Performance

Report

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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: | Site Audit |
| Activity date: | 10 January 2023 to 12 January 2023 |
| Performance report date: | 6 February 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 Caroona Jarman Goonellabah (**the service**) has been prepared by K. Spurrell, 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.
* 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 are treated with dignity and respect and feel accepted and valued. Staff demonstrated sound knowledge of consumers backgrounds and how to value identity and culture and said they received training in cultural diversity; training records confirmed the service supports staff to meet this requirement. Publications were provided in various languages.

Consumers said staff understand their needs and preferences and know what to do to make sure they feel respected, valued, and safe. Staff described how they adapt the way care and services are offered so they are culturally safe for each consumer. Policies and procedures have an inclusive, consumer-centred approach to care and service delivery.

Consumers said the service supports them to make decisions affecting their health and well-being and that they can change these decisions at any time. Staff were observed helping consumers make day-to-day choices such as deciding on activities, care planning and meal selection. The service ensures privacy for consumers is provided to maintain relationships important to them.

Consumers said the service understands what is important to them, are not judgemental about choices they make, and they are supported to understand benefits and possible harm when they make decisions about taking risks. Training records show how the service supports staff to understand the right for consumers to take risks. The service conducts a risk assessment with each consumer who wants to take risks and decisions regarding risk are documented in care planning documentation.

Consumers said they get information in a way they can understand and, if necessary, they can get assistance from staff who are bilingual, or they can also access translation services. Consumers said they are involved in meetings and are encouraged to ask questions about their care. Staff described different ways information is communicated particularly for consumers with communication deficits such as cognition, hearing or vision. A range of written communication including welcome packs, newsletters, care plans, menus, and activities calendars were observed on noticeboards around the service.

Consumers said the service protects their privacy and the confidentiality of their information; their personal space and privacy is respected when friends, partners or significant others visit. Care planning documentation reflected consumer preferences regards privacy, such as asking that staff knock on the door prior to entering. Staff were observed knocking on doors and asking permission prior to entering.

# 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 their care is well planned to meet their needs; they are involved in care planning decisions. Staff demonstrated sound knowledge of care planning systems and processes, including those to ensure care is reviewed regularly and where care needs change. Care planning documentation demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals, and preferences of consumers, including identified risks.

Consumers said their care plans identify their goals and preferences including clinical, personal and dental care, nutrition preferences, and lifestyle choices. Consumers said they are supported to complete advance health directives and the service is aware of their wishes. Care planning documentation detailed consumers’ current needs, goals and preferences including advance care directives.

Consumers said they are actively involved in the assessment, planning and review of their care and services which helps them to meet their needs and goals; assessment and care planning is coordinated, and they are satisfied the right people are involved. Staff described processes in place to ensure the service partners with consumers to assess, plan and review care and services. Care planning documentation demonstrates integrated and coordinated assessment and planning involving all relevant organisations, individuals, and service providers.

Consumers and representatives said that outcomes of assessment and planning are effectively communicated and documented in a care plan which is provided to them. Care planning documentation evidenced the outcomes of assessment and care planning are documented and communicated to consumers. Management confirmed that consumers and representatives are always offered a copy of the consumer’s care plan.

Consumers said the service regularly communicates with them about their care and services, seeks feedback, and makes changes to meet current needs, goals and preferences. Consumers confirmed that when something goes wrong, or things change, staff communicate with them to ensure safe and effective care and services can be delivered. The service has policies and procedures that guide the review of care planning processes.

# 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 they receive care that is safe and right for them, is consistent with their needs and preferences, and supports their health and well-being. The service has policies and procedures and systems for safe and effective care, and delivers care according to consumers’ needs, goals and preferences. The workforce is well trained, and staff described how the organisation supports them to deliver personal and clinical care that is best practice and meets the needs of each consumer such as through ongoing training.

Consumers said care provided is safe and right for them and risks to their well-being such as falls, pressure areas, weight loss, and infection are assessed, explained, and managed to reduce risk. Staff were familiar with the process to identify, assess and manage high-impact or high-prevalence risks to the safety, health and well-being of each consumer. Policies and procedures and clinical protocols guide how the service manages high-impact or high-prevalence risks. Care planning documentation demonstrated the service delivers personal and clinical care in line with best practice. The service monitors and reports performance and uses results to inform continuous improvement.

Consumers and representatives said that symptoms such as pain are managed well and that if their condition deteriorates their wishes are known and staff know what to do. Family members said they can visit and support their loved ones, are involved in palliative care decisions, and staff are skilled in providing any care needed. Care planning documentation reflected personal choices and preferences, and advance care directives in place including for end-of-life care needs, goals and preferences.

