Performance

Report

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| Name of service: | Wallsend Manor Aged Care |
| Service address: | 8 McNaughton Avenue Wallsend NSW 2287 |
| Commission ID: | 1066 |
| Approved provider: | Wallsend Manor Aged Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 11 April 2023 to 14 April 2023 |
| Performance report date: | 24 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 Wallsend Manor Aged Care (**the service**) has been prepared by G. Hope-Simpson, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site audit, the Site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives.
* the provider’s response to the assessment team’s report received 11 May 2023.
* 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 said they are well cared for at the service, and staff treat them with dignity and respect. Staff said consumers are cared for in a way which respects their choices and identity. Staff described how the services’ culture has become much more inclusive and respectful recently; where an incident of disrespect or poor treatment of a consumer occurred, this would be taken very seriously by management and investigated under the serious incident response scheme. Training records demonstrated staff have either completed or are completing culture and diversity training as part of their online training.

Consumers and representatives said care offered at the service is safe, and respectful of consumers’ cultural backgrounds and beliefs. Staff gave examples of culturally inclusive and safe care within the service. The service has a cultural diversity policy to outline to staff how different backgrounds and cultures may affect consumers, and the importance of being guided by consumer need and preference in providing culturally safe care.

Consumers said they are supported to make choices about what care they receive, how care is delivered, and who is involved in decisions about their care; they are supported to maintain the relationships important to them. Care planning documentation clearly outlined consumer choices about their care and preferences, in accordance with the service’s dignity and choice policy.

Consumers felt supported to live the best life they could. Staff said consumers can choose to take risks such as those consumers who chose to eat food not recommended by the dietician, despite living with health conditions such as Type 2 diabetes which could be adversely affected by these choices. Consumers with a dignity of risk form stated they had discussed risks with staff and had the risks explained to them. The service has policies and procedures relating to risk and consumer choice to guide staff in identifying and mitigating risk whilst supporting consumer choice.

Consumers said they receive sufficient information at the correct time to make choices about their care and daily lives. Staff explained they inform consumers about meal choices and daily care including a reminder if the medical officer will be visiting them. Lifestyle staff stated they inform consumers of the daily activities at breakfast each morning, including speaking with consumers who take breakfast in their rooms. Printed information was available around the service.

Consumers said staff respected their privacy at the service. Representatives said if they were not the designated next of kin, the service would not share details of their consumers’ care with them, and instead referred them to the next of kin. Staff were observed knocking and waiting for an answer before opening consumer doors, and ensuring doors were closed when providing care. The service has a privacy policy, and a record management policy and procedure to guide staff handling of private and confidential information.

# 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 and representatives said they are satisfied with the assessment and care planning process at the service. Staff described the assessment and planning process, which starts on admission, and includes regular review, and identifies risks to the consumer’s health and wellbeing. Care planning documentation demonstrated they are individualised and contain relevant information and assessments for consumers. The service has policies and procedures to guide staff practice on effective assessment and planning for the consumers.

Consumers and representatives described what is important to them in how their care is delivered, this included discussions about advance care planning and end of life planning. Staff described how they know what is important to consumers and how they approach advance care planning conversations with the consumer and their representatives. Care planning documentation clearly identified the consumer’s needs, goals and preferences, and included advance care planning documentation where applicable.

Consumers and representatives demonstrated being involved in assessment and planning on an ongoing basis. Staff described how assessment and planning occurs in partnership with the consumer, their representative and other providers of care. Care planning documentation demonstrated the inclusion of other individuals in the care planning of the consumer. The service has policies which guide staff on partnering with the consumer and their representatives in providing person-centred care.

Consumers and representatives said staff explained things to them about consumer care and could recall being asked if they wanted a copy of their care plan if they did not have one. Staff described how they communicate with consumers and their representatives about changes in the consumer’s care plan. Care planning documents were observed to be readily available for staff to access, and staff were observed accessing consumer care plans.

Consumers and representatives confirmed that consumer care and services are reviewed regularly or when the needs, goals and preferences of the consumer change. Care planning documentation demonstrated regular review, or when circumstances impact on the care needs of the consumer. Management and staff explained care plans are reviewed every 3 months or following any incident which impacts on the care needs, goals and preferences of the consumer.

# 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

The service was previously found non-compliant with Requirement 3(3)(b), following an Assessment Contact in 2021. Evidence in the site audit report dated 11 April 2023- 14 April 2023, and in the approved provider’s response to the site audit report, shows the service implemented improvements and has addressed deficits in relation to management of high prevalence, high impact risks and is now compliant with this Requirement.

Consumers and representatives said personal and clinical care meets individual needs and preferences. Staff explained how care they provide is best practice and is tailored to the needs of the consumers. Care planning documentation demonstrated consumers’ preferences are recorded, and personal and clinical care is tailored to the needs of each consumer. The service has policies to guide staff on falls management, restrictive practices, pain and wound management.

