Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Uniting Bruce Sharpe Rockdale |
| Service address: | 110 Frederick Street ROCKDALE NSW 2216 |
| Commission ID: | 0145 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Site Audit |
| Activity date: | 28 February 2023 to 2 March 2023 |
| Performance report date: | 21 April 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 Bruce Sharpe Rockdale (**the service**) has been prepared by P. Sherin, 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 14 March 2023 acknowledging the assessment team’s findings.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers said they are treated with dignity and respect, and feel valued and accepted at the service. Staff described how consumer’s culture and preferences influence the way care and services are delivered, such as facilitating activities that are culturally important to consumers. Care planning documents capture information on consumers’ background, identity and culture to guide staff practice. The Charter of aged care rights is included in the consumer handbook and displayed around the service.

Consumers said they receive culturally safe care. Staff provided examples of how consumers’ cultural preferences and needs are catered to, including connecting consumers from a culturally and linguistically diverse background to community volunteers from the same background and providing access to printed material translated in different languages. The service’s activities calendar incorporates the celebration of various cultural and religious days of significance to consumers. Staff undertake cultural awareness training. The service’s policies and procedures support an inclusive, consumer-centred approach to care and service delivery.

Consumers said they are enabled to exercise choice and independence, including decisions on who to involve in their care. Staff provided examples, and were observed helping consumers make day-to-day choices such as deciding on activities they would like to participate in and meal selection. Care planning documentation reflects information regarding important relationships and persons to involve in decision making as per the consumer’s preference.

Consumers said they are supported to take risks which enable them to live their best lives. Staff were aware of consumers who choose to partake in activities of risk, and described how they support consumers to understand the possible harm involved and to implement strategies to ensure their safety. Care planning documents evidence the completion of appropriate risk assessments and consent forms.

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, for example by accessing pictorial cue cards where required. A range of information such as menus, activity calendars, newsletters and notices were observed available for consumers around the service, including information translated in different languages.

Consumers reported their privacy and confidentiality is respected. Staff provided examples of how they maintain consumer privacy and confidentiality including by conducting handover privately and storing consumers’ information securely. The assessment team observed staff respecting consumers’ privacy by knocking on doors to seek permission before entering and closing doors and curtains prior to delivering care. The service has policies and procedures to guide staff practice in relation to consumer privacy and confidentiality of information.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers said their care is well planned and members of the workforce take the time to understand how to support their health and well-being. Staff described the assessment and care planning process and how they utilise assessment tools under the electronic care management system to inform the development of individualised care plans. Care planning documents demonstrate consideration of potential risks to consumers’ health and wellbeing.

Consumers said the assessment and planning process addresses their needs, goals, and preferences, and confirmed staff have discussed advanced care and end of life planning with them. Care planning documentation identifies consultation with consumers and representatives, including the development of advanced care plans, if they chose to do this. Staff were able to describe how the assessment and care planning process identifies consumers’ goals, needs and preferences to inform delivery of care.

Consumers confirmed they are actively involved in the assessment, planning and review of their care and services. Care planning documents reflect the involvement of consumers, representatives and various health professionals and providers in the assessment and planning of consumers’ care.

Consumers said staff speak with them regularly about their care plans, explain information to them and they are aware they can access a copy of the care plan should they require this. Review of documentation such as case conference notes in the electronic care management system evidence consumers are offered a copy of the care plan, and electronic copies are sent to the consumer’s representative.

Consumers and representatives confirmed staff discuss the consumer’s care needs with them and ensure any changes are communicated in a timely manner. Review of care planning documents demonstrates regular review and update of care plans occurs every 3 months, or earlier if there are changes in a consumer’s health or condition, or when an incident occurs.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers considered they receive safe and effective care which is tailored to their needs and optimises their health and well-being. Staff demonstrated a shared understanding of individual consumers’ care needs and the processes in place to support care delivery. Care planning documents reflect information to guide staff in the delivery of individualised care specific to the needs and preferences of each consumer. For consumers subject to restrictive practice, documentation reflects appropriate authorisations, behaviour support plans, monitoring and review.

Care planning documentation identifies effective strategies to guide staff in the management of high impact and high prevalence risks to consumers including but not limited to falls, skin integrity, pain and choosing to undertake activities of risk.

