Performance

Report

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| Name: | Uniting Berry |
| Commission ID: | 0899 |
| Address: | 10 Victoria Street, BERRY, New South Wales, 2535 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 1 May 2024 |
| Performance report date: | 13 June 2024 |
| Service included in this assessment: | Provider: 1352 The Uniting Church in Australia Property Trust (NSW)  Service: 6378 Uniting Berry |

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 Berry (**the service**) has been prepared by Therese Solomon, 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 Assessment contact (performance assessment) – site 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 4 June 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | 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 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 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 |

Findings

While the service was able to demonstrate consumers receive safe and effective personal care and clinical care that is best practice, the Assessment Team identified areas for improvement in relation to continence care for consumers displaying changing behaviours. Care and services in relation to pain, diabetes and behaviour management, restrictive practices, falls, weight loss and skin integrity was tailored to consumer needs and optimises their health and well-being.

Feedback from consumers and/or representatives was positive in relation to the personal and/or clinical care they receive. A review of consumer care documentation demonstrates individualised care delivery that is safe and tailored to the specific needs and preferences of individual consumers.

The service has policies and procedures in place to guide staff practices in the use of restrictive practices. The service has a locked memory support unit and the consumers residing in the memory support unit are subjected to environmental restraint. The consumers in the memory support unit can access the surrounding gardens but are unable to leave the unit independently. The Assessment Team reviewed documentation indicating the service has best practice processes in place to obtain informed consent for consumers subjected to environmental restraint.

Review of care and services documentation shows consumers whose care involves chemical restraint have a person-centred behaviour support plan in place. Behaviour charting is completed to monitor the effectiveness of interventions and highlight behaviour management strategies that are not working.

In relation to management of skin integrity and wound care, the service has skin integrity and wound management policies and procedures in place. Review of consumers’ care planning documents demonstrate skin integrity assessments are completed in a timely manner and include interventions to minimise the risk to consumers.

The Assessment Team reviewed care documentation for consumers with pressure injuries. The wound care documentation demonstrates the pressure injury is consistently monitored and reviewed, and wound care is in line with the wound management plan.

The Assessment Team observed pressure injury preventative strategies are in place for consumers at risk of developing pressure injuries including the use of pressure relieving cushions on a tub chairs, use of an air mattress and regular skin moisturising to protect the skin from breaking down. All complex wounds are attended by clinical staff; photographed with a measuring device to show progression and wound healing interventions evaluated.

The service has processes and systems in place to guide staff on managing consumers who experience a fall and what assessments must be completed and updated such as pain and skin assessments. The Assessment Team reviewed care documentation for consumers who had a fall at the service, and documentation indicated staff followed post falls protocols and met organisational expectation in the management of the incident.

The service has policies and procedures in place to guide staff in best practice in the assessment and management of a consumers’ weight, nutrition, and hydration. Clinical and care staff demonstrated an understanding of identifying unplanned weight loss and the process of escalation if required. Care staff described how each consumer’s weight is taken and documented monthly as part of the service’s resident of the day initiative. Staff report any concerns to the registered nurse regarding a consumer’s change in appetite or swallowing ability.

Clinical staff explained the process for investigation and escalation if a change of a consumer’s condition is reported or observed, including review by the consumers’ medical officer or referral to an allied health professional such as a dietician or speech pathologist if required. Review of consumer documentation showed the service is effectively monitoring the weight of consumers.

The Approved Provider responded with additional documentation and information to demonstrate compliance with the Requirement. Based on the information provided by the Assessment Team and the Approved Provider, Requirement 3(3)(a) is found Compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

The service demonstrated it has processes in place to plan and deliver nutrition and hydration in line with consumer needs and preferences. Staff described the nutrition and hydration needs of consumers and how they monitor and escalate any identified concerns. Consumers and/or representatives stated they are satisfied with the variety, size and quality of meals provided.

Consumers and/or representatives consistently stated that meals were good and of suitable quantity and quality. The service operates using a household living model of care, with each wing or household having its own kitchen, living areas, and dining spaces. Care staff or homemakers support consumers with the daily preparation of meals and ensure consumers have access to meals or snacks.

