Performance

Report

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| Name: | UnitingSA Seaton Aged Care |
| Commission ID: | 6954 |
| Address: | 172 Trimmer Parade, SEATON, South Australia, 5023 |
| Activity type: | Site Audit |
| Activity date: | 17 July 2024 to 19 July 2024 |
| Performance report date: | 21 August 2024 |
| Service included in this assessment: | Provider: 379 UnitingSA Ltd  Service: 4362 UnitingSA Seaton Aged Care |

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 UnitingSA Seaton Aged Care (**the service**) has been prepared by Katherine Richards, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.

The provider did not submit a response to the Site Audit report.

# 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

This Quality Standard is Compliant, as 6 of the 6 Requirements have been assessed as Compliant.

Consumers described staff as kind and caring, and considered they were valued and treated with dignity and respect. Staff said they received training on treating consumers with dignity and respect, and took time to learn about consumer identity, culture, and values. Staff were observed treating consumers in a dignified and respectful manner.

Care planning documentation included information on consumer’s culture and associated needs and preferences. Consumers said their culture and values were recognised and respected. Staff highlighted importance of understanding consumer cultural needs and described cultural activities and events to celebrate cultural diversity.

Consumers and representatives described how consumers were supported to make and communicate decisions about care, services, and relationships. Staff explained they consulted for choices and preferences and were aware of who was involved in decision-making for consumers. The consumer handbook outlined processes to engage with consumers for decision making, and support from staff was informed through policies and procedures.

Consumers gave examples of how they were supported to take risks, and discussed how they were consulted on risks and associated strategies to optimise their safety and well-being. Staff explained consumers were supported to take informed risks in line with their choices and preferences, ensuring they understood potential for harm and mitigating strategies. Care planning documentation included assessments for risks of choice, evidencing informed consent and safety measures.

Staff described how information was shared with consumers, and the delivery style adapted to meet communication needs. Consumers said they received information in writing, such as the activity schedule and newsletter, and verbally. Care planning documentation reflected preferred method of communication for each consumer.

Consumers outlined how staff respected their privacy, including through closing doors during care, seeking permission before entering rooms, and having personal conversations in private. Staff explained how personal information of consumers was kept confidential and privacy respected. Measures to secure personal information of consumers were observed, including password protections on computers and paperwork being locked in nurses’ stations.

# 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

This Quality Standard is Compliant, as 5 of the 5 Requirements have been assessed as Compliant.

Staff described assessment and planning processes used to identify risks, develop mitigating strategies, and inform care. Management outlined the clinical policies and procedures available to guide staff in assessment and planning processes. Care planning documentation evidenced assessment and planning processes followed a checklist to ensure comprehensive assessment of needs and risks with planning of tailored strategies to inform care.

Consumers spoke of consultation of their needs, goals, preferences, and end of life wishes. Staff explained the importance of undertaking consumer-centred assessment and planning, detailing how they approached discussions with consumers and representatives about advance care directives and end of life planning. Care planning documentation outlined current needs, goals, and preferences of consumers, along with advance care planning directives.

Consumers and representatives described how they participated as partners in assessment and planning processes and were aware of other health professionals involved. Staff highlighted how they engaged consumers and representatives within care planning consultations. Care planning documentation included details of representatives and health providers involved in assessment and planning processes.

Consumers and representatives verified they have access to consumer’s care and service plans and are verbally informed of changes. Staff advised policies and procedures informed effective communication between staff and consumers and representatives about the outcomes of assessment and planning, with structured discussions in case conferences and notifications following changes. Staff were observed accessing and updating consumer information within the electronic care management system.

Care planning documentation evidenced regular review of care and service plans in line with policies and procedures or change in consumer condition. Staff explained how the effectiveness of care and services was evaluated and modified following change in circumstances or incidents. Representatives verified regular reviews were undertaken, with changes made and communicated if the consumer experienced an incident or change in health.

# 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

This Quality Standard is Compliant, as 7 of the 7 Requirements have been assessed as Compliant.

Consumers provided positive feedback on the personal and clinical care delivered. Staff demonstrated familiarity with consumer care needs and preferences and delivery strategies in line with documentation in the care and services plans. Policies, work instructions, and flow charts guided staff in delivery of best practice personal and clinical care. Care planning documentation evidenced monitoring of effectiveness of care and strategies to enhance safety and well-being.

Care planning documentation reflected high impact or high prevalence risks for consumers, strategies being followed, and monitoring. Staff were aware of risks and mitigating strategies for individual consumers, which were observed in practice.

