Performance

Report

1800 951 822

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Performance report date: |
| Uniting Edinglassie Emu Plains | 21 September 2022 |
| Commission ID: | Activity type: |
| 2702 | Site audit |
| Approved provider: | Activity date: |
| The Uniting Church in Australia Property Trust (NSW) | 3 August 2022 to 5 August 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 Edinglassie Emu Plains (**the service**) has been considered by Kathryn Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 12 September 2022.
* other information and intelligence held by the Commission in relation to the service

# 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 | **Non-compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* **Requirement 7(3)(a)** The Approved Provider ensures sufficient staff are deployed to support care and service delivery in line with consumers needs and to meet these Quality Standards.

# Standard 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | Compliant |
| 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

The Assessment Team recommended the following Requirement was not met;

* Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

The Assessment Team spoke with consumers and representatives who provided mixed feedback about the provision of care and services. Consumers stated that staff did not always meet their preferred care times, some consumers who said they felt rushed with their care as staff hurried to complete tasks and some consumers identified that when their care was late, it impacted other activities of their day.

Documentation, observations and interviews evidenced that some consumers do not always receive their personal care at their preferred time as there are insufficient staff to provide the care and support in a timely manner.

The Approved Provider’s written response, received 12 September 2022, acknowledged there was high agency usage to fill shifts leading to unfamiliarity in residents' routines and delays in cared and described actions taken to recruit additional staff and staff training on personal hygiene and dignity.

Evidence in the Site Audit report suggests that impacts to care delivery, stem from high usage of agency staff, I have considered this further under Requirement 7(3)(a) where the evidence is more appropriate.

Consumers and representatives stated that interactions with permanent staff at the service were positive and reported that staff treated them with kindness and respect and knew their background, individual choices, and preferences. I am not satisfied that the evidence brought forward by the Assessment Team demonstrates non-compliance with this Requirement, therefore, I find Requirement 1(3)(a) is compliant.

I am satisfied that the remaining five requirements of Quality Standard 1 are compliant.

Care documentation identified consumers emotional, spiritual and cultural needs. Staff described consumers’ backgrounds, culture and how they tailor care delivery.

Staff described how they support consumers to be independent and make choices, such as through providing options, encouraging relationships and delivering care in line with consumers’ preferences.

Consumers said they are supported to take risks of their choice. Staff described how they assist consumers to understand risks and make decisions. Care planning documents contain risk assessments that include mitigation strategies.

Information is provided to support consumers to make choices regarding their care needs and lifestyle activities. Management described how they present information according to staff and consumers’ in a variety of ways.

Staff were observed to be respecting consumers’ privacy by knocking on doors before entering and closing doors when providing care. Confidential information is secured through a password protected electronic care management system and observed staff turning off computers and mobile electronic devices when they moved away from them.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | Compliant |
| 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

Care plans evidenced assessment of risks to the consumer’s health and well-being, and the delivery of safe and effective care and services. Staff demonstrated an understanding of the assessment and care planning process and knowledge of consumers and their individual risks.

Assessments and care plans were observed to be individualised and addressed consumer needs, reflecting their preferences for care. Consumers and representatives are engaged in communication regarding the outcomes of assessments, planning and care. Care plans include the involvement of other organisations, individuals and providers of other care and services.

Most consumers reported the outcomes of assessment and planning were effectively communicated to them. Staff confirmed they have easy access to consumer care plans via several computer terminals throughout the service. Staff identified handovers and the care management system platform as frequently used options for communicating outcomes of assessments and reviews.

All representatives sampled also confirmed that the service communicates with them following any change in circumstances or incident, including an update of any changes to the consumer’s care plan as a result of the change or incident.

## Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | Compliant |
| 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

Most consumers and representatives expressed their satisfaction with the personal and clinical care they receive, where some consumers noted that low staffing numbers meant that staff were sometimes rushed or late giving care, overall, the quality of the care was still good.

