Performance

Report

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| Name of service: | Uniting Elizabeth Gates Singleton |
| Service address: | 128 Blaxland Avenue SINGLETON HEIGHTS NSW 2330 |
| Commission ID: | 2380 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Site Audit |
| Activity date: | 18 April 2023 to 20 April 2023 |
| Performance report date: | 22 May 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 Elizabeth Gates Singleton (**the service**) has been prepared by E Woodley, 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 19 May 2023.

# 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

The Quality Standard is assessed as compliant as six of the six specific Requirements have been assessed as compliant.

Consumers interviewed by the Assessment Team confirmed they are treated with dignity and respect, with their identity, culture and diversity valued. Care plans reviewed reflected the diversity of consumers including information about their cultural and religious beliefs and preferences. Staff were observed by the Assessment Team interacting with consumers respectfully and were familiar with consumer’s backgrounds and how to deliver culturally safe care.

Consumers and representatives interviewed described how consumers are supported to exercise choice and independence and maintain relationships that are important to them, including being supported to stay in contact during the COVID-19 lockdowns. The service demonstrated consumers are supported to make connections with others and maintain relationships of choice. The service demonstrated that each consumer is supported to take risks to enable them to live the best life they can. Staff interviewed provided examples of consumers who are supported to take risks. These are reflected in care planning documentation including risk assessments that consider consumer’s preferences and risk-taking activities with consent given.

The service provides information to each consumer in a range of ways. Information is generally clear, easy to understand and enables consumers to exercise choice including consumers with a cognitive deficit or where English is their second language. Consumers and representatives interviewed said they were satisfied that they receive timely and accurate information.

The service demonstrated that each consumer’s privacy is respected, and personal information is kept confidential. Staff interviewed described the ways they respect the personal privacy of consumers. The Assessment Team observed staff respecting consumer’s privacy and dignity when delivering care and services and staff were aware of the service’s policy on privacy and confidentiality. Electronic and hard copy consumer files were securely stored to protect consumer personal information.

# 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

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

Consumers and representatives interviewed by the Assessment Team said they are satisfied with the assessment and planning conducted to address consumer’s current needs, goals and preferences, including advance care planning and end of life planning. However, the Assessment Team found gaps in the identification of chemical restrictive practice and behaviour support plans for several consumers. The Assessment Team found gaps in the identification of all current needs and preferences regarding care delivery for some consumers. For example, one consumer’s falls prevention intervention was not identified in their care plan and incongruencies were identified in the documentation and delivery of pressure area care for two consumers. For two consumers, palliative care plans were not updated to reflect their care needs.

The provider’s response includes additional and clarifying information to the findings in the Site Audit report. The provider’s response demonstrates that chemical restrictive practice was identified appropriately for named consumers, and while there were gaps in the behaviour support plans for two consumers, these were updated during the Site Audit. The provider’s response demonstrates the identified consumer’s falls prevention intervention was identified in their care planning documentation prior to the Site Audit, and this has since been updated to provide additional guidance on addressing this need. The provider’s response acknowledges the gaps in pressure area care and palliative care planning for the consumers named in the Site Audit report, and identifies continuous improvement actions implemented in response.

While there were gaps in the assessment and planning for some consumers regarding pressure area care, palliative care, and behaviour support planning, overall, consumer’s current needs, goals and preferences were being met during the Site Audit. The service has implemented continuous improvement to address the gaps in care assessment and planning, including end of life care planning.

Care planning documentation reviewed demonstrated assessment of risks to consumer’s health and well-being are regularly assessed, reviewed, and discussed with the consumer and/or their representative to inform delivery of safe and effective care and services. Consumers and representatives interviewed by the Assessment Team said they are regularly consulted during the assessment and care planning process, including regarding risks they wish to take or regarding the management of high risk health conditions. Consumer care and planning documentation was reviewed regularly and when incidents occurred, including following falls and unplanned weight loss for consumers sampled. However, the Assessment Team found care plans were not always reviewed and updated when consumers commenced on palliative care.

Consumer care documentation reviewed by the Assessment Team evidenced the involvement of consumers, representatives and other care providers in the assessment and planning of consumer care. Consumers and representatives interviewed said they are informed about consumer’s clinical and personal care and the outcomes of assessment and planning by staff. Consumers and representatives confirmed they had been involved in case conferencing and had been provided with a copy of the consumer’s care plan.

# 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

The Quality Standard is assessed as compliant as seven of the seven specific Requirements have been assessed as compliant.

