

**Performance Report**

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| Name: | Uniting Caroona Marima Goonellabah |
| Commission ID: | 2535 |
| Address: | 65 - 101 Rous Road, GOONELLABAH, New South Wales, 2480 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 6 November 2024 |
| Performance report date: | 26 November 2024 |
| Service included in this assessment: | Provider: 1352 The Uniting Church in Australia Property Trust (NSW) Service: 908 Uniting Caroona Marima Goonellabah |

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 Marima Goonellabah (**the service**) has been prepared by Bruce Bassett, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others.
* the provider’s response to the assessment team’s report received 25 November 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Applicable |
| **Standard 7** Human resources | **Not Applicable** |
| **Standard 8** Organisational governance | **Not Applicable** |

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

# Areas for improvement

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

# Standard 3

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| Personal care and clinical care |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |

Findings

Consumers and representatives said the service is effectively managing risks associated with the care of consumers, including falls and unplanned weight-loss. Registered and care staff described individualised consumer care implemented for managing risks.

Registered staff said and care documentation confirmed, if a consumer has a fall, pathways are completed in accordance with the service’s falls management procedure. This includes neurological observations, an assessment to identify any injuries, and the submission of an incident report. Consumers are reviewed by the physiotherapist and their recommendations are recorded in care planning documents. Staff could describe fall prevention strategies for consumers such as appropriate footwear, mobility aids and sensor mats.

Care documentation demonstrated consumers at risk of weight loss are assessed and referred to a dietician if required. Registered staff had a shared understanding of the strategies to maintain the weight of consumers, and these were reflected in consumers’ care plans.

Consumers and representatives said they had confidence in the service’s ability to identify and respond to changes in consumers’ health in a timely manner. Registered staff had a shared understanding of the service’s procedures for identifying and responding to deterioration. Care documentation demonstrated changes in a consumer’s condition are identified and responded to in a timely manner.

Management and registered staff described the processes used to identify a change in a consumer’s condition. Processes included reviewing incident data, consumer feedback, and clinical indicators. If a change is identified, staff said they would refer the consumer to an appropriate clinician or allied health professional for review.

The Assessment Team reviewed consumers who had a recent change in their condition such as returning to the service from hospital or who had suffered a loss of mobility. Registered staff were aware of hospital recommendations, and these were reflected in consumers’ care plans. Discharge summaries were actioned and allied health strategies were implemented.

Following consideration of the above information I have decided the requirements assessed are 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 |

Findings

Consumers and representatives generally said there are not enough care staff working within the service, however, they also said staff respond to requests promptly and consumers’ care needs are being met. Consumers and representatives said consumers were not waiting for long periods of time to receive personal care or clinical care and care needs were still met when agency staff were used.

Staff said they are understaffed and very busy, however they work as a team to ensure critical care tasks are completed. Staff said incomplete tasks, such as charting are handed over to the next shift for completion.

Care staff said they often feel very busy and overworked. However, they said they always manage to achieve the care needs of residents. The service’s staff survey aligned with staff sentiment, with only 43% of staff expressing satisfaction with workload in the survey.

Management demonstrated effective systems and processes for managing the service’s staffing requirements. For example:

The service operates under a ‘household model’ of care which aims to create a home like environment. The service has 4 wings which are all staffed using this model. The service model includes:

* + Registered staff who oversee all 4 wings of the service. The service has 2 registered staff on morning and afternoon shifts and one rostered for the night shift. Registered staff said they had sufficient time to complete tasks. They corroborated the staffing ratios explained by management and said there is always a registered staff member on shift.
	+ Each wing has a homemaker (team leader) who is either an enrolled nurse, or a certificate IV qualified care staff member. These staff members coordinate personal care, administer some medications within scope, and complete simple wound dressings.
	+ Three care staff are dedicated to each wing to provide personal care to consumers during the morning shifts. However, it is the responsibility of care staff to heat, plate, and clean up the kitchen areas. Care staff claimed these kitchen duties detracted from their ability to provide care and take a significant proportion of their shift to complete. Care staff stated these duties are particularly difficult on the afternoon shifts when there are only two care staff on duty.

Management demonstrated planning of staff numbers and mix using both the model of care and target care minutes. The service is currently achieving their target care minutes in the most recent reporting period.

Effective strategies to fill both planned and unplanned leave are in place. Staff confirmed they rarely work short staffed, and management always attempts to fill shifts. The service offers additional shifts to existing staff using a digital messaging system. Contracts with staffing agencies allow for the service to broker staff for single shifts as well as block bookings to cover longer periods of leave.

Management demonstrated ongoing recruitment strategies to reduce the reliance on agency staff. These included international recruitment and supported relocations to the area, as well as utilising the Pacific Australia Labour Mobility (PALM) scheme.

Rosters corroborated the staffing levels explained by both management and staff, and management was able to demonstrate effective systems to ensure the workload is planned to deliver safe and effective care.

In response to the Assessment Team report, the service acknowledged the feedback from staff and consumers regarding staffing and advised it has a number of initiatives in place to address the issue including student placements, staff relocation incentives and a sponsorship scheme for registered nurses. The service also noted the difficulties in recruiting staff in regional areas.

Following consideration of the above information, I have decided the requirement is compliant.

# Standard 8

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| Organisational governance |  |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:1. managing high impact or high prevalence risks associated with the care of consumers;
2. identifying and responding to abuse and neglect of consumers;
3. supporting consumers to live the best life they can
4. managing and preventing incidents, including the use of an incident management system.
 | Compliant |

**Findings**

The service was able to demonstrate effective management oversight and systems to identify, report and manage risks within the service. Management demonstrated accountability for identifying and responding to risk. The service maintains an incident management system and is effectively identifying and responding to serious incidents, including the abuse and neglect of consumers. Management described effective systems for supporting consumers to live the best life they can.

The service uses an electronic incident management system (ECMS) that alerts management to all incidents that occur within the service, escalates severe risks to the governing body, supports the organisation’s quality team to review all incidents and ensure serious incidents are identified and reported to the serious incident response scheme and prompts management to review incidents and conduct root cause analyses.

Completed incident reports demonstrated effective incident management, including the identification of abuse and neglect. Clinical and incident data is sourced from the service’s ECMS and incident management systems. Management demonstrated how they have used this data to identify high-impact high-prevalence risks within the service, such as, but not limited to, falls and weight loss.

Weekly meetings are held between registered staff, homemakers, and the deputy service manager to review and update the high-risk register.

Regional clinical governance meetings are conducted each month. The service’s dedicated nurse practitioner attends to support the identification of risks and the monitoring of risk mitigation strategies.

The service’s plan for continuous improvement included improvement actions related to high-impact and high-prevalence risks. Management confirmed that these actions had been completed.

Improvement activities relating to falls management within the service had been added and adapted several times throughout 2024, in response to increasing falls. Actions were observed to be occurring within the service, such as the implementation of the ‘falling leaf’ program, a program to identify and raise staff awareness for consumers at risk of falls. The program implements and reminds staff to complete falls prevention strategies. Staff demonstrated a shared understanding of the program and other improvement initiatives.

The service demonstrated self-assessment and improvement activities to support consumers to live the best life they can. Management said the service identified, through self-assessment, consumers may be experiencing restrictions to leaving the service after hours. They are in the process of conducting risk assessments to identify consumers who may be restricted. They are taking actions to improve accessibility to the service. A review of the service’s plan for continuous improvement confirmed this is occurring.

Following consideration of the above information, 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)