Performance

Report

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| Name of service: | Performance report date: |
| Wheller Gardens – St Marks House | 09 August 2022 |
| Commission ID: | Activity type: |
| 5171 | Site audit |
| Approved provider: | Activity date: |
| The Uniting Church in Australia Property Trust (Q.) | 11 July 2022 to 13 July 2022 |

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 Wheller Gardens – St Marks House (**the service**) has been considered by Kimberley Reed, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Material relied on

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

* the assessment team’s report for the Site audit, the Site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 04 August 2022
* 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 | | Compliant |
| 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 were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and live the life they chose. Consumers and representatives confirmed staff were respectful towards consumers, and their individual identity, culture and diversity was recognised and valued. Consumers were encouraged and supported to maintain their independence by continuing to do things for themselves.

Consumers described the ways their social connections were supported, both inside and outside of the service, and said they were satisfied care and services were undertaken in a way which affords them dignity and respects their personal privacy. A review of care documentation demonstrated relevant information was collected and shared to support consumers’ choice and their decisions were respected and shared with relevant care and service staff. Staff could identify which consumers were supported to take risks and how the service monitored the risk to the consumers. Information provided to consumers was current and accurate, easy to understand and provided in a timely manner. The workforce was observed to interact with consumers in a friendly, supportive and respectful manner.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 felt like partners in the ongoing assessment and planning of the consumers’ care and services. Care planning documentation reflected individual consumer’s current needs, goals and preferences. Consumers were included in the ongoing assessment and planning of their care and services, and other persons the consumer wished to be involved were also included in assessment and planning processes. Consumers and representatives were informed about the outcomes of assessment and planning, and consumers had access to their care documentation if they required it.

Initial assessments were completed to identify consumers’ needs, goals and preferences, including end of life and advanced care planning. Risks were identified as part of the assessment and care planning process. Care plans were reviewed on a regular basis or as consumer care and service needs changed or when incidents impacted on the needs of the consumer. The service had access to internal and external allied health professionals and other community health care services as required to support consumer care.

# Standard 3

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| Personal care and clinical care | | Compliant |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission-based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

## Findings

Consumers received personal care and clinical care that was safe and right for them and in accordance to their needs and preferences. Care provided was in line with best practice guidelines and tailored to the needs of the consumer, and services from Medical officers or other health care services was timely when required. Consumers confirmed the care they received when they were unwell or experiencing a deterioration in their health was responded to in a timely manner, with their preferences being met. Staff could describe the way care delivery changes for consumers nearing their end of life and practical ways in which consumer’s comfort and dignity was maximised

The consumers’ care and service plan informed the provision of safe and effective personal and clinical care, and the sharing and communication of information to support consumers’ health and well-being. Care documentation reflected the identification of, and response to, changes in consumers’ condition or health status, including the effective management of high impact and high prevalence risks to consumers and referrals as required.

The service had a documented infection prevention and control procedure, including an Outbreak management plan, education and training for staff and the appointment of a dedicated Infection Prevention Control Lead, who completed the required education and training in infection prevention and control. Staff demonstrated an understanding of how to minimise the need for the use of antibiotics to ensure they were used appropriately.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 were provided with the services and supports for daily living that were important for their health and well-being and that enabled them to do the things they wanted to do. Consumers and representatives confirmed consumers were supported to do the things they liked to do to optimise their independence, health, wellbeing and quality of life. Consumers and representatives confirmed consumers were supported by the service to undertake lifestyle activities of interest to them, facilitate activities within the service, and encouraged to be involved in community connections.

Consumers expressed satisfaction with the volunteer program at the service that gave them an opportunity to develop new friendships, rekindle past interests, kept them linked to their community and enriched their lives. Consumers and representatives confirmed consumers were supported by the service to keep in touch with people who were important to them and were supported in their emotional and spiritual care interests and social and personal relationships.

Review of consumers’ care documentation confirmed the service provided information to support effective and safe sharing of the consumers’ care needs. Staff stated any changes to consumers’ wellbeing, preferences or choice of activities was communicated at handovers and updated on care plans. Lifestyle staff described how they worked with external organisations to help supplement the lifestyle activities offered within the service. Staff could explain which other organisations or individuals the service involved in the provision of the lifestyle services and supports. Management advised the service had a policy and a system for making referrals to individuals and providers outside of the service.

