Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Uniting Abrina Ashfield |
| Commission ID: | 2002 |
| Address: | 19-21 Victoria Street, ASHFIELD, New South Wales, 2131 |
| Activity type: | Site Audit |
| Activity date: | 4 September 2023 to 6 September 2023 |
| Performance report date: | 11 October 2023 |
| Service included in this assessment: | Provider: 1352 The Uniting Church in Australia Property Trust (NSW)  Service: 604 Uniting Abrina Ashfield |

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 Abrina Ashfield (**the service**) has been prepared by A. Douglas, 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 and others
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 and representatives said staff respected consumers’ backgrounds and treated them with dignity and respect. Staff demonstrated an understanding of consumers’ life stories and outlined how they promoted the consumer’s dignity and respect. Care documents contained accurate information about consumers’ backgrounds and interests.

Consumers said staff provided culturally safe care and services in alignment with their cultural preferences. Staff demonstrated an understanding of consumers’ cultural needs, values, and preferences. Care documents outlined consumers’ cultural needs and preferences.

Consumers and representatives said consumers could make decisions about their care and maintain personal relationships. Management and staff described how they assisted consumers to make choices and achieve their individual goals. Care documents identified consumers’ individual choices regarding when care was delivered, who was involved in their care, and how the service supported them to maintain relationships.

Consumers said the service supported them to take risks and demonstrated an awareness of the risks associated with their decisions. Staff outlined the supports provided to consumers who chose to engage in activities which included an element of risk. Care documents showed the service had collaborated with consumers and representatives to identify and manage risks.

Consumers and representatives said the service provided them with information which allowed them to make informed decisions about care and services. Staff described the ways information was provided to consumers in an easy and accessible way. The Assessment Team observed the service communicated through printed information, verbal reminders, consumer meetings, and email correspondence.

Consumers and representatives said the service protected consumers’ privacy and confidentiality. Staff described the practical ways they maintained consumers’ privacy when providing care. The Assessment Team observed staff conducting their roles in a way that protected consumers’ privacy.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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 the service considered consumers’ individual risks as part of the care planning process. Staff demonstrated an understanding of individual risks to consumer’s health and well-being. Care documents evidenced the assessment and planning process considered risks to consumers’ health and well-being and informed the delivery of safe and effective care and services.

Consumers and representatives confirmed staff regularly engaged them in conversations regarding the consumer’s needs, goals, preferences, and their end of life (EOL) care. Staff said advance care planning and EOL care was discussed with consumers and representatives on admission, at case conferences, and as care needs changed. Care documents identified and addressed consumers’ current needs, goals, and preferences, including advance care planning and EOL planning.

Consumers and representatives reported they were involved in assessment and planning on an ongoing basis. Relevant staff could explain their roles in relation to care planning and assessments. Care documents showed evidence of involvement from a range of services, including medical officers (MO) and allied health professionals.

Consumers and representatives said they understood what was included in the consumer’s care and services plan, and confirmed it met their needs, goals, and preferences. Staff described the processes in place to ensure the service partnered with consumers to assess, plan, and review their care and services. Care documents demonstrated an integrated and coordinated approach to assessment and planning, and identified all relevant organisations, individuals, and service providers who were involved in the consumer’s care.

Consumers and representatives confirmed care and services were reviewed regularly for effectiveness and when circumstances changed. Staff could describe how and when care plans were reviewed for effectiveness. Care documents confirmed the service conducted regular 3-monthly reviews of consumers’ care plans. The Assessment Team reviewed policies and procedures which guided staff practice in relation to the review of consumers’ care plans.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives expressed satisfaction with the care consumers received, including the management of falls, pain, and skin integrity. Care documents showed consumers received safe and effective care that was best practice, tailored to their needs, and optimised their health and well-being. Staff demonstrated an understanding of the individual personal and clinical needs of consumers.

Staff demonstrated an understanding of the high impact or high prevalence risks related to each consumer’s care, and the strategies in place to manage these risks. Consumers and representatives were satisfied with the service’s management of high impact or high prevalence risks. Care documents noted high impact or high prevalence risks were identified and effectively managed by the service.

Care documents included evidence of discussions between staff, consumers and representatives regarding advanced care planning. Consumers and representatives said they were satisfied with the service’s approach to EOL care. Staff outlined how they would provide care for a consumer that was receiving palliative care in a way that maximised their comfort and preserved their dignity.

Consumers and representatives advised the service recognised and responded promptly to changes in the consumer’s condition. Staff described the process they followed in the event they noticed a deterioration in the health and well-being of a consumer. Care documents confirmed deterioration and changes in consumers’ health and well-being was recognised and responded to in a timely manner.

Consumers and representatives said they were satisfied that their care needs and preferences were documented and communicated between staff. Staff described how information was shared and communicated throughout the service. Care documents included input from MO and allied health professionals. Care plans and handover reports provided adequate information to support effective and safe care and services.

Consumers and representatives confirmed referrals were timely, appropriate, and occurred when required. Care documents included timely referrals to MO, allied health professionals, and other providers of care and services. Management and staff described the referral process they followed when referring consumers for consultation within and outside of the organisation.

Management and staff demonstrated an understanding of the precautions required to prevent and control infections within the service and described strategies to ensure the appropriate use of antibiotics. Consumers and representatives expressed satisfaction with the measures in place to minimise infection related risks. The Assessment Team noted the service had documented policies and procedures to guide staff in relation to antimicrobial stewardship and infection control management.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 consumers were supported to participate in activities of interest, including group and independent activities. Staff outlined how consumers’ needs, goals and preferences were supported in delivering safe and effective services. The Assessment Team observed various group and independent activities occurring throughout the duration of the site audit with active participation and large attendance by consumers.

