**Performance**

**Report**

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| Name: | UnitingCare - Wesley Bowden |
| Commission ID: | 600044 |
| Address: | 77 Gibson Street, BOWDEN, South Australia, 5007 |
| Activity type: | Quality Audit |
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| Performance report date: | 2 April 2024 |

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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 1106 UnitingCare Wesley Bowden Incorporated  
Service: 18484 Community Aged Care Program - Inner North Western  
Service: 18483 Community Aged Care Program - West Metropolitan  
Service: 22759 My Choice

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7333 UnitingCare Wesley Bowden Incorporated  
Service: 24724 UnitingCare Wesley Bowden Incorporated - Care Relationships and Carer Support  
Service: 24725 UnitingCare Wesley Bowden Incorporated - Community and Home Support

**This performance report**

This performance report for UnitingCare - Wesley Bowden (**the service**) has been prepared by M Dubovinsky, 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.

# Material relied on

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

* the assessment team’s report for the Quality 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 did not submit a response to the assessment team’s report.

# Assessment summary for Home Care Packages (HCP)

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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** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **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 | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Consumers and representatives said support workers treat consumers with dignity and their identity, diversity and culture is valued. Support workers said they treat consumers with dignity and respect and were able to provide a range of examples. Services are delivered in a culturally safe manner with consumers and their representatives confirming they are supported to exercise choice and independence. Support plans sampled detailed relationships of importance to consumers, including family and friends and how care and services are delivered to meet their preferences.

Consumers who take risks have hazard mitigation strategies developed to reduce the likelihood of harm. Risks are documented in consumer support plans and support workers interviewed were able to provide examples of risks and mitigating strategies.

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. Documentation viewed showed information provided to consumers is current, accurate and timely and includes statements for consumers receiving HCP services. For activities at the service’s main office, documentation is printed out for each consumer which outlines the schedule of activities and information on the meals provided.

For the reasons detailed above, I find Standard 1 Consumer dignity and choice compliant in relation to HCP and CHSP. **Standard 2**

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

Assessment and planning, includes consideration of risk to the consumer’s health and well-being to inform the delivery of safe and effective care and services. Management described how consumers’ needs and risks are assessed at the commencement of services, at review, and as required following incidents. Documentation showed assessment and planning is undertaken with risks identified and documented.

Support workers described the process when a consumer first commences services, including assessments undertaken and how any risks are identified. Consumers commencing services are provided a range of information on the types of service and relevant care planning information.

Consumers and representatives confirmed assessment and planning identifies their current care and service needs, goals and preferences. Consumers and representatives said support workers talk to them about goals and any preferences, including for male or female support workers. Coordinators stated not all consumers have an advance care directive in place when they first commence, and directives are discussed with them during the review process.

Consumers and representatives confirmed they are contacted regularly about the care and services consumers receive. Assessments document consumers’ choices in relation to who they do want involved in assessment and planning. Outcomes of assessment and planning are documented in a service plan, including when services are provided by an external provider or health professional. Support workers confirmed they have access to all consumer’s information on the application on their phones.

Assessments and services are reviewed annually or when changes occur to the consumer’s needs and services. Coordinators provided examples of consumers having been reassessed in relation to HCP. Staff are in the process of reviewing care and service plans for consumers receiving CHSP services, specifically in relation to addressing risks and have a planned approach to address this.

For the reasons detailed above, I find Standard 2 Ongoing assessment and planning with consumers compliant in relation to HCP and CHSP.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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

Standard 3 Personal and clinical care was not assessed for CHSP as personal care and clinical is not provided through the programme.

Consumers and representatives receiving services through HCP confirmed care and services are tailored to consumers’ needs and preferences, and optimises their health, including personal care, and allied health services. Coordinators confirmed consumers are referred to clinical care through a brokerage service which assist consumers with care needs, including wound care, diabetic management and catheter management. Support workers demonstrated an understanding of high-risk consumers, including consumers at risk of falling within their home, behaviours and what to do when a risk is identified while providing services to consumers. Management and support workers are able to describe strategies to manage consumers’ risks.