Consumers subject to restrictive practices had appropriate consent and reviews in place. Staff follow procedures to deliver safe skin integrity and wound management care.

Staff described relevant high impact and high prevalence risks to individual consumers, and how these are assessed, reviewed and managed. Care documentation evidenced the process for managing high impact and high prevalence risk including if incident reports are lodged when required and care plans updated to reflect any new risk mitigation strategies and to view the strategies already in place.

Care documents showed consumers nearing the end of life received care in line with their wishes, that maximised comfort and preserved dignity. Staff described how to provide care to consumers that are palliating or requiring end of life care and stated that they follow the consumer’s advanced care directive.

Representatives were confident that the deterioration or change in consumers’ condition is recognised and timely response occurs. Staff described how they identify and respond to changes, including escalating to clinical staff.

Information about consumers’ condition, needs and preferences is documented through care plans, progress notes and handover documents. Staff were observed to attend shift handover to ensure information regarding consumers is consistently shared and understood.

Care planning documents reflect referrals occur to medical officers and other health professionals, including external providers of care. Staff described how they minimise infection-related risks by following the service’s infection control policies and promoting antimicrobial stewardship.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | Compliant |
| 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 said the lifestyle program supports consumers’ needs and they feel supported to participate in activities of their choice. Staff described what was important to consumers and how they use health and leisure assessments to adapt the lifestyle program in accordance with consumers’ needs and levels of ability. Consumers were observed engaging in various individual and group activities.

Staff explained how they support consumers’ emotional and psychological well-being, particularly for consumers who choose to remain in their rooms, by offering in room visits and activities, respecting their preference to remain in their room.

Staff described how they support consumers to maintain relationships and participate in the community. Consumers are supported to engage with the internal and outside community, maintain connections with the people important to them and to pursue their interests. Consumers were observed spending time with people important to them and celebrating important events with them.

Consumers indicated that staff are aware of their needs and preferences in relation to services and supports for daily living. Staff reported that they are kept informed of the changing condition, needs and preferences for each consumer via handovers and clinical documentation. Care plans provide adequate information to support effective and safe care including where responsibility for care is shared.

Care documentation evidenced, that regular, timely and appropriate referrals are made to other individuals, and organisations to maximise consumer’s health and well-being. Staff were able to explain which external organisations the service involves in the provision of lifestyle services and supports.

Most consumers indicated that although quantity of the meals provided is adequate, they would like more variety. Consumers were observed to have access to food all day with fresh fruits and snacks available in the dining areas. Management advised they were working with the contracted food provider to improve the quality and quantity of the food.

Equipment was observed to be clean, suitable and stored appropriately. Most consumers reported they have access to appropriate equipment, and it is safe, well-maintained, and cleaned regularly. Staff could describe the process to report the maintenance related service requests when the equipment is faulty.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | | Compliant |
| 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 that they feel at home in the service, and they are able to maintain their independence. Consumers were observed moving freely through the service and they service environment was observed to be clean and welcoming and reflected dementia enabling principles.

Consumers said they feel safe in the environment and the service is clean and well-maintained. The corridors were observed to be clear and safe and consumers were observed moving freely in the service environment.

Staff described maintenance processes and procedures and said that the equipment is regularly serviced to ensure they are fit to use by consumers. Consumers reported the furniture, fittings and equipment are safe, clean, and well-maintained.

**Standard 6**

|  |  |  |
| --- | --- | --- |
| Feedback and Complaints | | Compliant |
| 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 said they are encouraged and supported to provide feedback and to make complaints. Management explained the process of managing and resolving a complaint from a consumer or representative and noted that they have an open-door policy to encourage consumer and representatives’ feedback.

Information regarding complaints, advocacy and language services were available in the consumer handbook. Staff were aware of the translating and interpreting service but acknowledged that they had not had to use it at the service to date.

The service demonstrated that appropriate action is taken in response to complaints and open disclosure process is employed when things go wrong. Staff were able to discuss open disclosure including the complaints management system and how open disclosure is used at the service.