The chef prepares hot meals daily for lunch and dinner and these are served to consumers by home makers and care staff. Alternative options are available for consumers at every mealtime, and the options are depicted in each dining area via picture boards displayed alongside the daily and weekly menus. Homemakers ask each consumer for their daily meal preferences every morning and this information is passed onto the chef. The chef and home makers described the dietary preferences and requirements for each consumer and the Assessment Team sighted dietary requirements and food preferences/allergies for each consumer, easily accessible in both the main kitchen and household kitchens.

Management stated all menus are reviewed by a dietitian at an organisational level. All food is freshly prepared on the premises, except for pureed and minced/moist meals which are sourced from an external supplier to ensure nutritional balance, flavour, and food aesthetics. Review of care and services plans for consumers outline nutrition and hydration requirements for each consumer and the involvement of other service providers where the consumer’s nutrition was impacted by deterioration.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 4(3)(f) is found Compliant.

# Standard 7

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| Human resources | |  |
| 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 |

Findings

The service demonstrated members of the workforce are competent and have the skills and knowledge to perform their roles effectively. Staff are recruited based on their skills and knowledge to effectively perform their roles. The service is supported by the organisation in relation to human resource requirements for all aspects of workforce deployment. Agency staff commencing at the service undertake orientation as part of their roles. Consumers and/or representatives were satisfied with the level of competency demonstrated by staff when providing care and services.

Management regularly reviews consumer acuity levels to ensure they have the right mix of competent staff providing safe and effective care and services. They provided documentation and described how the service monitors staff qualifications, registrations, visas and provides orientation to staff on recruitment. The care coaches reported clinical competencies are provided for identified staff and staff administering medications. Documentation provided indicated competencies and mandatory training have been completed in 2023-2024 in line with the commencement dates for all staff.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 7(3)(c) is found Compliant.

The service demonstrated it implements training for staff in response to identified consumer needs ensuring staff members are equipped to deliver safe and effective care and services. Staff were confident when asked regarding specific training they had received and how they managed various complex situations for consumers. Consumers and/or representatives stated staff knew what they were doing and were satisfied with the effort made to provide consumers with care and services.

Management provided information on systems in place which identify, analyse, and develop training for staff to ensure positive outcomes for consumers in all aspects of care. These include a tool used to monitor staff practices based on consumer feedback, observations, and performance reviews. Staff undertake buddy shifts to ensure they are competent and capable in their roles. New recruits are signed off to commence independent duties after they have completed their competencies and completed the orientation.

The service has a training calendar scheduled for 2024, toolbox talks are delivered to staff and training is identified and organised for specific issues of concerns for individual staff members and the service as a whole. The organisation has predetermined training it includes in the calendar for all services and the service then adds additional training for staff.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 7(3)(d) is found Compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The organisation has risk management systems and practices in place to ensure risks are identified, analysed, and mitigated. The service demonstrated it effectively uses these systems and actively implement practices that provide and support consumers to live their best life. Consumers and/or representatives were satisfied with how the service manages risk and felt supported and safe at the service.

Review of policies and guidelines for risk and risk management documentation indicated the service provides staff with guidance in identifying, documenting, and managing risk for consumers. The risk register showed the service has a system in place that identifies, records, and implements controls for risks. Management analyses data for the service and identifies any potential risks which are reported and escalated to higher levels within the organisation.

The service identified falls, weight loss and pressure injuries as their top three risks. Deficits identified in clinical care are used to assess risks for consumers and strategies are developed and implemented to mitigate these risks. Review of data for areas of risk showed the service is monitoring consumers identified with high risks and seeking additional information to effectively address and mitigate the risk for consumer. Staff knowledge regarding risk and the priority for the service is sound, and they were familiar with how to escalate any issues raised that may create risk for consumers.

Review of the Serious Incident Response Scheme documentation indicates the service is reporting incidents when they occur. Serious incident reporting records indicate legislative requirements are met for these incidents, and investigation is undertaken to identify potential causes. Actions for mitigation of reoccurrence are developed and implemented, and documentation updated to outline changes for consumers.

Staff described their responsibility in relation to Serious Incident Response Scheme and when their last training was completed. Staff demonstrated sound knowledge of organisational policies, expectations and processes for Serious Incident Response Scheme and incident management. Consumers and/or representatives were aware of the Serious Incident Response Scheme and what they could do when they witness or experience abuse or neglect. Information regarding mandatory reporting was observed throughout the service.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 8(3)(d) is found Compliant.

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