Consumers expressed confidence in the service’s ability to meet their end-of-life needs and preferences. Staff described the way care delivery changes for consumers nearing end-of-life and strategies to ensure dignity and maximise comfort. The service has access to a palliative nurse consultant and the local hospital’s geriatric flying squad team to review consumers as required.

Consumers provided positive feedback in relation to the responsiveness of the service when there is a deterioration in condition, health, or ability of the consumer. Care planning documents evidence timely identification and response to deterioration or changes in consumers’ health and condition. Staff have access to factsheets and flowcharts to assist them in recognising and responding to consumer deterioration.

Staff described how information about consumers’ condition, needs and preferences is documented and communicated amongst staff and others where responsibility of care is shared to ensure safe and effective care. Methods include but are not limited to shift handover, care plans, alerts and progress notes in the service’s electronic care management system, clinical meetings and reports. The assessment team observed staff accessing consumer information via the electronic care management system and communicating updates effectively via shift handover.

Consumers confirmed the service refers them to appropriate individuals and providers as required to meet their changing personal and clinical care needs. Review of care planning documentation demonstrates timely referrals to medical officers, physiotherapists, speech pathologists, podiatrists, dieticians and other providers of care and services.

Consumers confirmed, and the assessment team observed, staff adhering to appropriate infection control practices at the service. Staff demonstrated knowledge of infection prevention and control protocol and described ways to minimise the use of antibiotics. The service has appointed a trained infection prevention and control lead, and developed policies and procedures on infection control, antimicrobial stewardship and the management of a COVID-19 outbreak. The service implements a staff and consumer vaccination program for influenza and COVID-19, and records are maintained.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers said the service supports them to pursue activities of interest which optimise their independence and well-being, for example by providing canvas, paints and access to a weekly art teacher for consumers who enjoy painting. Staff were able to describe activities of importance to individual consumers, and this aligned with information regarding activities and supports for daily living captured under care planning documents. The service’s activities calendar demonstrates a range of activities to engage consumers including but not limited to music, morning and afternoon teas, visiting entertainers, exercise sessions, art and craft, bingo and bus trips.

Consumers described services and supports available to help them maintain their emotional, spiritual and psychological wellbeing. Staff provided examples of how they provide additional support such as one-on-one conversations if a consumer is feeling low. The service has an on-site chapel and prayer area, and consumers have access to regular church services and visits from a pastoral care practitioner if they choose. Care planning documents include strategies to support consumers’ spiritual and emotional needs.

Consumers said they are supported to have an active social life within and outside the service, and provided examples of various activities they engage in which are of interest to them. Staff described how they work with community groups to enable consumers to follow their interests and maintain community connections. Consumers from a culturally and linguistically diverse background are connected via in-person visits and phone calls with community volunteers who speak the same language. The service’s activities calendar is developed in consultation with consumers to include activites of specific interest to them.

Consumers considered information about their needs and preferences is 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. External contractors such as allied health staff have access to consumer information via the service’s electronic care management system.

Staff confirmed they actively collaborate with and have access to a wide range of external providers and services. Care planning documents evidence timely referrals to various providers and services based on consumers’ needs. Information on various services and providers consumers can be referred to is displayed via posters and leaflets available around the service.

Consumers commented positively regarding the variety, quality and quantity of meals at the service. The menu is developed and reviewed regularly based on consumer and dietician input. Consumers are offered alternative options and encouraged to provide feedback, including via food focus meetings. Information on individual consumers’ dietary requirements and preferences is available on the service’s electronic care management system and in hard copy accessible to the catering team. Staff demonstrated knowledge of individual consumers’ nutrition and hydration needs and preferences which aligned with information documented under care plans.

Consumers and staff said they have access to equipment to assist with daily living activities, and know how to report maintenance concerns. The assessment team observed a range of equipment available to consumers, such as walking aids, wheelchairs and leisure and lifestyle equipment. The equipment was observed to be safe, clean, well-maintained and suitable to consumer needs.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers said they feel comfortable and at home living at the service. The environment was observed to be welcoming with directional signage for navigation, well-maintained outdoor areas, and comfortable seating areas for social interaction with access to tea and coffee making equipment and snacks. Consumers are encouraged to personalise their room with memorabilia and furniture of their choice. There is a chapel on-site for multi-faith use. Consumers were observed socialising amongst themselves and with visitors in communal areas around the service.