Staff explained how end of life care focused on comfort measures, including hygiene, pain assessment and management, and emotional and spiritual needs. Care planning documentation for a late consumer recorded communication with family, management of pain, monitoring of symptoms, and care being delivered in line with that requested within end of life planning.

Consumers verified change of health was promptly identified and responded to. Staff explained how they monitored, identified, and reported change or deterioration of consumer condition, including through watching for signs and symptoms and reviewing charting and progress notes. Clinical staff outlined how they would undertake assessment following identification of change, and escalation pathways in line with documented processes.

Consumers reported information about them was effectively shared between staff and they didn’t have to repeat or explain needs and preferences. Staff detailed methods for sharing information about consumers, including through handover and ad hoc verbal updates, and within care planning documentation. Written handover documents contained key information about consumer risks and ongoing care.

Care planning documentation included details of timely referrals made to other health providers. Staff described referral processes for a range of providers and organisations. Consumers and representatives were aware of referrals made as staff sought consent prior to submission.

Consumers expressed confidence in staff taking necessary precautions to prevent and control infections, including effectively managing infectious outbreaks. Staff said they received training in infection prevention and control, including for hand hygiene and use of personal protective equipment, and described actions to ensure appropriate antibiotic use where infections were identified. Policies, procedures, outbreak management guidance, and an Infection prevention and control lead supported staff practice. The service runs an ongoing vaccination program with monitoring of consumers’ COVID-19 vaccination status.

# 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

This Quality Standard is Compliant, as 7 of the 7 Requirements have been assessed as Compliant.

Consumers said services and supports for daily living considered their needs, goals, and preferences. Care planning documentation outlined actions and activities to optimise consumer’s quality of life, health, well-being, and independence.

Staff explained how they recognised and responded to low mood of a consumer and ensured those at risk of social isolation had regular interaction through one-on-one time. Consumers gave examples of how their emotional and spiritual needs were met, including through attending scheduled religious services and pastoral care visits. Care planning documentation included sufficient information about the needs and supports for the emotional, spiritual, and psychological support of consumers.

Consumers and representatives described how they were supported to participate in the community, do things of interest, and maintain relationships. Staff explained how the activity schedule considered consumer interests, abilities, and feedback. Care planning documentation included information on people of importance, interests, and community activities and participation.

Consumers and representatives expressed confidence in information sharing between staff and others involved. Staff in various roles explained how they received and communicated information about consumers, including through summary reports, care planning documentation, and verbal updates.

Staff outlined processes for referrals to services and supports to meet consumer needs. Consumers described referrals resulting in visits from volunteers, pastoral care, and pet therapy, although management acknowledged at times there was difficulty in sourcing services for very specific cultural needs. Documentation reflected collaboration with external services to support the diverse needs of consumers.

Consumers and representatives gave positive feedback on the variety, quality, quantity, and temperature of provided meals, with alternate options available. The rotating menu was developed at organisation level with Dietitian input, and tailored to feedback from consumers, including through food focus meetings or through discussions with the chef.

Consumers described equipment as fit for purpose, clean, and well maintained. Staff explained cleaning, monitoring, and maintenance processes for personal and lifestyle equipment, and processes to lodge requests for maintenance.

# 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

This Quality Standard is Compliant, as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives described the service environment as welcoming and easy to navigate. Staff explained they encourage consumers to set up their rooms with items of importance to support them to feel at home. The service environment had clear signage for wayfinding through wide corridors connecting communal areas.

Staff explained schedules for cleaning and maintaining the service environment and consumer rooms, with additional cleaning undertaken during outbreaks of infectious illness. Consumers were able to move freely throughout the indoor and outdoor areas and described observing effective cleaning and maintenance processes within their rooms and communal areas.

Consumers and representatives reported fittings, furniture, and equipment were suitable, safe, clean, and well-maintained. Staff demonstrated effective use of the preventative maintenance schedule to monitor furniture and equipment, including use of third party contractors for specialty equipment servicing. Maintenance reporting systems were known by staff and prompted timely action. Furniture and fittings were clean and in good 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

This Quality Standard is Compliant, as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they were encouraged to provide feedback or make complaints. Staff outlined how they supported consumers to provide feedback or raise concerns, including by speaking with staff or management, completing feedback forms, participating in surveys, or raising the item at the consumer meeting. Information on how to make a complaint was included in the consumer handbook, and brochures in different languages displayed.