Consumers expressed satisfaction with the meals and explained they had input into the menus and improvements to the quality and variety of meals had occurred because of their feedback.

Lifestyle supports, were observed to be sufficient and appropriate for consumers well-being, participation and inclusion. Equipment provided to support the lifestyle requirements of the consumers was observed to be safe, suitable, clean and well-maintained.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 felt safe and comfortable and had a feeling of belonging with the service. to the service. Consumers had access to call bells to alert staff if they required assistance. Consumers provided positive feedback in relation to the service environment, and confirmed it was clean, tidy and well maintained. Consumers confirmed equipment and furniture provided was both safe, clean and suitable for their needs. Consumers said they could move freely inside and outside the service if they chose to do so.

Staff had an awareness of how to report items requiring maintenance. Documentation confirmed reactive maintenance was attended in a timely manner and preventative maintenance was undertaken as scheduled.

The indoor and outdoor environment was observed to be welcoming, clean, well-maintained and easy to access. Equipment was observed to be clean, well maintained and appropriate to consumer needs.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 were encouraged and supported to give feedback and make complaints, and appropriate action was taken in response to their complaints. Consumers and representatives were aware of the service’s formal processes for raising a complaint, felt safe raising any issues directly with staff or management and did not express concern about potential retribution if they were to provide feedback.

The service’s written information including the consumer handbook, newsletter, feedback forms and complaints resolution policies and procedures provided information about how to make complaints and contact information for external complaints agencies. Brochures and posters displayed around the service provided information on external complaints agencies, advocates and language services. A range of brochures for providing complaints to the Commission translated in various languages were displayed at the service’s front reception and throughout the service.

The service had an effective process and system for dealing with feedback and complaints which informed continuous improvement in care and service delivery. Management described the service’s practice of open disclosure in response to feedback, complaints and incidents, and provided examples of where open disclosure was applied. Staff demonstrated an understanding of open disclosure and how this related to complaints resolution.

**Standard 7**

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| Human resources | | Compliant |
| 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 received quality care and services when they needed them from staff who were knowledgeable, capable and caring. Consumers and representatives confirmed that staff knew what they were doing and are confident that staff were adequately trained and were competent in their roles. Consumers provided feedback that staff were kind and treated them well. Consumers and representatives stated staffing numbers were generally adequate and staff were available to attend to consumers’ needs in a timely manner.

Staff considered there were sufficient staff to provide care and services in accordance with consumers’ needs and preferences and they were allocated enough time to complete their assigned tasks.

The service had policies, processes and systems to implement effective recruitment, training and performance management of staff across all areas of service delivery. Staff underwent annual mandatory training and had access to additional training via online modules and toolbox training sessions. Staff completed regular performance appraisals that involved feedback from supervisors on their performance and an opportunity to identify areas for further improvement or training.

**Standard 8**

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| Organisational governance | | Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

## Findings

Consumers considered the organisation was well run and they could partner in improving the delivery of care and services. Consumers and representatives stated the service supported consumers’ health, safety and well-being and was inclusive of consumers’ identity, culture and diversity.

Consumers provided examples on how they were involved in the development, delivery and evaluation of care and services. Consumers participate in monthly consumer and representative meetings which encouraged partnership in improving the delivery of care and service. Consumers were also involved in feedback sessions regarding new staff and were involved in infection control meetings.

The organisation’s governing body is accountable for the delivery of safe and quality care and services with the governing body setting clear expectations for the organisation. The organisation’s strategic plan establishes the mechanisms used by the organisation to promote a culture of safe, inclusive of quality care and services. There were organisational governance systems to support requirements related to key areas which included information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints. The organisation continually monitored risk to consumers and took appropriate action to any increase in risk. The organisation used effective investigative tools when aware of any allegation or evidence of harm, abuse or neglect. The service had policies and procedures that guided staff to report and record incidents effectively to meet their responsibilities relating to reporting timeframes.

The organisation was able to evidence strategies and practices to ensure antimicrobial medication was prescribed according to best practice guidelines. The organisation had policies relating to minimising the use of restraints and staff were aware of the need to use alternatives to chemical and physical restraint and described the non-pharmacological strategies in place to support and care for individual consumers within the service. Staff and management understood the underlying principles of open disclosure and were aware part of the principle included acknowledging when things go wrong and offering an apology.

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