Performance

Report

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| Name of service: | Uniting Annesley Haberfield |
| Service address: | 1 Haberfield Road Haberfield NSW 2045 |
| Commission ID: | 0100 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Site Audit |
| Activity date: | 20 June 2023 to 23 June 2023 |
| Performance report date: | 28 July 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 Annesley Haberfield (**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.
* 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 felt valued at the service. Staff spoke about consumers in a respectful manner and knew of consumers’ individual choices and preferences. Care documentation captured information on consumers’ background, identity and culture to guide staff practice, including how they wish to be addressed.

Consumers said their cultural traditions and preferences were used to inform how care was delivered. Staff gave examples of how consumers’ cultural preferences and needs influenced care delivery. Education records evidenced cultural awareness training has been undertaken by staff.

Consumers said they were supported to exercise choice and independence regarding how their care and services are delivered and to maintain connections and relationships. Staff described how they help consumers to make choices and assist them in maintaining relationships of importance. Linguistically diverse consumers were supported with access to translated materials, cue cards and access to interpreters. Consumers with sensory barriers were also catered for.

Care documentation identified risk assessments were conducted in consultation with the consumer, their representative and relevant health professionals, and were periodically reviewed. Risk mitigations strategies were identified. Staff described risks relevant to consumers, consistent with care documentation.

Consumers said information provided is timely, accurate, easy to understand and enables them to exercise choice. Staff described how they utilise various communication methods to suit individual consumers’ needs, such as picture cards for meal selections and regular ‘community circle’ meetings. Menus, activity calendars, newsletters and notices were displayed around the service.

Consumers said their privacy was respected by staff. Staff confirmed consumers’ personal information is kept confidential, is not discussed in front of other consumers, and all computers are password protected according to level of delegation. The service had protocols in place to protect consumer privacy.

# 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. Staff described the assessment and care planning process upon admission, or when there are changes in a consumer’s condition. Care documentation outlined consideration of potential risks to consumers’ health and wellbeing, including in relation to psychosocial risks, diabetes, epilepsy, weight loss and restrictive practices.

Consumers and representatives said, and care documentation evidenced, consumers current needs, goals and preferences including for advance and end of life care had been captured. Staff confirmed end of life is discussed during entry and the consumers’ wishes are regularly revisited.

Consumers and representatives confirmed they were actively involved in the assessment, planning and review of their care and services. Care documentation reflected the involvement of consumers, representatives and other health professionals in the assessment and planning process.

Consumers said staff explained their care plan to them, and they consider it meets their needs, goals, and preferences. Case conference notes in the electronic care management system evidence consumers and their representatives were offered a copy of the consumers’ care plan.

Consumers and representatives gave positive feedback regarding regular review of care and services. Staff described undertaking routine care review every 3 months or in response to changes or incidents. Sampled care plans had been reviewed in response to changed needs.

# 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 and representatives expressed satisfaction in the clinical and personal care received. Staff said they provide care to consumers according to instructions and directives from care documentation. The service was specific to consumers living with mental health conditions and care documentation reflected appropriate and individualised interventions tailored to each consumer. These included, for example, management of diabetes, psychotropics, weight loss, infection, restraints, and catheter management.

Consumers said they felt their care is safe and right for them. Care documentation identified effective strategies to guide staff in the management of high impact and high prevalence risks to consumers including management of self-harm, falls risks, stoma management and behaviour management.

Consumers felt confident their needs and preferences would be attended to, and their comfort and dignity upheld during their end of life pathway. Staff described how the care delivery changes for consumers nearing end of life and practical ways in which the consumers’ comfort is maximised, and dignity maintained. Care plans documented end of life preferences and requirements for care.

Consumers were confident staff would recognise a change in their condition, health, or abilities and respond appropriately. Staff described how they identify and respond to deterioration or change in consumers’ condition, including through conducting assessments. Care documentation reflected consumers were monitored after changes occurred.

Consumers indicated changes to their needs, preferences and condition were documented and communicated. Staff said progress notes, care and service plans and handover reports provided adequate information to facilitate effective and safe sharing of consumers' care.

Consumers confirmed the service refers them to appropriate individuals and providers as required. As the service specialises in mental health aged care there was a mental health specialist on site, and other referrals were made as required, including to allied health professionals. The service had recourse to an embedded network of psychiatrist, geriatricians, psychogeriatricians and general practitioners. Staff described how they refer consumers to other external providers.

Consumers were satisfied with the management of infection control practices, and said staff perform regular hand hygiene. The Infection Prevention and Control Lead alongside a suite of documents informed and guided staff practice in relation to infection control, appropriate antibiotic use and outbreaks.

# 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 were supported to pursue activities of interest to them that optimised their quality of life. Staff said lifestyle activities were tailored to consumers’ needs and preferences, and levels of functional ability. The service promotes a multi-skilled workforce to ensure the provision of safe and effective services for the consumers, including bus drivers certified as level 4 carers and some staff trained to provide haircuts.

Consumers said their emotional, spiritual, and psychological needs were supported, and they can stay in touch with family or friends for comfort and emotional support. The pastoral care coordinator explained the religious services offered to consumers at the onsite chapel, and how consumers and members of the workforce can call and be supported by the pastoral care team. A service pet cat was also a noted support to consumers.

Consumers said they accessed the external community to engage with their friends while undertaking their chosen hobbies. Staff confirmed they facilitated phone and video calls to support consumers to maintain relationships with those important to them. Care documentation outlined the supports required to promote community participation.

Consumers considered information about their needs and preferences was adequately communicated between staff and others where responsibility of care is shared. Staff described various ways they communicate information and updates about consumers including via shift handover, electronic alerts and progress notes, and clinical meetings.

