Performance

Report

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| Name of service: | Uniting Aldersgate Lilyfield |
| Service address: | 16 Fredbert Street LILYFIELD NSW 2040 |
| Commission ID: | 2005 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Site Audit |
| Activity date: | 1 November 2022 to 3 November 2022 |
| Performance report date: | 23 November 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 Uniting Aldersgate Lilyfield (**the service**) has been prepared by Denise McDonald, 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.
* the provider’s response to the assessment team’s report received 21 November 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 | |  |
| 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 were treated with dignity and respect, and their identity, culture, and diversity were respected and valued. Staff were observed treating consumers with dignity and respect. The service has policies and procedures to uphold consumers' rights which included them being treated with dignity and respect.

Consumers and representatives said staff valued consumers’ culture, values, and backgrounds. The staff described and consumer files contained information on the consumers’ culture, stories, and backgrounds.

Consumers said they were supported to make decisions about who is to be involved in their care and how it is delivered. Staff spoke about how they enabled consumers to maintain relationships and ensured frequent communications for consumers and families, especially during periods of lockdown at the service. Care planning documentation reflected the consumers wishes and preferences.

Consumers said that they are supported by staff to take risks and live the best life they can. Staff described areas in which consumers want to take risks, how the consumer is supported to understand the benefits and harm when they make decisions about taking risk. Documentation guided staff in strategies to mitigate risk and support the consumers in risky activities with improvement actions outlined in the provider’s response to ensure all risks were identified.

Consumers were well informed about activities, events and allied health services provided at the service. Various flyers including the monthly social club, calendars, newsletters, and a noticeboard communicated daily activities to consumers. Staff confirmed they informed and prompted consumers with what is happening on the day and any changes.

Consumer’s privacy and personal information were respected. Staff described how they maintain a consumer’s privacy when providing care, such as by closing doors. Staff described keeping computers locked and using passwords to access consumers’ personal information maintained their confidentiality. Staff were guided by privacy and confidentiality procedures.

# 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 said they were involved in assessment and planning processes and with the management of identified risks. Staff described how the initial and ongoing assessments informed the development of the care plan. Care documentation evidenced care plans were based on the outcomes of assessments completed on entry and on an ongoing basis. An assessment and care planning policy was in place to guide staff care and practice.

Consumers were consulted in relation to their needs, goals and preferences and confirmed staff have spoken with them about advance care and end of life planning. Staff demonstrated knowledge of consumers’ individual needs and preferences; and described how they approach end of life and advance care planning conversations. Care documentation evidenced consumers’ current needs, goals, preferences including for advance care had been recorded.

Consumers confirmed, they and those important to them, were involved in assessment and planning through case conferences conducted regularly. Staff described how others are involved in assessment and planning processes. Care documentation evidenced the involvement and input from the consumers and representative, medical officers, and allied health professionals.

Consumers confirmed receiving a copy of their care plan and they are updated verbally as care changes occurred. Staff advised the outcomes of assessments are documented in case conference records and in care plans. Care documentation regular communication with the consumer and representatives about the outcomes of assessment and care planning.

Consumers said they were regularly informed when care changes. Care documentation evidenced review on a regular basis and when circumstances change, or incidents had occurred. Staff confirmed care plans were reviewed 3-monthly or when health needs changed and described how reassessment occurred following an incident.

# 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

Consumers personal and clinical care needs were met. Care documentation for consumers reflected individualised care safe, effective, and tailored to the specific needs and preferences of the consumer. Staff described consumers’ individual needs, preferences, clinical care and how these were delivered in line with their care plans.

Consumers and representatives said consumers’ high impact or high prevalence risks were appropriately managed. Staff identified and described risks and related management strategies for individual consumers. Care documentation evidenced high impact/high prevalence risks had been identified and were generally well managed by the service, including pressure injuries, falls, pain, and behaviour management.

