**Performance**

**Report**

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| Name of service: | Uniting - Illawarra |
| Service address: | 37 Berry Street NOWRA NSW 2541 |
| Commission ID: | 200902 |
| Home Service Provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Assessment Contact - Site |
| Activity date: | 1 August 2023 to 2 August 2023 |
| Performance report date: | 19 October 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Uniting - Illawarra (**the service**) has been prepared by M Franco, 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.

# Services included in this assessment

**Home Care:**

* Uniting Care - Shoalhaven, 17801, 37 Berry Street, NOWRA NSW 2541
* UnitingCare Ageing Illawarra, 17824, 37 Berry Street, NOWRA NSW 2541
* Osborne Community Care EACH Service, 17695, 37 Berry Street, NOWRA NSW 2541

**CHSP:**

* UNITING (NSW.ACT) - Care Relationships and Carer Support, 25089, 37 Berry Street, NOWRA NSW 2541
* UNITING (NSW.ACT) - Community and Home Support, 25090, 37 Berry Street, NOWRA NSW 2541

# Material relied on

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

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site 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 8 September 2023.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| 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 |

Findings

Consumers said staff treat them with dignity and respect. Staff explained how they treat consumers with dignity and respect and referenced the Charter of Aged Care Rights and the consumers’ rights and responsibilities brochure in their response. Management said there were no open complaints about staff conduct. Documentation showed the service has a consumer-centred approach to care and service delivery.

Based on the evidence summarised above I find the service Compliant with Requirement 1(3)(e) of the Aged Care Quality Standards.

# Standard 2

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

Findings

Consumers and representatives said consumers get the care they need and have received information about end-of-life planning. Management said they discuss advance care and end of life planning with consumers on commencement and initiate a referral to a palliative care team if required.

Based on the evidence summarised above I find the service Compliant with Requirement 2(3)(b) of the Aged Care Quality Standards.

# 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 |

Findings

Consumers interviewed said they get safe and effective care that meets their needs, goals and preferences and optimised their health and well-being. The service advised they ensure consumers receive the care and services they need and prefer and was able to evidence to the Assessment Team documentation that showed staff ratios and shifts are tracked to ensure sufficient staffing levels are available to meet the care and service of the consumers.

Based on the evidence summarised above I find the service compliant with Requirement 4(3)(a) of the Aged Care Quality Standards.

# 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 on the care and services consumers receive. Management said feedback and complaints are obtained through various mechanisms, including surveys and verbally. Staff said they support consumers to provide feedback and complaints by explaining the process and encouraging discussion during delivery of care.

Consumers and representatives said they have received information on their right to an advocate and advocacy services and information on how to raise complaint and feedback. Staff were knowledgeable of advocacy and language services available. Consumers are provided with a brochure on their rights and responsibilities, which includes information on external complaints organisations.

The service uses a comprehensive complaints and incident management system (QUASAR) to monitor completed, in progress and overdue complaints, and prompt staff in the use of open disclosure. Staff were knowledgeable of open disclosure principles and provided examples of how they practice them in everyday interactions with consumers. Policies and procedures are in place to guide staff on complaints handling processes.

Feedback and complaints are used to improve the quality of care and services. Management said they record and analyse feedback to inform systemic improvements and provided an example of where this had occurred.

Based on the information summarised above I find the service compliant with Standard 6 of the Aged Care Quality Standards as four of the four applicable requirements have been assessed as Compliant.

# 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 |

Findings

As demonstrated throughout the Assessment Team’s report consumers were generally satisfied their care and services needs are met, indicating the number of staff are sufficient. Consumers said there is consistency with staff members who deliver services. Management said the service has a full suite of staff relative to their funding amount.

Based on the evidence summarised above I find the service compliant with Requirement 7(3)(a) of the Aged Care Quality Standards.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| 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)(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 | Compliant |

Findings

Interviews with consumers and staff, and documentation showed there are effective organisation wide governance systems in place to support information management, continuous improvement, workforce governance, financial governance and feedback and complaints. There are systems and practices are in place to ensure effective management of high impact or high prevalence risks, identifying and responding to abuse and neglect and supporting consumers to live the best life they can.

The organisation’s clinical governance framework guides staff in relation to education and training, internal clinical audits, clinical effectiveness, research and development, open disclosure, restrictive practices, and risk management.

Based on the evidence summarised above I find the service Compliant with Requirement 8(3)(c) and Requirement 8(3)(e) of the Aged Care Quality Standards.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)