Performance

Report

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| Name: | Uniting Berry |
| Commission ID: | 0899 |
| Address: | 10 Victoria Street, BERRY, New South Wales, 2535 |
| Activity type: | Site Audit |
| Activity date: | 27 September 2023 to 29 September 2023 |
| Performance report date: | 21 November 2023 |
| 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 Patricia Golledge, 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 Approved Provider’s response to the Assessment Team’s report, received on 1 November 2023.
* 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 say they are treated with dignity and respect and their preferences were met. Care documentation identified the service collaborates with consumers and representatives to accurately reflect their cultural preferences to ensure care and services are delivered to meet their needs. Staff interviewed showed an understanding of cultural diversity and how to treat consumers with dignity and respect and demonstrated knowledge of individual consumers’ background and preferences.

Consumers are supported to choose who they wish to involve in their care and how they would like their care and services delivered. Staff could describe details of how consumers wish to have their care delivered and had awareness of who consumers wish to have involved in their care and who they choose to maintain relationships with.

The service could demonstrate it supports consumers to make decisions and take risks. Staff are aware of the consumers who take risks and that they support their right to make choices that enhance their independence and well-being. Care documentation demonstrates risks are identified using risk assessments and appropriate measures are taken to ensure consumers are provided with the knowledge and information to make informed decisions.

The service was able to demonstrate that information is provided in a timely manner that is clear, easy to understand and enables consumers to exercise choice. Consumers and representatives said they are well informed, and they receive the monthly newsletter and attend regular consumer meetings, community circle meetings and food focus meetings organised by the service.

Consumers and representatives described various ways staff respects the consumers personal privacy, including staff knocking on consumer’s doors prior to entering and closing doors when attending to personal or clinical care.

# 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

The service demonstrated consumer assessment and planning included consideration of risks to consumer’s health and wellbeing such as falls and diabetes; and included information relating to consumers’ current needs, goals, and preferences. Where risks are identified, care documentation recorded strategies used to manage risks.

Consumers and representatives are involved in consumers assessment and care planning and are informed when there are changes in consumers health and/or wellbeing, such as when incidents occurred. Consumers and representatives had access to consumer’s care and service plan if the wished.

Staff described the services assessment and care planning processes and confirmed that all staff can access consumer’s care and services plans via the electronic care documentation system (ECMS). Staff said information on consumers mobility needs are available in consumer rooms.

Care documentation confirmed medical officers and other health professionals are included in consumers assessment and care planning, and strategies are documented in a care and services plan which are made available to consumers/representatives.

The service had policies and procedures to guide staff in the assessment and care planning processes for consumers.

# 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 said the service delivered care that was safe, tailored and met their needs. Staff knew how to deliver consumers’ care in line with their individual needs and preferences. Care documents showed that staff followed documented strategies to deliver individualised care.

Consumers said staff managed high impact, high prevalence risks effectively. Staff knew the service’s risk profile concerning high impact high prevalence risks. They knew how to manage specific risks to limit consumers’ exposure. Care documents showed that staff considered risks as part of assessing consumers and planning their care.

Consumers said staff had discussed their advance care preferences with them. Care staff knew the service’s care protocols for consumers nearing end-stage care. Care records showed the service completed a palliative care assessment when a consumer reached end-stage care.

Consumers said the service recognised and responded promptly to changes in their condition. Care documents contained information showing the service had recognised and responded to changes quickly. The service had policies and procedures to guide staff in identifying and managing clinical deterioration.

Consumers said staff made timely and appropriate referrals to connect them with external care providers. Nursing staff knew the process for referring consumers to external allied and health care professionals. Referral records showed well-documented referrals to a range of external providers.

Consumers said they were happy with how the service managed infectious outbreaks. Staff confirmed the service provided training in infection prevention and control, and antimicrobial stewardship. The service had a dedicated Infection Prevention and Control (IPC) Lead. An additional staff member was in training to assist the IPC Lead with audits and education.

# 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 and representatives reported consumers were supported to do the things they like to do to optimise their independence, health, wellbeing, and quality of life.

Consumers and representatives described ways that staff at the service provide emotional, psychological, and spiritual support to consumers. The service demonstrated activities are facilitated within and outside of the service, consumers are supported to undertake lifestyle activities of interest to them and supported to maintain personal and social connections.

Consumers’ condition, needs and preferences was communicated within the organisation and where care was shared, timely and appropriate referrals were made for consumers to other organisations and providers of other care and services. Staff described how they work with external organisations to help supplement the lifestyle activities offered within the service.

Consumers expressed satisfaction in relation to the food service and reported having input into the menu. Care documentation reflected consumers’ individual dietary needs and preferences. The kitchen and kitchenettes were observed to be clean and tidy, and staff were observed to be following food safety protocols.

The Service has policies and procedures to guide staff practise in relation to staff handover and for making referrals to individuals and providers outside the service.

Equipment provided by the Service to support lifestyle services and to assist consumers with their independence was suitable, clean, well maintained and fit for purpose and meets the needs of consumers.

# 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 reported feeling at home in the service and felt safe and comfortable in the service environment. Consumers and representatives expressed satisfaction with the service environment and advised the service is safe, clean, and well maintained; and consumers are able to move freely within the service both indoors and outdoors.

The service environment was observed to be welcoming, and easy to move around, both inside and outside. Consumers were observed to move freely around communal and courtyard areas of the service; and consumer rooms were personalised and decorated to reflect their individuality.