Most consumers said they have filled out an advance care directive with their end of life wishes and preferences included. Staff described the way care delivery changed for consumers nearing end of life and practical ways in which consumers’ comfort is maximised and dignity preserved through regular repositioning, pain management, emotional and spiritual support. Care documentation evidenced advance care planning and the needs, goals, and preferences of consumers for end-of-life care, including comfort care.

Consumers and representatives provided positive feedback in relation to the responsiveness of the service when there was a deterioration in the consumer's condition, health, or ability. Care documents reflected the identification of and response to deterioration or changes in condition. Policies, procedures and flowcharts relating to acute deterioration guide staff in identifying and responding to the deterioration of consumers.

Consumer’s care needs and preferences were effectively communicated between staff, and they received the care they needed. Staff said information relating to consumers’ conditions, needs and preferences is documented in the electronic care management and communicated where the responsibility for care is shared. Consumers’ files demonstrated staff notified the consumer’s medical officer and their representatives when there was a change in their condition, they experienced a clinical incident, were transferred to, or returned from the hospital, or a change in medication was ordered.

Consumers advised timely, and appropriate referrals occurred, and they had access to relevant health supports and services if required. Care documentation evidenced a referral process to other health care providers as needed. Staff described the process for referring consumers and how this informed care and services provided for consumers.

Consumers confirmed staff performed standard and transmission-based precautions to prevent and control infection. The service has policies and procedures to guide staff related to antimicrobial stewardship, infection control and for the management of a COVID-19 outbreak. Staff understood precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

# 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 said they received safe and effective service and support for daily living that met their needs, goals, and preferences. Staff understood what was important to consumers and what they liked to do. Care planning documentation reflected what was important to consumers, what they liked doing, and the services and support required for consumers to optimise their quality of life and independence.

Consumers said their emotional, spiritual, and psychological well-being needs, goals and preferences were supported within and outside of the service. Staff said they engaged with consumers the best way they could, using various methods appropriate for each consumer. Care documentation for consumers contained information about their emotional, spiritual or psychological well-being and how staff supported them.

Consumers were actively engaged with their local community and supported to maintain relationships and do things of interest to them. Staff said they supported consumers to keep in touch with family and friends by telephone, virtually, email, and window visits. Care documents included how consumers participated in the community, did things of interest, and stayed connected with family and friends.

Consumers said their daily living choices and preferences were effectively communicated, and staff who provided daily support understood their needs and preferences. Staff said the handover process kept them informed about any updates to consumer care and services. Care documentation provided information to guide staff in supporting the provision of effective support and services.

Consumers were connected and referred to other organisations and services as needed or as requested. Staff said for each consumer, they explored individual community ties and facilitated ways of enabling the consumers to maintain them. Care planning documents reflected the involvement of others in the provision of support.

Consumers said the variety, quality, quantity, and temperature of meals met their needs and preferences. Staff were knowledgeable about consumers’ preferences and dietary requirements. Care documents noted consumers’ dietary needs, dislikes, allergies, and preferences.

Consumers felt safe when using the service’s equipment and said it was clean, easily accessible, and suitable for their needs. Staff described how maintenance requests are prepared, logged into, and signed off on the computer system when the service is completed. Equipment used for activities of daily living was observed to be safe, suitable, clean, and well-maintained.

# 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 liked their rooms, and the service feels like home for them. Staff were observed welcoming families and visitors to the service and volunteers engaging with families and consumers. Consumers were supported to feel at home in the service and maintain their independence, corridors on each floor circled the courtyards, were wide and uncluttered. The service environment endeavoured to create a sense of home-style living for each consumer as individuals and as a community.

The service environment was observed to be at a comfortable temperature, safe, clean, well maintained, comfortable, and enabled consumers’ free movement within and outside of the service. Consumers agreed the service was very clean, well maintained, and comfortable. Staff described the process for documenting, reporting, and attending to maintenance issues.

Consumers said and observations confirmed, the equipment was well maintained, safe and clean. Maintenance staff described and demonstrated how maintenance was scheduled and carried out for routine, preventative, and corrective maintenance requirements.

