Performance

Report

**1800 951 822**

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| Name of service: | Uniting Caroona Jarman Goonellabah |
| Service address: | 65 Rous Road GOONELLABAH NSW 2480 |
| Commission ID: | 0073 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Assessment Contact - Site |
| Activity date: | 20 September 2022 |
| Performance report date: | 13 October 2022 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Uniting Caroona Jarman Goonellabah (**the service**) has been prepared by E Blance, 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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others conducted on 20 September 2022.
* the Approved Provider’s response to the Assessment Team’s report received 10 October 2022.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 5 Organisation’s service environment | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **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 5

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| Organisation’s service environment | |  |
| 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

The Assessment Team did not assess all Requirements in Standard 5, therefore a summary or compliance rating is not provided.

**Requirement 5(3)(b)**

This Requirement was found non-compliant following a site audit conducted 8 March 2021 to 11 March 2021.

The Approved provider was able to demonstrate that the internal service environment is safe, clean, well maintained and comfortable, with consumers being able to move freely, both indoors and outdoors.

The Approved provider implemented a range of improvement activities to address the previous non-compliance including engaging an external contractor to undertake a whole of service clean in May 2021, Re-engaging the same contractor to provide ongoing cleaning of the consumers’ rooms and the service environment in general, implementing a cleaning schedule and checklist for common areas and consumer rooms including ongoing cleaning of the remaining carpet. In addition the service has commenced renovation of the service environment.

Consumers expressed their satisfaction with the service’s living environment.

The Approved provider’s Plan for Continuous Improvement (PCI) reflects improvements undertaken in relation to this Requirement.

In making my decision I have considered the Approved provider’s response. It is my decision the improvements taken by the Approved provider were adequate and sustainable, and therefore I have decided this Requirement is Compliant.

**Requirement 5(3)(c)**

This Requirement was found non-compliant following a site audit conducted 8 March 2021 to 11 March 2021.

The Assessment contact report identified that all external furniture was not clean, well maintained or suitable for the consumer.

The Approved provider implemented a range of improvement activities to address the previous non-compliance including the introduction of a furniture replacement program, included the outdoor activity areas in a whole of service clean.

Further to the Assessment contact report, The Approved provider’s response included further improvement actions to ensure furniture, fittings and equipment is safe, clean, well maintained and suitable for consumers. The Approved provider advises there have been no complaints received from consumers in respect of the furniture, fittings and equipment. The service advised the staff regularly wipe the outdoor equipment over prior to use. The service has engaged with the cleaning contractor and revised the duties list for the cleaning of the area and equipment to occur more frequently including wiping dust, furniture, removal of cobwebs, blowing of leaves and spot cleans where required. A blower is now available for staff use in the outdoor area for the removal of bird feathers. The service has reviewed the scope for the gardening staff to include weeding of the area. The service is investigating a suitable bird deterrence for implementation. The service has implemented a quarterly high pressure clean of the area within the maintenance schedule. The PCI notes feedback from consumer meetings have been positive about the refurbishment of the service environment.

In making my decision I have considered the Approved provider’s response, and also note consumers did not provide any negative feedback in relation to the external environment. It is my decision the improvements taken by the Approved provider were adequate and sustainable, and therefore I have decided this Requirement is Compliant.

# Standard 6

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| Feedback and complaints | |  |
| 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

The Assessment Team did not assess all Requirements in Standard 6, therefore a summary or compliance rating is not provided.

**Requirement 6(3)(c)**

This Requirement was found non-compliant following a site audit conducted 8 March 2021 to 11 March 2021.

The Approved provider demonstrated appropriate action was taken following complaints and an open disclosure process was used when things went wrong. Consumers were confident their feedback was listened to and the service responded appropriately to their concerns including the expression of an apology.

A range of improvement activities to address the previous non-compliance have been undertaken including implementing staff training and for staff to ensure staff have a shared understanding of open disclosure processes and the implementation of monitoring processes to ensure appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

The Approved provider’s PCI reflected improvements that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

In making my decision I have considered the Approved provider’s response. It is my decision the improvements taken by the Approved provider were adequate and sustainable, and therefore I have decided this Requirement is Compliant.

**Requirement 6(3)(d)**

This Requirement was found non-compliant following a site audit conducted 8 March 2021 to 11 March 2021.

The Approved provider was able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. Consumers expressed they are confident staff and management address and resolve their concerns when they are raised.

A range of improvement activities to address the previous non-compliance have been undertaken including a review of processes to ensure feedback received via all avenues is reviewed and actioned. This includes consumer surveys, feedback forms and the feedback register. Management attend consumer meetings or review the minutes to be aware of issues arising and to ensure identified improvements are actioned. Monthly consumer surveys are conducted. The consumer newsletter and a standing agenda item on the meeting agenda reminds consumers that their feedback is important and of the avenues in which they can provide feedback. Consumers are provided with updates about action taken in response to complaints and feedback received.

The Approved provider’s PCI reflected improvements undertaken in relation to this Requirement.

In making my decision I have considered the Approved provider’s response. It is my decision the improvements taken by the Approved provider were adequate and sustainable, and therefore I have decided this Requirement is Compliant.

# 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)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The Assessment Team did not assess all Requirements in Standard 7, therefore a summary or compliance rating is not provided.

**Requirement 7(3)(a)**

This Requirement was found non-compliant following a site audit conducted 8 March 2021 to 11 March 2021.

The Approved provider was able to demonstrate 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. Consumers expressed they are satisfied staff are available when needed and attend quickly in response to call bells.

A range of improvement activities to address the previous non-compliance have been undertaken including the revision of the care model whereby cleaning was previously a responsibility of care staff and job descriptions were amended to reflect this change.

The Approved provider’s PCI reflects improvements undertaken in relation to this Requirement.

In making my decision I have considered the Approved provider’s response. It is my decision the improvements taken by the Approved provider were adequate and sustainable, and therefore I have decided this Requirement is Compliant.

**Requirement 7(3)(e)**

This Requirement was found non-compliant following a site audit conducted 8 March 2021 to 11 March 2021.

The Approved provider was able to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Consumers expressed satisfaction in staff performance.

A range of improvement activities to address the previous non-compliance were undertaken including appraisals for all staff were conducted, resources have been added to the induction packs for new staff regarding appraisals, a tracking sheet was implemented which is reviewed regularly by management and the corporate Quality Lead and a standing agenda item for staff appraisals was added to the monthly meeting agenda. also monitors performance appraisals as a standard agenda item via monthly meetings with management.

The Approved provider’s PCI reflects improvements undertaken in relation to this Requirement.

In making my decision I have considered the Approved provider’s response. It is my decision the improvements taken by the Approved provider were adequate and sustainable, and therefore I have decided this Requirement is 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)