Consumers and representatives confirmed appropriate referrals were made to other services when required. Care documentation evidenced timely referrals to various providers and services based on consumers’ needs. For example, the service used art therapists, behaviour support specialists, a horticulturalist and physiotherapists in provision of care and activities to consumers.

Consumers and representatives expressed satisfaction with the variety and quantity of food being provided at the service and said there were plenty of choices for each meal daily. Hospitality staff described the process in place where consumers can order what they want from the menu, including alternative options. Menu feedback from consumers is encouraged through staff talking to the consumers every day and at food focus meetings.

Consumers said they had access to equipment, including shower chairs and manual handling equipment to assist them with their daily living activities. Staff said they had access to equipment they needed, and described how equipment was kept safe, clean, and well-maintained. Maintenance stated they have a gurney for regular and thorough cleaning of equipment as required.

# 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 considered the service environment was homely, and said they were encouraged to personalise their rooms to promote a sense of belonging and independence. Management described how all bedrooms were painted different colours to assist consumers find their room. The service’s central courtyard was large and contained a well-maintained fully fenced pool, a BBQ area and a gazebo with a variety of seating options for consumers. The service was easily navigated with several communal areas, inside and out, to promote interaction.

Consumers said the service environment was clean and well-maintained. Review of preventative maintenance records identify regular maintenance occurs as per schedule. Staff described the process for raising maintenance requests and confirmed these are attended to promptly. Cleaning schedules are in place to guide staff in regular cleaning of the service environment. Observations showed the grounds were well kept and that seating and shaded areas were available outdoors, the seating was new, and the courtyard paths are wide and flat. All consumers who were not subject to environmental restrictive practices had fobs to enter and exit the service at their will. Consumers could freely access outdoor areas of the service. An outdoor smokers are was safe, with fire safety equipment and non-flammable bins in place.

Consumers and representatives confirmed equipment is clean and well-maintained. Consumers have access to and were observed using a range of equipment including walking aids and wheelchairs. The service implements a preventative maintenance schedule with access to external contractors for maintenance of specialist equipment such as the elevators. The preventive maintenance and servicing schedule was up to date. Observations mostly showed equipment and fittings that were safe and maintained, however a leaking dishwasher and an extension cord which not fixed above head height was identified. Immediate steps to address these issues were taken during the audit.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives said they were comfortable providing feedback or making a complaint and were aware of relevant processes. Management confirmed they supported consumer feedback and complaints through direct discussion, email or feedback forms. Feedback forms and feedback boxes were noted throughout the service, and these were checked every few days by management.

Consumers and representatives said although they were aware of other avenues for raising a complaint, they prefer raising concerns directly with management. Staff described how they act as advocates for consumers by communicating concerns to management on their behalf. Information on access to advocacy services and external complaints agencies is included in the consumer handbook, and via brochures and posters displayed around the service.

Consumers and representatives said appropriate action was taken in response to feedback and complaints and they were involved in the resolution process. Staff were knowledgeable of complaint processes, including the use of open disclosure. A register evidenced management of complaints and open disclosure practices. Policies guided staff through the use of open disclosure following incidents.

Review of documentation evidenced feedback and complaints were logged and used to improve the quality of care and services provided, including through items being added to the service’s plan for continuous improvement. Staff said they are encouraged to respond to feedback and complaints from consumers and their representatives promptly. Trends in complaints are evaluated every month by management and the quality and risk governance team.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives said the number of staff was sufficient to provide care and services. Management confirmed shift vacancies were filled with permanent staff or agency staff as a last resort. Rosters evidenced adequate staff for each shift and call bell data reflected prompt responses. The roster showed a mix of staff, including RNs, ENs, care staff and hospitality staff. Rosters for the previous fortnight showed an RN on site for every shift.

Consumers said staff were kind and caring and they respected their identity, culture, and diversity. Management confirmed all members of the workforce undertake the internal cultural competency training to ensure all consumers are treated with dignity and respect, and their unique cultural heritage and life histories recognised and valued. Staff were observed to be caring and respectful with staff taking time to interact with consumers.

Consumers considered staff perform their duties effectively and were confident staff are trained appropriately, and skilled to meet their care needs. Position descriptions set out the expectations for each role and recruitment processes include verification of minimum qualification and registration requirements. Staff expressed satisfaction with the support that other staff and management provide to them.

Staff said they were supported in their roles and had access to training to perform their duties. Management described regular toolbox training, workplace assessments and other individualised training delivered to staff. Training needs were identified through analysis of incidents and consumer feedback. Training records reflected staff have completed mandatory training.

The service had a formal performance appraisal process to ensure staff appraisals were conducted following probation and annually thereafter. Staff demonstrated an understanding of the service’s performance development and review process and confirmed these occurred annually.

# 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 and representatives said they provide ongoing input into how care and services are delivered and felt included in the discussions around care management and planning. The service seeks consumer input in a variety of ways, such as resident meetings, regular surveys and face-to-face discussions. Management said feedback or suggestions are included in the service’s continuous improvement register.

Management confirmed the governance committees use information from consolidated reports to identify the service’s compliance with the aged care quality standards, initiate improvement actions to enhance performance; and monitor care and service delivery. The organisation drives improvements and innovations using data from internal audits, clinical indicator reports, incidents or near misses.

The service had an established suite of systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation’s systems and processes complied with relevant legislation.

A systematic approach was used to manage high-impact and high-prevalence risks and to identify, report, escalate and review risks and incidents to improve care delivery. Staff knew how to identify, respond to, and report serious incidents. Records evidenced staff had participated in training regarding management of serious incidents. Dignity of risk was supported at the service.

The service has a documented clinical governance framework and supporting policies which address antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff demonstrated a shared understanding of these policies and were able to describe how they apply these as relevant to their roles.

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)