# 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 were supported by the service to provide feedback and make complaints. Staff explained the avenues available for consumers to provide feedback, including feedback forms, direct verbal communication, case conferencing, meetings, and how they supported consumers in raising any issues. Feedback forms and collection boxes were available throughout the service.

Most consumers were unaware of formal advocacy services; however, consumers identified an alternative avenue or support person for making a complaint. The consumer handbook included advocacy information and contact details. Posters for the Commission, how to make a complaint and advocacy services were displayed.

Consumers stated the service responded appropriately and in a timely manner to feedback. Staff said when things had gone wrong, an appropriately designated staff member apologised and acted quickly to resolve issues. Documentation supported the use of open disclosure, timely management of complaints in accordance with the service’s policy and capturing complainant satisfaction with actions taken.

Consumers said they had seen improvements based on their feedback. Staff gave examples of improvements, including dietary preferences and food services. Feedback and complaints were trended, analysed, and used to improve the quality of care and services with actions evaluated in consultation with consumers and representatives at meetings and through surveys.

# 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 did not express concerns with the levels or mix of staff available. Staff confirmed when there was unplanned leave, shifts were replaced promptly, and additional support was provided where required. Rostering documentation confirmed a mix of staff across a 24-hour period and strategies to replace staff on leave included the extension of hours, discussions with existing staff for additional shifts, and the use of regular agency services.

Consumers said staff engaged with them in a respectful, kind, and caring manner, and were gentle. Staff demonstrated a comprehensive understanding of consumers, including their needs and preferences. Staff were observed to engage with consumers and their family members in a respectful and personable manner.

Consumers felt the staff were skilled in their roles and competent to meet their care needs. Staff said they are well supported in undertaking training and the induction process included a suite of competencies they were required to complete including manual handling, restrictive practice, elder abuse, incident management, infection control, and open disclosure. Position descriptions specified the core competencies and capabilities for each role. Standard operating procedures guided staff when undertaking specific tasks.

Consumers were confident with staff abilities and practices. Staff described how they had regular training sessions at monthly team meetings and could access training through the organisation’s online learning platform. Documents guided staff development and review processes, including the manager handbook, recruitment and selection guidelines, local orientation checklists, and performance development and review guidelines.

Staff said their performance was monitored through educational competencies and annual performance appraisals with internal audit results and clinical data used to monitor staff practice and competencies. Documented policies and procedures guided the monitoring of staff performance and the management of staff when issues were identified.

# 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

Consumers said the service is well run, they have ongoing input into how care and services are delivered, and they felt the service encourages their participation when making decisions. Staff confirmed the service keeps consumers and representatives informed of any changes in care or when things go wrong to ensure effective communication and engagement while respecting individual likes and preferences. Effective systems are in place to engage and support consumers in the development, delivery and evaluation of care and services.

The governing body had processes to ensure the service is accountable for the delivery of care and promotes a culture of safe, inclusive, and quality care and services. A range of strategies were provided by staff when describing how the governing body satisfies itself the service is promoting a culture of safe, inclusive, and quality care. The service used a range of reports relating to clinical and quality indicators to provide monthly data, analysis, trending, and benchmarking in relation to, falls, behavioural and medication incidents, skin and pressure injuries, infections, Serious Incident Response Scheme, psychotropic medication, weight management, restrictive practices management and call bell response time.

There are effective organisation governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Documentation showed continuous improvement was informed by complaints and feedback, staff understood their roles with established processes for financial expenditure.

Risk management systems were in place to monitor and assess high impact and high prevalence risks related to care. Documentation showed risks are reported, escalated, and reviewed then forwarded to the board for analysis and trending. Staff complete training on risk management, including via toolboxes, onsite training and completing training modules via online learning platform. Staff were guided by policies, procedures, and practices to minimise risk to consumers, including falls, infection prevention, restrictive practices, and reporting of incidents.

The service has a clinical support and governance framework, an antimicrobial stewardship policy, restrictive practices policy and procedure, and an open disclosure policy to support in the delivery of clinical care. Documentation showed effective implementation of the policies and procedures.

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)