Consumers said the service supported them to maintain important social, emotional, and religious connections. Care plans accurately captured consumers’ emotional, spiritual, and psychological needs. Staff described strategies they used to support consumers’ emotional and psychological well-being.

Consumers said they were supported to participate in their community, within and outside of the organisation's service environment, have social and personal relationships, and do things of interest to them. The Assessment Team observed groups of consumers taking part in various activities occurring throughout the service. Staff described how they supported consumers to participate in the community and maintain relationships of importance.

Consumers confirmed staff were aware of their needs and preferences. Staff explained how they stayed informed about changing consumer needs and preferences and identified where they could access up to date information about consumers.

Consumers confirmed they were supported by other organisations, support services and providers of other care and services. Staff demonstrated an understanding of how they worked with other individuals, organisations, and providers of other care and services. Care documents identified engagement with other organisations and services in a timely manner.

Staff demonstrated a shared understanding of consumers’ dietary needs and preferences and explained how they accommodated these needs. Consumers and representatives mostly indicated the service provided meals which were varied and of suitable quality and quantity. The Assessment Team observed the kitchen to be clean and tidy, and staff were observed to be adhering to general food safety guidelines.

Consumers said they found the equipment at the service to be suitable, safe, and well maintained for their use. Staff confirmed they had a good quantity of clinical and lifestyle equipment to deliver quality care. The Assessment Team observed equipment was clean, safe, and suitable for use.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 and representatives said the service environment was welcoming and easy to understand and navigate. Staff were observed greeting visitors in the main reception area. The Assessment Team observed consumers utilising the service’s various communal areas both indoors and outdoors.

Management and staff described how the service environment was cleaned and maintained following internal and external maintenance schedules. The Assessment Team observed the service environment was safe, clean, well maintained, and allowed consumers to move freely both indoors and outdoors. Consumers said they were satisfied with the cleanliness of the service environment.

Consumers said they felt comfortable utilising the service’s equipment. The Assessment Team observed furniture, fittings and equipment was safe, clean, well maintained, and suitable for consumer use. Staff maintained the service’s equipment through various schedules, including proactive and reactive maintenance procedures which were up to date.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 felt safe, encourage and supported by the service to provide feedback and make complaints. Staff demonstrated an awareness of feedback and complaints processes. The service had various avenues for making a complaint and providing feedback, including speaking directly to the management team, submitting a feedback form, consumer meetings, surveys, or emailing the care manager.

Consumers and representatives said they were aware of other avenues for raising a complaint, both internally and externally. The Assessment Team observed information regarding advocacy and language services displayed throughout the service in multiple languages. Management and staff said they were aware of the process to access interpreter and advocacy services on behalf of consumers.

Consumers and representatives said management promptly responded to and sought to resolve their concerns after they made a complaint. Staff demonstrated an understanding of open disclosure and complaint management processes. Review of the complaints data from the past demonstrated the service took appropriate and timely action in response to complaints.

Consumers and representatives said their feedback was used to improve the quality of care and services. Consumer meeting minutes and the plan for continuous improvement (PCI) demonstrated complaints, feedback and suggestions are generally documented and changes at the service are communicated with consumers.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 felt there was a sufficient number of staff at the service and confirmed call bell requests were promptly answered. Management advised the service reviewed clinical indicators and feedback from staff and consumers to ensure staffing levels were sufficient. A review of the service’s August 2023 staffing roster confirmed all shifts were allocated and filled appropriately.

Consumers and representatives felt staff were kind and respectful when delivering care. Staff demonstrated they were familiar with consumers’ individual needs and preferences. The Assessment Team observed kind and respectful interactions between staff and consumers.

Consumers and representatives felt staff performed their roles effectively. Staff at all levels expressed confidence in their knowledge and skills to perform their roles. All staff had the relevant qualifications to perform the duties outlined in their position descriptions.

Consumers and representatives felt confident staff were sufficiently trained to deliver the care and services consumers required. Staff confirmed they received ongoing training and support to perform their roles. The Assessment Team reviewed documentation which demonstrated the workforce was recruited, trained, equipped, and supported to deliver the outcomes required by Quality Standards.

Management advised staff performance was monitored and assessed through annual performance reviews and ongoing feedback from consumers and the workforce. The Assessment Team reviewed training records, staff meeting minutes and online training attendance records which evidenced staff received regular assessment, monitoring and review of their performance. Staff demonstrated an awareness of the performance review process and said they received ongoing feedback about their performance from management.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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

Consumers said they felt involved in the design, delivery, and evaluation of services. Management and staff confirmed consumers and representatives were encouraged and supported to be involved in various meetings, and changes were actioned from their input. Documentation review showed consumers were meaningfully engaged in the evaluation of services through consumer meetings, feedback mechanisms, and surveys.

Management advised they completed monthly internal audits, and the results of these audits were discussed with the service’s various clinical governance subcommittees. The governing body had numerous reporting pathways to ensure it maintained adequate oversight of the service’s operations. The Assessment Team reviewed multiple communications between the governing body and the service which confirmed the governing body retained oversight of the service’s operations.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service had an effective communication management system, continuous improvement framework and PCI, established financial governance arrangements, and processes for workforce governance, feedback, and complaints.

Staff confirmed they analysed incidents to identify issues and trends, and these were reported at governance committee meetings. The service had a wide range of frameworks, policies, and procedures to support the management of risks and incidents. In addition to reporting incidents falling under the Serious Incident Response Scheme (SIRS), the service maintained an incident register.

The service had documented policies and procedures to guide staff practice in relation to antimicrobial stewardship, the minimisation of restraints and open disclosure practices. Staff demonstrated a shared understanding of these policies and their application in a practical setting. Management confirmed antimicrobial stewardship was discussed during quality and clinical governance meetings.

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