Consumers said the service environment is safe, clean and well maintained, and they can move freely both indoors and outdoors. 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 consumer rooms and communal areas. The assessment team observed consumers mobilising independently and with staff assistance around the service, including accessing outdoor areas.

Consumers confirmed furniture and equipment are clean and well-maintained. Consumers have access to, and were observed using a range of equipment including walking aids, wheelchairs, and comfort chairs. The service implements a preventative maintenance schedule with access to external contractors for maintenance of specialist equipment. Furniture and equipment were observed to be clean, in good condition and suitable for consumer use, with shared equipment stored appropriately.

# Standard 6

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

Findings

Consumers said they have been provided information on how to submit feedback or raise a complaint, and feel comfortable and supported to do so. The service provides various methods for consumers and representatives to submit feedback and complaints including speaking with staff or management directly, feedback forms and consumer meetings. Information about feedback and complaints mechanisms is included in the service’s consumer handbook. A feedback and suggestion collection box and forms are available in the service’s foyer.

Consumers and representatives said although they are aware of other avenues for raising a complaint, they prefer raising concerns directly with staff or management in the first instance. Staff described how they act as advocates for consumers by communicating concerns to management on their behalf, encouraging them to provide feedback and assisting consumers to complete feedback forms as required. Information on access to advocacy services and external complaints agencies is included under the consumer handbook, and via brochures and posters displayed around the service and available in multiple languages.

Consumers and representatives said the service promptly addresses and resolves their concerns and complaints. Staff and management described the process followed when feedback or a complaint is received and demonstrated knowledge and application of open disclosure principles. The service has policies and procedures to guide staff in complaints management and resolution.

The service implements systems to record and trend feedback, complaints and suggestions received via different avenues. Management provided examples of how feedback and complaints are reviewed and used to inform improvements to care and service delivery as documented under the service’s continuous improvement plan.

# Standard 7

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

Findings

The service demonstrated its workforce is planned to enable a suitable number and mix of staff to support the delivery of safe and quality care and services. Whilst consumers said they do not use their call bell often, they confirmed staff attend promptly when they do use it. Management advised roster vacancies are filled with the service’s own staff and casual pool, and additional staff can be accessed from the organisation’s other services if needed. Staff did not appear rushed, and were observed providing care in a calm and professional manner and taking the time to engage with consumers.

Consumers and representatives said staff are kind, caring and gentle when providing care. Staff receive training on the code of conduct and this information is included under the staff handbook. The assessment team observed staff interacting with consumers in a caring and respectful manner.

Consumers and representatives confirmed staff are competent and know what they are doing. Management described the recruitment processes in place to ensure staff competency and suitability. Position descriptions are available outlining key duties for each role. The service has access to the organisation’s centralised human resources team responsible for maintaining records of staff reference checks, criminal record checks and qualifications and ensuring these are reviewed and updated as required.

Consumers and representatives considered staff perform their duties effectively and are well trained. Staff confirmed they receive orientation on commencement, undertake annual mandatory training and have access to ongoing training and education.

The service implements a formal performance appraisal process and review of documentation identifies staff appraisals are conducted following probation and annually thereafter. Staff demonstrated an understanding of the service’s performance development and review process, and confirmed this includes a discussion on their performance and areas where they would like to further develop their skills and knowledge.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The service demonstrated consumers and representatives are engaged in the development, delivery and evaluation of care and services through a variety of avenues, including consumer meetings, food focus meetings, case conferences, surveys and submission of feedback forms. Consumers and representatives confirmed they can provide input into care and services, raise suggestions and give feedback which is considered by management.

Management described how the organisation’s governing body promotes a culture of safe, inclusive, and quality care and services. Reporting submitted to the board captures information, including but not limited to, clinical indicators, internal and external audits, complaints trends and incidents. The organisation’s executive management and board uses this information to identify the service’s compliance with the Quality Standards, to initiate improvement actions, to enhance performance and to monitor care and service delivery.

The service demonstrated organisation-wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints management.

Management advised the continuous improvement process is drawn from a variety of sources, including consumer and representative feedback and complaints mechanisms, consumer experience survey results, regular analysis of clinical and incident data, and internal and external audits.

The service has a risk management framework and policies to guide staff in the management of high impact and high prevalence risks, and managing and preventing incidents. Management described how risks are reported, escalated and reviewed at the service level and by the governing body. Staff receive training on incident reporting and review of incident documentation demonstrates incidents are reported within regulatory timeframes.

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)