Staff described the maintenance and cleaning schedules undertaken at the service and review of documentation reflected regular and appropriate cleaning and maintenance of the service environment.

Maintenance staff ensured the environment was safe and well maintained through scheduled preventative maintenance and reactive maintenance. Maintenance issues were reported and actioned promptly.

# 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 say they are encouraged and supported to provide feedback regarding care and services and would feel comfortable in raising concerns. Staff and management were able to describe the process available for consumers and representatives if they wanted to provide feedback or make a complaint. The service demonstrated it had a process in place to encourage and support consumers to provide feedback or make a complaint.

Consumers said they were aware of the various external advocacy and language services available to them. Staff and management knew the external advocacy supports available to consumers and how to support them to access those services if required. Posters, brochures, and pamphlets about advocacy services were displayed around the service.

Consumers said the service took appropriate action in response to their complaints. The complaints register showed timely management of complaints and appropriate use of open disclosure. The service had policies to guide staff in complaints handling and use of open disclosure.

Consumers said their feedback and complaints are reviewed and used to improve the quality of care and services. The service’s improvement processes involved trending and analysing feedback and complaints. Complaints records showed the service used feedback and complaints to inform its improvement activity.

# 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

The Site Audit report provided information in relation to requirements 7(3)(d) and 7(3)(e), identifying:

* staff annual mandatory training was overdue and not at 100 percent
* inconsistent handover processes for agency staff
* the service did not demonstrate regular assessment, monitoring and review of the performance of each member of the workforce.

The approved provider in its response to the Site Audit report acknowledges the feedback provided and provided evidence of actions taken and planned to improve performance under these requirements. A plan for continuous improvement and supporting documentation were submitted as an element of the response.

Actions include:

* staff annual mandatory refresher training completion at 92 percent as of 31 October 2023
* review of agency staff orientation processes and handover processes and the implementation of induction signing sheets under the supervision of registered staff.
* completion of 86% of staff performance appraisals as of 30 October 2023 and planned completion of all staff appraisals by 30 November 2023
* development of a schedule for future continuing conversations with staff and performance appraisal cycles.

In coming to my decision in relation to Requirements 7(3)(d) and 7(3)(e), I have considered information brought forward under this and other requirements. While staff interviews, and documentation provided by the service at the time of the Site Audit, identified deficiencies, I was persuaded by the feedback brought forward by consumers and representatives. Consumer and representatives expressed satisfaction with staff knowledge and skills to provide safe and quality care and services that meets consumers’ needs and preferences. I am satisfied that the service has taken action and committed to further actions to address mandatory training for staff is kept up to date, agency staff orientation checklists are conducted, and monitoring and review of the performance of each member of the workforce is in alignment with the organisation’s processes. Therefore, it is my decision Requirements 7(3)(d) and 7(3)(e) are Compliant.

Additionally, the service demonstrated compliance in requirements 7(3)(a), 7(3)(b), and 7(3)(c).

Most consumers and representatives felt there were sufficient staff available to meet consumer’s needs, and they were satisfied with the overall skills, capability, and knowledge of staff. Most consumers described staff as respectful, kind and caring, and provided care that respected individual consumers diversity, culture, and preferences. The service had policies and procedures to guide staff in relation to consumer dignity and respect, and diversity and inclusion. Consumers say call bells are answered promptly and the observations by the Assessment Team indicated staff are available when consumers need them. Management demonstrated a sufficiently planned and varied skill mix of staff are available to meet consumer’s needs. The service has processes for both planned and unplanned leave.

Consumers and representatives say staff are kind, gentle and caring when providing care. Staff demonstrated they were familiar with each consumer's individual needs and identity. Management stated that the service has a suite of documented policies and procedures to guide staff practice, and outline that care and services are to be delivered in a respectful, kind and person-centred manner.

Consumers and representatives say they felt confident that staff are suitably skilled and competent to meet their care needs.

Management advised the service has documented policies in relation to key qualifications and knowledge requirements of each role employed by the service in their position descriptions. Documents demonstrated that staff have the relevant qualifications to perform their duties outlined in their position descriptions. Recruitment processes ensure regulatory requirements are met.

Consumers and representatives say they are confident in the current staff ability to deliver their care and services. The service provides training to staff to deliver the outcomes required within these standards.

# 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 considered the organisation was well run and they could partner in improving the delivery of care and services. Consumers and representatives reported they were involved and had opportunities to provide feedback and be involved in the development of care and services through consumer meetings, community circle meetings, food focus meetings, surveys, and feedback forms.

The organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and was accountable for their delivery. The organisational frameworks, including the quality management and clinical governance frameworks identifies a leadership structure which outlines the roles and responsibilities of the governing body, governance committees, and service and regional management. These frameworks outline a shared responsibility and accountability for maintaining compliance with the Quality Standards, with the governing body having overall accountability for consumer safety, quality care delivery and organisation-wide governance.

The organisation’s documented clinical governance framework and policies in relation to antimicrobial stewardship, minimising the use of restrictive practices, complaints management and open disclosure were applied by staff in the delivery of clinical care. Staff had received training in relation to the framework and policies and provided examples of how they were applied to their practice.

The organisation implemented effective organisation-wide governance and risk management systems and practices to prevent and manage incidents and to identify and respond to abuse and neglect of consumers, including serious incident reporting through the Serious incident response scheme. Policies and procedures were available to all staff and guidelines and resources were available to support effective risk management systems and practices.

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)