentation detailed individual strategies to meet consumers’ emotional and psychological needs. Staff advised one to one support was provided to promote consumers emotional health.

Consumers confirmed they were supported to participate in activities within the internal and external community. Care documentation evidenced the relationships of importance to consumers, and the assistance needed to maintain these relationships. Consumers were observed accessing the community to pursue their activities of interest.

Staff said information about consumers was shared verbally and via the electronic care management system. Consumers felt information regarding their daily living choices were effectively communicated between staff, as they understood their needs and preferences. Care documentation was observed to be accessible and had been updated with current changes.

Care documentation confirmed the collaboration with external organisations and individuals to meet the needs of consumers. Staff described the external pastoral programs utilised to support consumers well-being. Consumers were confident, they would be referred to appropriate services, if staff were unable to meet their needs.

Most consumers said they had enough to eat, and the meals were flavoursome, while another said there was not enough variety. Meals were observed to be well-plated, and staff were available to assist consumers who required support to eat their meals. Staff advised consumers had input into the menu and they assessed consumers satisfaction with the meals through food focus meetings.

Maintenance documentation evidenced mobility aids and equipment was checked monthly and repairs carried out if required. Staff advised consumer equipment is cleaned nightly and inspected weekly to ensure it was safe. Consumers and representatives confirmed equipment maintained, clean and they were aware of the process to request repairs.

# 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 felt at home as the service environment was welcoming, easy to understand and they can find their way around. Staff were observed welcoming visitors and representatives were participating in activities with consumers. Consumers’ rooms were observed to be personalised, safe and uncluttered.

Consumers said they were able to move around freely, and their rooms were kept clean. Consumers were observed accessing loungerooms, communal areas and outdoor gardens which were clean and comfortably furnished. Staff advised the cleanliness and safety of the environment was ensured and monitored through daily cleaning and schedule maintenance.

Consumers confirmed the fittings within their room were in good working order. Furniture and equipment were observed to be clean, safe and well maintained. Maintenance and cleaning documentation evidenced hazards and repairs were reported and attended to promptly.

# 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 stated they felt comfortable and understood how to provide feedback or make complaints. Staff described the various verbal and written feedback avenues were available to consumers and representatives if they wished to raise concerns. Complaints mechanisms were promoted in a handbook given to consumers at entry.

Posters and brochures promoting access to advocacy and language services were available in multiple languages and displayed on noticeboards. Staff demonstrated knowledge of how to assist consumers to access external complaints services. Consumers confirmed they were aware of advocacy and interpretation services.

Consumer gave practical examples of actions taken in response to their complaints and confirmed open disclosure had been used. Complaints documentation evidenced actions were taken promptly when a complaint was made, and staff apologised when acknowledging things had gone wrong. Policies and procedures guided staff on open disclosure principles and complaint management.

Consumers and representatives said improvements had been made from their feedback and complaints. Management advised all feedback was documented, and entered into the continuous improvement plan, when required. The continuous improvement plan evidenced garden furniture and sound systems had been replaced after complaints had been raised.

# 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 confirmed there were enough staff to meet their needs, and their calls for assistance were answered promptly. Staff said there were sufficient staff to attend to consumers care and agency staff were used as a last resort to fill vacant shifts. Rostering documentation evidenced registered nurses were on duty continuously, and various strategies were used to fill planned and unplanned leave.

Staff were observed to engage with consumers with kindness, patience and addressed consumers by their preferred names. Staff demonstrated an in depth understanding of consumers’ life histories and what was important to them. Consumers confirmed staff were caring and respectful.

Consumers stated staff were competent and had the required knowledge to perform their roles. Personnel records evidenced staff immunisation status and competency was assessed during onboarding processes. Management confirmed the qualifications, criminal history and visa status for staff was checked prior to their employment and monitored for currency.

Management described staff are recruited using formal recruitment processes based on position descriptions and are required to complete initial and annual mandatory training. Staff confirmed receiving trained on open disclosure, restrictive practices, serious incident reporting and antimicrobial stewardship. Most consumers confirmed staff were generally well trained well, except some felt further meal service training was required as they felt rushed during meals.

Management explained performance appraisals were completed after 3 months of employment for probationary staff, and on an annual basis thereafter. Staff said they have performance reviews where their performance was assessed against their role description. Personnel records evidenced performance appraisals were up to date.

# 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 said the service was well run and they were approached through a variety of meetings to provide input into how care and services were delivered. Meetings minutes evidenced consumers were involved in the evaluation and development of the activities program and their individual care delivery. Management advised a consumer advisory committee was being established with the inaugural meeting scheduled.

The organisation’s governance structure includes the direct reporting of clinical incidents, complaints and consumer’s experience to the governing body which is benchmarked to assess performance and drive change. Management confirmed various communication methods were used by the Board to convey their decisions and policy changes to consumers, representatives and staff. Consumers felt safe, and advised they lived in an inclusive environment with access to quality care.

Policies and procedures guided staff practice on information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. Staff confirmed they had access to these policies, knew their responsibilities and compliance with regulations was monitored. Management advised budgetary processes supported continuous improvement when additional expenditure was required.

Staff demonstrated knowledge of their roles and responsibilities in relation to elder abuse, supporting consumers to live their best life and managing risks to consumers. Management confirmed incident data was collected and analysed to identify trends, and this information was reported at various governance meetings. Incident documentation evidenced staff were reporting a range of incidents, with these investigated to prevent reoccurrence.

Staff were knowledgeable of the consumers who were subject to restrictive practices and the requirements to ensure restrictive practices were appropriately used. Management confirmed staff received antimicrobial stewardship training, and staff obtained pathology results and guidance from medical officers prior to the use of antibiotics. Staff demonstrated a practical understanding of open disclosure and explained how it was utilised when responding to complaints.

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)