Performance

Report

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| Name of service: | Uniting Wirreanda West Pennant Hills |
| Service address: | 33 Highs Road WEST PENNANT HILLS NSW 2125 |
| Commission ID: | 0199 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Site Audit |
| Activity date: | 19 April 2023 to 21 April 2023 |
| Performance report date: | 19 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 Wirreanda West Pennant Hills (**the service**) has been prepared by P.Sequeira, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 said they were treated with respect and dignity and their identity, culture, and diversity is respected and valued. Consumers said they felt safe and were treated as individuals. Staff identified consumers from culturally diverse backgrounds and provided relevant information to ensure each consumer receives the care required aligning with their care plan. Care planning documentation sampled reflected what is important to consumers to maintain their identity, their cultural needs and preferences.

Consumers said they were supported to exercise choice and independence regarding their care. Consumers and representatives said they were involved in making decisions about their care, and they could communicate their decisions to the service. Staff described how consumers were supported to maintain relationships, such as regular family visits and taking consumers on outings. Care documents included designated contact information for the consumer’s representative, family and friends, and their preferred contact method.

Consumers said they were supported to take risks, if they so choose, to enable them to live the best life they can. Staff described areas in which consumers want to take risks and how the consumer is supported to understand the benefits, and possible harm when they make decisions about taking them. Care planning identified risks and discussions had with consumers to mitigate risks, as well as providing directives for staff to support the consumers in their risk-taking.

Consumers and representatives said they were happy with the information provided and felt informed about activities, events and services provided at the service. Staff confirmed they inform and prompt consumers with what is happening at the service and any changes that have been made. Staff advised how they communicated with consumers who live with cognitive impairment or difficulty communicating, by utilising various communication aids and methods. The Assessment Team observed flyers displayed throughout the service, weekly lifestyle calendars, newsletters and a noticeboard to communicate daily activities to consumers.

Consumers and representatives said they felt their privacy, personal and confidential information were respected. Staff described how they maintain consumers privacy when providing care and how they access sensitive information. The Assessment Team observed no paper documentation to be left visible around the service and staff were observed to be closing consumer’s doors when attending to personal care.

# 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

Consumers confirmed their satisfaction and involvement with the assessment and planning process. Staff identified consumers’ care needs, risks and interventions required. Consumers’ care documentation reflected individual consumers’ current needs, including consideration of risks, in line with the management of personal and clinical risks.

Consumers and representatives advised staff regularly engaged them in conversations about their care needs and their end of life (EOL) wishes were discussed. Staff demonstrated an understanding of consumers’ individual needs and preferences and described the approach to EOL and advanced care directives (ACD). Care planning for consumers evidenced consumers’ current needs, goals and preferences and advanced care planning. ACD conversations occur during the admission process, at case conferences and as needs change.

Consumers and representatives advised they felt they were partners in the planning of their care and services and confirmed their involvement in the initial assessment and ongoing care plan review processes, which include Medical Officers and other health professionals as required. Staff could describe the process for referral to allied health professionals. Care planning reflected consumers and representatives and others involved in the assessment and care planning including allied health, Medical Officers and other specialists.

Consumers and representatives reported receiving verbal updates and communicating with staff as care changes occurred. Staff and management confirmed the information in the electronic care management system (ECMS) was accessible and readily available for them, and consumers should they wish to access their own care records. Care plans, progress notes and case conference records for the sampled consumers, demonstrated care planning information relevant to the consumer’s individualised care, and communication with the consumers and representatives about the outcomes of assessment and care planning.

Consumers and representatives advised they were involved in the regular review of consumers’ care plans with staff, Medical Officers, and allied health. Staff said care plans were reviewed 3 months or when health or care needs change or incidents occur. Management advised care plan reviews are planned through a yearly schedule and reviews were tracked to ensure the schedule is being adhered to. Care planning documentation evidenced regular reviews, when circumstances change, or when incidents occur in line with the service’s care plan review policy.

# 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 said they were happy with the personal and clinical care provided at the service and expressed their satisfaction with how the service meets each consumer’s needs. Staff and management described consumers’ individual needs, preferences, their most significant personal and clinical care requirements and how these were delivered in line with their care plans. Documentation reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer.

Consumers and representatives said the staff explained risks to their health and wellbeing and they have input into the management of these risks and felt they were being managed well. Staff and management demonstrated how they identify, assess and manage high impact and high prevalence risks for the safety and wellbeing of each consumer. Care planning documentation demonstrated the service was effectively managing high impact and high prevalence risks.

Consumers and representatives said they had completed an ACD with their EOL wishes included. Staff described the care delivery changes for consumers nearing EOL and practical ways in which the consumers’ comfort is maximised, and dignity is maintained. Care planning documentation evidenced ACD was in place and the needs, goals and preferences of the consumer for EOL care, including comfort care were met.