Most consumers and representatives indicated that management addresses their complaints and resolves the concerns when raised. However, one representative said felt the issues raised had not been addressed appropriately which were about staffing issues. I have considered this feedback under Requirement 7(3)(a) where I find the staffing matters can be considered appropriately.

Most consumers and representatives who had made a complaint or provided feedback said some changes had been made at the service in response to their complaints. The plan for continuous improvement confirmed that the complaints were logged, actions noted and completion date set.

**Standard 7**

|  |  |  |
| --- | --- | --- |
| Human resources | | Non-compliant |
| 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. | Non- 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

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirements are non-compliant:

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.

The Site Audit Report reflected mixed feedback from consumers and staff regarding staffing numbers, affecting the provision of personal care and service. Evidence brought forward included; call bell data showing response times over the service’s benchmark, consumer and representative feedback describing delays to requests for assistance and care not being delivered in line with preferences, staff who described feeling rushed and confirmed shifts at times go unfilled. Management explained that the facility moved to a new location and larger site in early 2022 and the workforce was still being recruited and settled to meet the larger consumer population needs.

The Approved Provider’s response of 12 September 2022 brought forward further evidence and provided a review of the roster examined by Assessment Team to explain that in fact the vacant shifts were mostly filled. Regarding call bell response times, the Approved Provider said these are monitored daily and on average had improved since the Site Audit. The Approved Provider acknowledged there was high agency usage to fill shifts leading to unfamiliarity in residents' routines and delays in cared and described actions taken to recruit additional staff to fill vacant shifts and organisation wide initiatives taken to improve staffing such as sign on and retention bonuses and partnership with recruitment agencies.

I acknowledge the Approved Provider’s actions; however, consider the changes and the initiatives described will take time to demonstrate effectiveness and have given weight to the feedback provided by consumers and representatives describing impacts to care. At the time of the Site Audit, the service did not consistently demonstrate the workforce is planned and deployed to support safe and quality care. I find requirement 7(3)(a) is non-compliant.

I am satisfied the remaining four Requirements of Quality Standard 7 are compliant.

Consumers said overall staff interactions are kind, gentle care is provided, and staff understand what is important to consumers. Staff were observed to be kind and patient when assisting consumers in leisure activities.

Consumers and representative believed permanent staff were capable and had the knowledge to effectively provide care and services, however most consumers identified that they preferred not to have agency staff provide their care.

Staff reported that they had been provided with adequate ongoing education and training and expressed that they were recruited, trained and supported to deliver safe and effective care.

Staff performance is monitored through formal performance appraisals and informal monitoring and review. Staff were able to discuss the process of both informal monitoring and formal performance appraisals

**Standard 8**

|  |  |  |
| --- | --- | --- |
| Organisational governance | | Compliant |
| 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 organisation has effective systems to engage and support consumers in the development, delivery and evaluation of care and services. Documentation review and consumer interviews confirmed that ongoing consumer input in how care is delivered.

The organisation’s governing body displays accountability and promotes quality care and services through taking action in response to feedback and monitor through reporting, the direction and improvements of the organisation. Management described the various ways in which the organisation communicates with consumers, representatives and staff regarding updates on policies, procedures or changes to legislation. All staff receive the information at staff meetings, via emails, newsletters and training when policies change.

The organisation has effective governance systems to support staff to access information and maintain regulatory compliance. Continuous improvement opportunities are identified and funding is secured through financial governance processes. Feedback and complaints are suitably addressed. Despite deficits being identified in workforce planning, the Site Audit Report and Approved Provider’s response reflected that governance processes were identifying opportunities for improvement.

The service has a risk management framework with policies regarding management of high impact and high prevalence risks. Staff described the process for reporting of incidents in case where there is an infection or a consumer fall as an example. Consumers stated they were supported to live the best life they can.

Staff had been educated on how they apply the service’s clinical governance framework, such as minimising the use of restrictive practices, promoting antimicrobial stewardship and applying open disclosure.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)