Consumers and representatives said the service manages consumer risks associated with their care. Staff described high impact, high prevalence risks such as falls that impact consumers at the service, and strategies to reduce the risk of falls occurring including the physiotherapist doing strengthening exercises with consumers and using chair mats and floor alarms. Care planning documentation demonstrated risks are identified and responded to.

Consumers and representatives described how the service spoke to them about advance care planning or end of life planning. Care planning documentation contained relevant advance care planning documentation and demonstrated that a discussion had occurred between the service and the consumer or their representative. Staff described how they adjust their approach to care to meet the changing needs of consumers on an end-of-life pathway.

Consumers and representatives said the service recognises and responds to changes in the consumer’s care needs in a timely manner. Care planning documentation demonstrated that changes in a consumer’s condition are documented and responded to. The service has clinical deterioration guidelines which support staff in responding to deterioration and changes in consumer condition.

Consumers and representatives said their care needs and preferences are communicated effectively and were happy with the care they were receiving. Care planning documentation demonstrated care plans are reviewed regularly, including regular progress notes, to ensure that staff have access to up to date information. Staff were observed attending a handover where a verbal update on each consumer’s condition was provided to the team including in relation to pain, medications, and updates if a consumer had chosen to stay in their room for the previous shift.

Consumers and representatives said they have access to other health professionals and providers of care when they need it. Care planning documentation evidenced input from other health professionals including physiotherapists, podiatrists, dietitians, wound specialists and medical officers. Staff accurately described the process for making referrals to other providers of care.

Consumers and representatives were satisfied with the infection control precautions practiced at the service. Staff described how they apply infection control practices in their day-to-day work. Management and clinical staff described how they ensure that antibiotics are used appropriately, and minimised where possible. Infection control practices were observed being used appropriately by staff.

# 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 services and supports provided by the service meet their needs, goals, and preferences. Staff described how the activities schedule is designed to cater to consumer preferences and optimise their wellbeing and quality of life. Care planning documentation reflected information about the consumers’ background, interests, and preferences. The monthly activity calendar included a variety of activities such as bingo, quizzes, knitting, musical performances, bus outings and religious services.

Consumers and representatives said consumers are provided with supports that benefit their emotional, spiritual and psychological wellbeing such as having religious services available to consumer. Staff described the various religious and non-religious activities offered to support consumers’ emotional and spiritual wellbeing. Staff said they often utilise music and crafts, such as dance shows and concerts to connect with consumers who struggle to verbalize their preferences. Communication cards and white boards are used for some consumers who react better visually rather than verbally.

Consumers described their interests and how the service supports them in engaging in these activities. Consumers and representatives said the service enables them to stay in touch with their loved ones. Staff said consumers are offered weekly bus trips around the local area for various activities to help stay connected to the community. Staff were observed knocking on consumer rooms, encouraging them to participate in the available activities.

Consumers and representatives said staff are well informed about consumers’ needs and preferences. Staff described the ways in which they keep informed of consumers’ changing needs and preferences, such as, through handovers and checking care planning documentation for progress notes. Care planning documentation reflected current consumer needs and preferences.

Consumers stated they were aware of lifestyle services available to them from outside organisations and individuals. Lifestyle staff describe how they involve outside organisations and individuals to ensure suitable services are provided to consumers. The activities calendar reflected various activities facilitated by external organisations and individuals including church services and musical performances from local schools.

Consumers and representatives were satisfied with the food at the service. Hospitality staff described how they prepare meals to ensure its quality and how they stay informed about consumers’ dietary needs and preferences. The menu offered various options for every meal and the dining experience was observed to be pleasant with staff assisting consumers when needed.

Consumers said equipment at the service is suitable, safe, clean and well maintained. Staff said they have access to equipment to facilitate activities with consumers and feel comfortable in requesting management for more equipment if needed. Care staff were able to recount the process of requesting maintenance repairs for equipment at the service. Maintenance logs showed that requests were addressed in a timely manner with no outstanding maintenance concerns.

# Standard 5

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

Findings

Consumers said they feel safe living at the service and are comfortable navigating the service, they can move around the freely with or without the use of their mobility aids, or with staff assistance. Staff said consumers are encouraged to be as mobile and independent as possible but will assist if required or if requested. Consumers’ rooms were observed to be personalised with photos and personal items throughout. The shared spaces were observed to be spacious and welcoming, with a variety of gathering areas available for consumer use.

Consumers said their rooms and the common areas are always clean and well maintained. Cleaning staff described how they ensure different areas of the service are cleaned and maintained for consumer use. The service was observed to be safe, clean, and well maintained and consumers were moving freely around the service, both indoors and outdoors.

Consumers reported the service’s furniture, fittings, and equipment are safe, clean and well maintained, meeting their needs; where equipment is shared between consumers, such as lifting machines, staff use disinfectant wipes to wipe down equipment after every use. Staff described the maintenance logging process and maintenance staff described preventative maintenance practices and the process of repairing broken equipment. Furniture, fittings, and equipment were observed to be well maintained, clean and safe for consumer use.