Consumers said staff know them and would be alert to any changes in their condition and would respond with appropriate actions and care when needed. The service has policies, procedures and clinical protocols to guide staff in the management of deterioration. Care planning documentation included consumer preferences, advance care plans, baseline observations, and clinical care plans to guide staff response to deterioration for each consumer.

Consumers said those delivering their care are well informed and trained to deliver care, and care is well coordinated between those responsible for care delivery. Representatives said care coordination is good, consistent and reliable, and information is communicated well. Staff and others sharing the care of consumers have access to the electronic care management system which includes alerts to facilitate effective care at handover.

Consumers said the service facilitates access to, and refers them promptly to appropriate allied health providers, organisations or individuals to meet their care needs. The service has a network of approved individuals and service providers to refer consumers to. Care planning documentation showed the service collaborates with other providers of care to support the diverse needs of consumers.

Consumers said the service is equipped to manage an infectious outbreak and confirmed they receive information on how to minimise the spread of infections. Consumers and representatives said the service is clean and staff practice good hand hygiene. The service has an infection prevention and control program including an outbreak management plan for COVID-19, gastroenteritis and influenza is in place. The staff training program includes standard precautions and clinical precautions. The service has policies in place in relation to antimicrobial stewardship and the need to minimise the use of antibiotics.

# 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 the service supports them to do the things they want to do; they are supported in their independence, health, well-being, and quality of life. The needs and preferences of consumers were documented in care planning documentation and staff described how they use strategies and options to deliver services and supports for daily living that reflect the diverse needs and characteristics of consumers. The service has a lifestyle program which includes a range of activities on offer for consumers such as regular bus outings on scenic tours and shopping trips.

Consumers said they feel connected and engaged in meaningful activities that are satisfying to them; they can acknowledge and observe sacred, cultural, and religious practices and celebrate days that are meaningful to their culture or religion, the service supports and promotes their spiritual, emotional, and psychological well-being. Staff described how they support the emotional, psychological, and spiritual well-being of consumers such as through the weekly church services held onsite and pastoral visits to various consumers.

Consumers said the service supports them to have an active social life and take part in their interests; they are supported to maintain personal relationships and participate in community and social activities of their choice. Staff described various external organisations, advocates, and community members who assist consumers to follow their interests, social activities and maintain their community connections. Care planning documentation reflected consumers personal interests and those important to them.

Consumers said they have consented to information being shared with others about them and do not have to repeat their story or their preferences to multiple people. Consents were observed in care planning documentation and staff described how they are kept informed about a consumer’s condition, needs, goals and preferences such as at handover and through care planning documentation. Communication from external providers and allied health staff were noted in the care management system.

Care planning documentation evidenced the service collaborates with other individuals, organisations, and allied health providers to support the diverse needs of consumers. Staff identified individuals and providers they refer consumers to and were familiar with referral processes. The service has established links with a range of support organisations for consumers to access, these are reviewed annually to ensure their services remain safe and effective and quality care and services are being delivered to consumers.

Consumers said they choose from suitable and healthy meals, snacks, and drinks and the service consistently provides their meal and drink preferences and menu selections. The consumer dining experience was observed to be comfortable; consumers were not rushed and were receiving appropriate assistance in a dignified manner. Staff demonstrated they were familiar with consumers’ nutrition/hydration needs and preferences and how to support these such as for preferred meal size.

Consumers said they feel safe when using equipment and know how to report any concerns they have about the safety of equipment. Staff described how they have been trained on maintenance processes and how to safely use equipment, could identify any potential risks to the use of equipment and responsibilities they share for the safety, cleanliness, and maintenance of equipment. The service has suitable arrangements for purchasing, servicing, maintaining, renewing, and replacing equipment.

# 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 and representatives said the environment is welcoming and home-like and promotes a sense of belonging whilst independence is supported. Staff described how consumers are supported to feel at home and new consumers welcomed and shown around the service to areas of interest, dining and communal areas. The service was observed to have recently undergone a refurbishment with enhanced furnishings and layout of communal areas for consumers. Consumers were observed utilising the communal areas and socialising. Adequate signage was observed throughout the service to assist consumers and visitors whilst fittings and fixtures support consumer independence and mobility.

Consumers said they feel safe within the service, it is kept clean and well maintained and they were able to move about freely. The service was observed to be clean and well maintained. Staff follow a cleaning schedule and were familiar with reporting maintenance issues. Scheduled and reactive maintenance and cleaning are conducted and up to date with audit schedules in place. Consumers were observed moving freely around the service in the loungerooms, and gardens.