Although the organisation does not provide palliative care for consumers within their home at this stage, they are working on providing consumers with the care and providing support workers with additional training in relation to palliative care. Deterioration or changes in consumers’ mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Support workers confirmed when they note any changes to the consumer’s health or if additional services or equipment are needed, they inform the coordinators.

Information about consumers’ condition, needs, goals and preferences is consistently and effectively communicated within the organisation and with others where responsibility for care is shared. Consumers and representatives confirmed support workers know consumers, and they do not need to repeat information about their needs, goals and preferences.

Timely and appropriate referrals to individuals, other organisations and providers are made for consumers, including through a brokerage service. Consumers and representatives confirmed consumers are referred to health professionals when required. Coordinators and management described processes to refer consumers to brokerage services for clinical care, other health professionals or to My Aged Care (MAC).

Processes support the minimisation of infection-related risks. Consumers and representatives confirmed support workers use appropriate personal protective equipment (PPE) when needed, including gloves and masks. Support workers stated they are provided with PPE to have in their vehicles and have access to additional stock, when needed. Support workers confirmed they undertake education and training on hand hygiene, infection control practices and donning and doffing.

For the reasons detailed above, I find Standard 3 Personal care and clinical care compliant in relation to HCP.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers and representatives interviewed are satisfied services and supports for daily living meet consumers’ needs, goals and preferences and optimise their independence, health, well-being, and quality of life. Support workers described consumer interests and preferences in line with consumer support plans.

Documentation shows consumers are receiving social support and referrals are undertaken to enhance their emotional, spiritual and psychological well-being. Management said they have many consumers who live alone with little to no social networks and social support packages assist in preventing isolation. Documentation contained information to promote consumers’ well-being, including engaging psychologists.

Timely and appropriate referrals are undertaken to other organisations, individuals and providers of other care and services. Care planning documentation showed the service collaborates with external service providers to meet consumers’ needs and management provided examples of consumers being referred to other providers.

Consumers and representatives said, where identified in consumers’ plans, they have support workers to assist in preparing meals. Support workers said they are often tasked with providing this service and also assist in taking consumers into the community for meals. Care plans sampled showed for HCP consumers, their likes, dislikes, needs and preferences are included in their nutrition and hydration information.

Equipment, such as activity equipment and vehicles are used to support the delivery of care and services. Consumers and representatives are satisfied with the safety, suitability and condition of equipment provided. Management described systems and processes in place to manage maintenance, safety and cleanliness of supplied equipment.

For the reasons detailed above, I find Standard 4 Services and supports for daily living compliant for CHSP and HCP.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| 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 | 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 | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

The service’s main office has a dedicated activity area that consumers can visit to make social connections, do things that interest them and share food and drinks. The area has a lounge area aside from a main seating area with a large screen projector. The activity room is well maintained, and provides a positive and comfortable environment. The environment is clean and contains additional amenities, such a disabled toilet and a kitchenette with first aid supplies. Besides a main entrance to the facility, the activity area also has its own, external exit door which was observed to be unlocked.

Equipment is clean and safe with adequate storage. Staff responsible for maintenance programs described the use of a comprehensive paper documentation system for monitoring preventative and reactive maintenance for furniture, fittings and equipment. Documentation showed no outstanding maintenance issues for the activities area used by consumers.

For the reasons detailed above, I find Standard 5 Organisation’s service environment compliant for CHSP and HCP.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Consumers and representatives said they are supported to provide feedback and complaints and have access to advocates, language services and other methods for raising and resolving complaints and feel comfortable to do so. Support workers described how they encourage and support consumers to provide feedback either verbally or in writing. Documentation provided to consumers includes information on advocacy groups, such as Aged Rights Advocacy (ARAS) and Independent Advocacy SA.