# 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 feel comfortable raising concerns or making complaints and are aware of different options for doing so, including directly to staff, through email, or by using feedback forms. Staff described different options for consumers to make complaints and said they would feel comfortable raising concerns about the service or consumer care themselves and knew how to do so. The service has a feedback and complaints policy and procedure outlining the complaints and feedback process.

Consumers were aware of the different options for raising concerns or complaints, including external to the service. Staff were aware of interpreter services and knew of cases where the service supports consumers who speak other languages to discuss their care and raise any concerns they have. Management described advocacy, external complaint, and interpreter services. Information about advocacy and interpreter services was observed displayed throughout the service.

Consumers and representatives felt the service had taken appropriate action to resolve their complaints. Staff stated they are supported to resolve minor concerns immediately and escalate complaints to management for resolution and were familiar with the process of open disclosure and when this would be used. The service has an open disclosure policy in place to guide staff in responding appropriately to complaints and incidents.

Consumers and representatives felt that improvements were made to care as a result of feedback and complaints. The feedback and complaints register and minutes from the consumer/representatives’ meeting minutes reflected actions taken in response to complaints to improve care given and the quality of the service. The quality improvement plans contained actions taken to improve care, alongside supporting documentation.

# 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 said there are enough staff at the service and consumers do not wait long for staff to respond to call bells. Management explained how they determine whether staff are competent and capable in their role such as monitoring and managing call bell response times. Rosters and call bell reports showed there is always a registered staff member on shift and the service uses agency staff when short staffed or existing staff assist to ensure care needs are met.

Consumers and representatives said staff are kind and caring and are gentle when providing care. Organisational documentation, such as policies and mandatory training, showed staff are educated about the importance of respecting consumers’ identity and culture. Staff were observed addressing consumers by their name and using respectful language when assisting consumers.

Consumers and representatives said they believe staff know what they are doing. Management explained how each role has a position description aligned to qualifications and knowledge required. Records demonstrated that staff are appropriately qualified and have the experience, and knowledge to perform their duties successfully.

Consumers and representatives said staff are well trained and equipped to provide care. Staff knew their responsibilities in relation to reporting and responding to incidents. The infection control lead explained how staff were trained and supervised in relation to infection control and personal protective equipment. The mandatory training register showed staff are trained, equipped, and supported to deliver the outcomes required by the Aged Care Quality Standards.

Management explained how they monitor staff performance by completing observations, getting other staff members’ feedback, especially during the probation period, and by completing annual performance reviews. Staff records evidenced that staff are supervised relevant to their roles and responsibilities and periodic performance reviews including the provision of feedback and development opportunities occur.

# 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

The service was previously found non-compliant with Requirement 8(3)(d), following an Assessment Contact in 2021. Evidence in the site audit report dated 11 April 2023-14 April 2023, and in the approved provider’s response to the site audit report, shows the service has addressed deficits in relation to risk management systems and now complies with Requirement 8(3)(d).

Consumers and representatives said the service is well run, and consumers explained how they are engaged to have input into the service delivery through different avenues, such as at the monthly consumer meetings. Management discussed processes for engaging consumers including through feedback forms, consumer meetings, focus groups, and always encouraging consumer feedback. Minutes from consumer meetings demonstrated that consumers are engaged and have input into service delivery.

Consumers and representatives said the service communicates information on things such as COVID-19 updates. Board reports and organisational communication including the monthly clinical governance report outlined how the board plays a role in promoting a safe and inclusive culture in which quality care and services are provided. The clinical governance report reflected monthly number of falls, pressure injuries, infections, antimicrobial stewardship, incidents, restrictive practices, call bell response times, number of complaints, mandatory training.

The service demonstrated appropriate governance systems are in place including a governance and reporting structure, electronic information management, workforce management, continuous improvement, policies and procedures, management meetings and reports including information for the governing body to satisfy itself that the Aged Care Quality Standards are met. The service has policies and procedures relating to all aspects of various governance system including for records management. Management said opportunities for continuous improvement are identified through feedback, observations, regulatory updates, organisational change, and consumer and family survey results.

Management described how incident information is used to identify risks to consumers’ care and ways to mitigate these to prevent incidents from occurring. Staff understood their responsibilities relating to reporting abuse and neglects and confirmed they had received training relating to the serious incident report scheme. The service has an incident management system policy and procedure relating to how incidents’ will be identified, documented, and managed in consultation and open discussion with the consumer.

The organisation provided a clinical governance framework, policies and documentation relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Management explained what their accountabilities and responsibilities are in relation to antimicrobial stewardship, use of restrictive practices and open disclosure. Clinical staff demonstrated a sound understanding of antimicrobial stewardship, restrictive practices, and open disclosure. The service has an antimicrobial stewardship policy and process in place to guide staff practice.

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)