Information about language services, advocacy groups, and external complaint organisations were included within the consumer handbook and displayed in communal areas. Management advised an advocacy group presents to consumers each year, most recently in June 2024. Staff demonstrated awareness of how to access language and advocacy services. Consumers confirmed awareness of advocacy and complaint supports if required.

Consumers and representatives provided positive feedback about how complaints were addressed. Staff recounted receiving training in management of complaints, including application of the open disclosure process, and would ensure issues were escalated to management for oversight. Documentation within the feedback register evidenced timely response using an open disclosure framework with evaluation of outcomes.

Management highlighted how the complaint process was used to make improvements, ensuring all feedback was acknowledged, reviewed, actioned, with service improvement opportunities incorporated in continuous improvement planning. Consumers and representatives gave examples of improvements arising from feedback or complaints, reflected within consumer meeting minutes.

# 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

This Quality Standard is Compliant, as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said whilst staff were busy, there were enough to provide safe and quality care in a timely manner. Some staff reported there would be benefit from additional staff in the morning, but ensured this did not impact on consumer care through working as a team. Management described how the number and skills of staff were considered within roster development, and strategies to fill vacant shifts included booking agency staff for multiple shifts for continuity of care. Documentation verified effective processes ensured vacant shifts were filled, and monitoring to ensure consumer needs were met and actions taken to ensure care minute requirements were met with additional recruitment undertaken where required.

Consumers and representatives described staff as kind, respectful, and caring. Management outlined how the service promoted a culture of consumer respect through training, policies, and procedures. Staff were observed to be attentive and respectful when interacting with consumers.

Documented position descriptions outlined required qualifications, skills, and responsibilities required for staff to fill the role. Management explained how recruitment processes included verification of qualifications, work visas, and security checks to meet organisational and legislative requirements, with monitoring for ongoing compliance. Staff confirmed participation in mandatory training and competency assessments relevant to their role.

Staff said they received comprehensive training through the mandatory training and felt encouraged to undertake further training. Management advised targeted training was developed in response to incidents and audit outcomes, with mandatory training modules tailored to ensure staff were aware of outcomes required within the Quality Standards. Monitoring of completion of training was undertaken.

Management explained processes to assess staff performance, including through formal performance appraisals and ongoing monitoring through observations and feedback. Staff demonstrated awareness of the performance appraisal process, and said they also receive ongoing feedback or discussion about complaints. The organisation has processes to respond to complaints, mistakes, or underperformance by staff, including investigations, interviews, and structured actions for improved performance.

# 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

This Quality Standard is Compliant, as 5 of the 5 Requirements have been assessed as Compliant.

Consumers described how they were engaged in the development, delivery, and evaluation of care and services and management actively sought consumer input in improvements. Documentation verified consumer input was sought through a range of methods including feedback and complaints processes, meetings, surveys, and audits. Management explained opportunities for consumers to participate in the Consumer advisory committee and Quality consumer advisory committee, although none had nominated to represent the service.

Management described the structure of the governing body and explained how expectations were communicated through policies and procedures emphasizing the importance of consumer safety and inclusivity through delivery of quality care and services. Monitoring of service and organisation performance against the Quality Standards was undertaken through reporting and meetings and used to identify improvement opportunities. The Board was made up of the Chief Executive Officer and independent directors, including members with appropriate clinical, financial, and governance experience.

Organisation wide governance systems relating to key areas were demonstrated through a framework of policies, procedures, reporting, and analysis of data. Information management was effectively managed through communication, availability of policies and procedures on the intranet, guidance for care through the electronic care management and medication systems, electronic complaint and incident reporting systems, supporting organisational access for oversight. Financial governance was demonstrated through development and monitoring of an annual budget considerate of consumer needs and processes for application of additional expenditure for improvements.

The risk management system enabled identification and monitoring of high impact and high prevalence risks whilst supporting consumers to live their best life. Risks were identified, reported, escalated and reviewed at service and organisational levels. Incidents were reported through the electronic incident management system and issues identified and analysed for trends to develop mitigating actions. Staff were aware of their responsibilities to identify and report abuse or neglect of consumers through mandatory training, demonstrated through incident reporting processes.

The clinical governance framework included systems to ensure the quality and safety of clinical care. Policies, processes, and training informed staff practice in key areas of clinical care, including antimicrobial stewardship and application of restrictive practices, with monitoring and oversight within service clinical meetings, Medication administration committees, clinical governance meetings, and by the Clinical quality partner and Board. Monitoring of restrictive practices was used to identify potential for reduction in use through alternate strategies. Incidents and complaint documentation reflected use of open disclosure practices, with review and reporting, and identification of continuous improvement actions.

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