Consumers and representatives said the service responded promptly to deterioration or changes in condition. Staff explained the processes involved in escalating care for a consumer who has deteriorated and how this is handed over and escalated to appropriate personnel. Care plans reflected a change in condition or deterioration and were responded to in a timely manner including informing the representatives, contacting the Medical Officer, and referring to external providers.

Consumers and representatives were satisfied with how changes in consumer care and services were communicated through handover processes, progress notes, meetings, care plans, and email notifications. Staff confirmed they receive up to date information about consumers at handover. Care plans reviewed demonstrated staff notify the consumer’s Medical Officer and their representatives when the consumer experiences any change in condition, a clinical incident, hospital transfer or a change in medication.

Consumers and representatives advised timely, and appropriate referrals occur, and the consumer has access to relevant health supports and services such as allied health, Medical Officers, and external providers of care and services. Staff described the process for referring consumers to other health professionals and how this informs care and services provided for consumers. Care planning evidenced a referral process to other health care providers as needed.

Consumers and representatives said they were happy with the service’s management of COVID-19 precautions and infection control practices. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. The service has appointed an infection prevention and control lead. The Assessment Team observed all staff, visitors and contractors undergoing a screening process prior to entry, which included a questionnaire, temperate check, and declaration check.

# 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 said they received safe and effective service and support for daily living which met the consumer’s needs, goals, and preferences. Staff demonstrated an understanding of what is important to consumers and what they like to do. Care planning confirmed what consumers interest and support required for consumers to optimise their quality of life, health, well-being, and independence. The Assessment Team observed consumers engaging in various group and independent activities.

Consumers and representatives said their emotional, spiritual, and psychological well-being were being supported both inside and outside of the service. Consumers who prefer to remain in their rooms can have one-on-one visits to support their emotional, spiritual and psychological well-being. Staff said they engage with consumers the best way they can, using various methods appropriate for each consumer. Care planning contained information about consumers emotional and spiritual or psychological well-being and how staff can support them. The service has a dedicated Chapel where the weekly mass is conducted.

Consumers and representatives confirmed consumers were actively engaged with their local community and supported maintaining relationships and doing things of interest to them. Staff said that they support consumers to stay connected with family via various methods. Volunteers came to the service to provide support through by activities, chatting one to one and taking consumers for walks. Care planning included information about how consumers participate in the community, do things of interest, and stay connected with family and friends.

Consumers and representatives said they felt information about their daily living choices and preferences were effectively communicated, and staff who provide daily support understood their needs and preferences. Staff said the handover process keeps them informed about any updates to consumer care and services and they can access the consumer’s care plans to stay updated. Care plans and case conference notes identify the consumer’s conditions, needs and preferences and if there are any changes to them.

Consumers said they receive timely and appropriate referrals to other individuals and organisations. Staff said each consumer is assessed on admission to the service, and they identify individual community ties with consumers and representatives and facilitate ways to enable the consumers to keep them. Care plans evidenced collaboration with internal and external services to support the diverse needs of the consumers.

Consumers and representatives said they were satisfied with the variety, quality, quantity, and temperature of meals. Staff were observed to be assisting, encouraging, and offering choices with meals during the Site Audit and were knowledgeable about consumers’ preferences and dietary requirements. The Assessment Team observed consumers enjoying the dining experience in the main dining room. Care planning documentation reflected the consumers’ dietary needs, likes and dislikes, allergies, and preferences.

Consumers and representatives said they felt safe when using the service’s equipment and said it was clean, easily accessible and suitable for their needs. Consumers knew the process for reporting an issue and said items were repaired or replaced quickly when required. Equipment used for activities of daily living were observed to be safe, suitable, clean, and well-maintained. The Assessment Team reviewed maintenance documentation which identified current and scheduled preventative maintenance issues with equipment that were actioned promptly.

# 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 and representatives said the service environment was open and welcoming and they felt at home. Consumers said they could decorate their rooms with personal belongings and possessions. Staff described how the layout compliments the service, with a veranda and garden as well as plenty of common areas for the consumers to socialise. Staff described, and the Assessment Team observed, consumers, moving between the different areas of the service to visit other consumers or participate in activities.

Consumers and representatives said they were happy with the cleanliness and maintenance of the service and have access to both indoor and outdoor areas. Management reported the cleaning is outsourced to external contractors. Staff described how they would raise any concerns about the environment or safety including hazards via the ECMS systems. The Assessment Team observed all doors leading to external and internal areas were unlocked allowing for free movement by consumers and representatives both indoors and outdoors.

Consumers and representatives advised the furniture, fittings and equipment were safe, clean, well maintained and suitable for them. Staff said equipment is maintained and cleaned between use. Staff said there is enough equipment, which is suitable for consumer’s needs. The Assessment Team observed the furniture to be in good clean condition.