Consumers said equipment is well maintained and reported being happy with the new furniture. Staff said they have access to equipment needed for consumer care and maintenance of the equipment is timely when needed. Furniture and equipment are maintained under a scheduled maintenance plan with specialist contractors in place where required

# 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 said they are encouraged and supported to make complaints and provide feedback and had no concerns talking with staff or management if they had a complaint. Information was observed in communal areas and in service publications, including the consumer handbook detailing the internal and external complaints systems, and feedback / suggestion box was observed at the entry to the service. Staff were familiar with their responsibilities in supporting consumers to make a complaint.

Consumers and representatives said they are comfortable raising concerns with management and staff and will escalate their complaint if not resolved to their satisfaction including external avenues for raising a complaint such as through an advocacy service. Staff demonstrated understanding of internal and external complaints and feedback systems and were aware of the advocacy and translation services that are available for consumers and/or representatives if needed.

Consumers and representatives said management responded promptly to resolve their concerns after they make a complaint. Staff have received education on the management of complaints and described the process for handling a complaint or feedback and will direct complaints to management and log it into the electronic complaints management system. Staff had been received training and demonstrated knowledge of the principles of open disclosure when resolving complaints.

Consumers and staff described how complaints and feedback are used to improve care and service provision. The service has systems in place to record and trend complaints, feedback, compliments and suggestions and management described how feedback and complaints are reviewed and used to improve the quality of care and services. The quality improvement plan evidenced recent improvements made at the service because of feedback or complaint.

# 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 service demonstrated an effective system in place to calculate the number of staff and the range of skills needed to meet the needs of the consumers. Consumers and representatives said staff are busy and agency staff are rostered, and they are satisfied care and services are delivered. A roster demonstrated a mix of staff including registered staff and personal care workers, hospitality, laundry and environmental service staff. Staff confirmed effective processes to cover planned and unplanned staff leave, where agency staff are used, they are orientated and trained prior to commencement of a shift.

Consumers said staff are kind and caring and respect their individuality. Staff and consumer interactions were observed to be caring and respectful, with staff taking time to interact with consumers. Care planning documents demonstrated the consumer’s story, needs and preferences are known. The recruitment process ensures that staff are chosen in line with the values of the service, and staff receive training and support to deliver care in accordance with the service’s diversity and inclusion policy and procedures.

Consumers said staff are competent and know what they are doing and deliver effective care. The service demonstrated the workforce is competent, qualified and has the necessary knowledge to perform their roles effectively. The register of staff qualifications evidenced the service manages and reviews staff competency regularly. Policies and procedures support human resources processes including for training and performance management.

The service demonstrated effective recruitment processes in place such as formal interviews, referee and qualification checks, management said ongoing training and development is provided for all staff and participation monitored regularly. Staff confirmed they received training during their orientation and induction and regularly through the year and learn through practice at handover meetings. Consumers and representatives said staff know what they are doing, and they are well trained.

The service has appropriate processes in place to regularly assess, monitor and review the performance of staff including annual performance reviews. Staff described the performance review process, including discussions of their performance and areas where they would like to develop their skills and knowledge. Consumers said they are satisfied staff are supported to perform their roles.

# 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 are encouraged to provide ongoing input into how care and services are delivered through regular care plan reviews, consumer meetings, surveys and face-to-face discussions. All feedback and suggestions provided by consumers and representatives are reviewed and included in the plan for continuous improvement as appropriate, improvements in this plan demonstrated examples of consumer input into service delivery.

The governing body has set quality, safety and cultural goals and these are communicated and operationalised throughout the service via policies, procedures, recruitment, education service monitoring activities and feedback. Staff were familiar with actions taken by the service to drive a culture of safe and inclusive care, such as education, and how they monitor the services performance against policies, audits and monitoring of clinical indicators. Consumers described ways the organisation asks for their opinions to improve the service culture.

The service has an effective organisation wide governance system in place which guides information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints. Management described how the electronic care management system enables data analysis including for risk and incidents, data is analysed against performance indicators. Staff and consumers said they are involved in contributing to service and organisational improvements.

The service demonstrated effective risk and incident management systems and practices in place including the electronic care management system to support monitoring, rating and response to incidents, clinical indicator monitoring and analysis, and audit processes. Daily clinical monitoring of exceptions and incidents supports oversight of high impact and high prevalence risks, as does the scheduled audit program. Staff said through staff training, they understand what harm, abuse and neglect look like and how to escalate any concerns.

The service’s clinical governance framework guides clinical practice, including the correct management of antimicrobial stewardship and minimisation of the use of restraint. Management and staff demonstrated an understanding of clinical governance resources and associated systems on the service’s intranet. An open disclosure process is used by the service and was demonstrated in a review of progress notes, complaints and feedback, incident reports and incident reporting.

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)