Action is taken in response to complaints with an open disclosure process used when things go wrong. Consumers and representatives confirmed the service acts on feedback when provided. Support workers and management described systems and processes to address consumer feedback, including documentation requirements to ensure feedback is actioned in a timely manner.

Systems and processes are in place to ensure feedback and complaints are reviewed and used to improve the quality of care and services. Staff demonstrated knowledge and understanding of the importance of reviewing feedback and complaints to improve consumers’ care and services. Management described systems and processes for the analysis and trending of feedback. Improvements as a result of feedback include the review of the incident management system and open disclosure practices.

For the reasons detailed above, I find Standard 6 Feedback and complaints compliant for CHSP and HCP.

# Standard 7

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| Human resources | | HCP | CHSP |
| 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

Consumers and representatives said support workers are reliable and have access to other services, such as physiotherapy and podiatry when required. Support workers said there are sufficient support workers with a good mix of skills and they have enough time to complete their tasks. Management described systems and processes to manage workforce numbers for the delivery of care and services, including undertaking monthly recruitment drives to ensure adequate support worker numbers and do not use agency support workers.

All consumers and representatives said support workers are excellent and are very respectful of consumers’ choices. Management said support workers uphold the service’s code of conduct, values and expectations which is supported in documentation. Consumers and representatives said field and office support workers are kind and caring and consumers feel respected, adding support workers are always cheerful and are beautiful people.

Consumers and representatives said support workers are competent, with the knowledge to effectively undertake their roles. Support workers competency and knowledge are ensured through onboarding, supervision, field evaluations and consumer feedback and engagement. Support workers described a thorough onboarding process which includes an induction, mandatory training and buddy shifts. All support workers said they feel comfortable to raise any issues or concerns regarding their roles to their reporting line manager and participate in training or refreshers when scheduled.

All support workers interviewed confirmed participation in annual performance reviews and regular meetings with their supervisors where they discuss individual performance. Coordinators and team leaders described processes for regular assessment and monitoring of support workers, including regular contact with consumers and via feedback and complaint mechanisms. Management described the service’s performance and development framework to assess and develop the workforce and is supported by policies and procedures.

For the reasons detailed above, I find Standard 7 Human resources compliant for CHSP and HCP.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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 | 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 | 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 | Not Applicable |

Findings

Consumers and representatives feel supported and engaged in the delivery and evaluation of care and services via various feedback mechanisms, such as regular contact with coordinators, care evaluations and the newly created consumer advisory body. The organisation has various systems to capture and analyse consumer engagement and feedback in line with their vision and values to support consumers in the community.

The organisation demonstrated effective organisation-wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints and a commitment to ongoing continuous improvement. An electronic care system is utilised in conjunction with paper-based forms for the collection of data in consumers' homes. The continuous improvement plan includes multiple organisational improvements which have either been delivered, or in the processes of being actioned and records workflow status. The workforce, including brokerage services have the appropriate knowledge, qualifications, and screening requirements. Policies and procedures guide staff in relation to feedback and complaints. Data is captured, reviewed, and analysed on a regular basis, with meeting minutes across all levels of the organisation.

The organisation has an effective risk management system and practices, including the management of high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live their best life and managing and preventing incidents. Management and staff described how they regularly engage with consumers to ensure timely interventions to manage identified risks and displayed an understanding of high-risk consumers. An electronic incident management register is maintained with all staff trained to report any changes or incidents which was evidence through staff knowledge.

A clinical governance framework was demonstrated in relation to HCP. Clinical care is brokered via various external nursing and allied health services with oversight provided by coordinators and management. The organisation has policies and procedures in relation infection control and whilst clinical care is provided through brokerage services, antimicrobial stewardship practices are limited due to the type of services provided through the home care service. A restrictive practices policy has been developed and implemented to support effective provision of care and services. Requirement (3)(e) was not applicable for CHSP as personal care and clinical are not provided through the programme.

For the reasons detailed above, I find Standard 8 Organisational governance compliant for HCP and CHSP.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)