# 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 said they are encouraged and supported to provide feedback and make complaints. Consumers said they provide feedback using the forms provided or by speaking directly to staff or management, and they feel comfortable doing this. Staff were aware how feedback and complaints can be made, and all said if a consumer made a complaint to them, they would try to resolve the issue if it was within the scope of their role. The feedback and compliant register identified the service captures compliments, feedback and complaints from consumers and representatives.

Consumers and representatives described various ways to voice concerns, provide feedback, and make a complaint. Consumers and representatives said they knew they could raise concerns externally, but they felt most comfortable raising any issues within the service directly. Staff described external resources available and noted information on accessing advocacy or interpreter services. The Assessment Team observed information from external and translation services and advocacy bodies throughout the service.

Consumers and representatives said management addressed their complaints and resolved concerns they raised promptly and apologised when things went wrong. Staff described how complaints and incidents were followed up, and they could discuss the open disclosure process when something had gone wrong. The Assessment Team reviewed the complaints register with complaints data confirming the use of open disclosure and timely management of complaints in accordance with the organisation’s feedback and open disclosure policies and included the complainant’s feedback and comments.

Consumers and representatives said their feedback is used to improve the quality of care and services. Staff and management described how trending and analysing feedback and complaints have resulted in improvements and actions being taken in response to feedback and complaints. The Assessment Team reviewed the continuous improvement plan (CIP) and consumers’ and representatives’ meeting minutes and noted consultation had occurred.

# 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 and representatives reported there was enough staff and staff were always available when they needed assistance. Staff said they felt sufficiently resourced to provide the level of care consumers required and were supported by management who assisted with filling staff vacancies to ensure adequate coverage. Management stated the number and mix of staff on the roster is working well and were supported by teamwork. Call bell data viewed by the Assessment Team demonstrated call bells were answered in a timely manner.

Consumers and representatives sampled said staff are kind and respectful when providing care. Staff were able to talk about the consumers, and they knew who they were, how they liked their care provided and what their preferences were. Staff interviewed confirmed they had undergone training on the Code of Conduct and had committed to reporting any inappropriate behaviour immediately. All staff had completed training on the Code of Conduct for Aged Care. The Assessment Team observed interactions between consumers and staff and showed staff to be kind, caring and respectful.

Consumers and representatives said staff were capable and had the knowledge to provide care and support, and they felt safe and confident in staff skills. Staff said they were well supported by management to undertake the orientation training and buddy shifts to support their transition into the service. Staff confirmed they had been required to attend annual mandatory training and to complete various competencies as required to perform their role.

Consumers and representatives were confident with staff members’ skills and knowledge to ensure the delivery of safe and quality care and services. Staff reported receiving orientation, education, ongoing training including annual mandatory training, and completing core competencies. Management demonstrated an online training platform and an electronic register, which ensures accountability and effective monitoring of training completion details for all staff members. The service conducts employee surveys annually to gather feedback from staff regarding workforce needs.

Management described the performance review process and was able to provide examples of the performance review completed with staff. Staff reported receiving feedback from management regarding their performance and confirmed they had undertaken a performance review with management within the previous 12 months. Management described how using additional training and buddy systems for new staff enhances the skills of the staff’s performance and therefore produces effective outcomes for consumers.

# 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 and representatives said the service was well run and they confirmed they were aware of engagement opportunities to inform the design, delivery, and evaluation of services through a variety of ways. Management confirmed they had an open-door policy. Staff and management described how trending and analysing feedback and complaints have resulted in improvements and actions being taken in response to feedback and complaints such as the introduction of a new cleaner.

Consumers and representatives interviewed said they felt safe at the service, and they receive regular updates concerning outcomes of care and service. Management described the involvement of the governing body in the promotion of a culture of safe, inclusive services and described the way the Board is kept informed by the service. This is achieved through analysis and monitoring of clinical indicators and benchmarking across all services in the organisation to identify and address wider trends. The organisation’s governance structure includes the direct feeding of information from the organisation’s management team, through this process, the Board is made aware of the performance of all aspects of the service.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems relating to information governance systems related to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The service has an effective ECMS, plan for continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service has a risk management system in place to monitor and assess high impact or high prevalence risks associated with the care of consumers while supporting consumers to live the best life they can. Risks are identified, reported, escalated and reviewed by management at the services level and again at the organisation level by the regional quality team and Board. Staff demonstrated an understanding of identifying abuse and neglect of consumers and were able to describe their responsibility when they became aware or had a suspicion of a reportable incident.

The service demonstrated a clinical governance framework in place, including policies concerning antimicrobial stewardship, restrictive practice and open disclosure. Staff demonstrated a shared understanding of these concepts and gave practical examples to demonstrate how the principles applies to their work.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)