The service demonstrated consumers receive safe and effective personal and clinical care that is tailored to their needs and preferences and is generally best practice. For consumers with wounds, pressure injuries, pain management and complex care needs, documentation reviewed showed care provided was aligned to each consumer’s individual care needs and preferences. Consumers and representatives interviewed provided positive feedback about clinical care delivery and staff knowledge around consumer care needs. However, the Assessment Team identified some gaps in the identification of chemical restrictive practice, documentation of consumer medications, behaviour support plans, and repositioning of consumers to maintain skin integrity. These gaps were raised by the Assessment Team with service management who included actions to address these in their continuous improvement plan during the Site Audit. Overall, personal and clinical care delivery was safe and effective for consumers. While some gaps were identified, these generally did not have a negative outcome for consumers and the service identified action to address these during the Site Audit.

High impact and high prevalence risks for sampled consumers were managed effectively including risks associated with falls, skin integrity, and unplanned weight loss. A review of care documentation for consumers who had passed away at the service showed their needs, goals and preferences regarding end of life care were generally documented and met, their comfort was maximised, and their dignity preserved. Consumers and representatives provided positive feedback regarding palliative care at the service and staff interviewed demonstrated sound knowledge of end of life care.

The service demonstrated deterioration or change in a consumer’s condition is recognised and responded to in a timely manner. Consumers and representatives provided positive feedback regarding the service’s actions when there is a change in consumer’s condition. Staff were able to describe escalation processes such as informing the registered nurses, getting consumers reviewed by a medical officer or transfer to hospital. The service demonstrated information about consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. Consumers and representatives provided positive feedback around communication of their needs between staff and observations by the Assessment Team demonstrated consumer information was effectively shared. A review of care documentation showed appropriate referrals to relevant health professionals were undertaken in a timely manner. Consumers and representatives provided positive feedback regarding access to health professionals. However, for one consumer a referral to a wound specialist was not made in a timely manner and in line with the organisation’s policies.

The service has standard and transmission-based infection control systems to manage an outbreak and minimise infection related risks. It has practices in place to minimise the spread of infection and promote appropriate prescribing and use of antibiotics. Consumers and representatives provided positive feedback around the management of their infections and infection control practices of the service. Documentation for consumers with infections showed pathology is undertaken prior to the commencement of antibiotics when applicable. Staff demonstrated a sound understanding of how they minimise the spread of infection and ensure antibiotics are used appropriately.

# 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

The Quality Standard is assessed as compliant as seven of the seven specific Requirements have been assessed as compliant.

Consumers and representatives interviewed by the Assessment Team were satisfied that services and supports for daily living meet consumer’s needs, goals and preferences and support them to enhance and maintain their independence, well-being, and quality of life. Consumers and representatives interviewed described services and supports available to promote consumer’s emotional, spiritual, and psychological well-being. The service’s lifestyle team have identified which consumers require additional emotional or psychological support and described how they prioritise one-on-one visits to these consumers and engage them in meaningful conversations. Consumers interviewed felt supported to participate in their community within and outside the organisation’s service environment, have social and personal relationships and do the things of interest to them. The service demonstrated consumers are supported to communicate with relatives and friends, and support connections with local community groups.

The service has effective processes and systems in place for identifying and recording each consumer’s condition, needs and preferences regarding daily living, including communicating changes as they occur and with others where responsibility for care is shared. The service demonstrated timely and appropriate referrals of consumers to organisations, individuals and providers of other care and services to support consumer’s lifestyle and daily living. This included referrals to pastoral care practitioners, and religious and community volunteers.

Consumers interviewed said the service provides a range of meals which are varied and of suitable quality and quantity. The service has processes in place to include consumers in the development of the menu and to provide feedback on the quality of the food provided. There are established processes to ensure that meals and drinks are served according to consumer’s identified dietary needs and preferences, including texture modified meals and thickened fluids.

Consumers interviewed stated they were happy with their equipment for daily living, feel it is well maintained and confirmed they felt safe when using this. The Assessment Team observed mobility aids, shower chairs and manual handling equipment to be safe, suitable, clean and well maintained.

# 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

The Quality Standard is assessed as compliant as three of the three specific Requirements have been assessed as compliant.

The service environment was observed by the Assessment Team to be welcoming and comfortable. Furniture, artwork and other furnishings provides a home like environment. Consumers interviewed said there are adequate private areas, both indoors and outdoors for themselves and their visitors to utilise when socialising. Consumers are able to move freely, both indoors and outdoors. The service is well presented, safe, clean and well maintained. Consumers stated that they were satisfied with the cleanliness of their rooms and the common areas of the service.

The Assessment Team observed the furniture, fittings, and equipment to be safe, clean, well maintained, and suitable for consumers. Management and staff demonstrated effective systems in place for the cleaning and regular maintenance of the furniture, fittings, and equipment. Asset management is reviewed regularly and documented, including the identification of any furniture, and equipment that require replacement.

# 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

The Quality Standard is assessed as compliant as four of the four specific Requirements have been assessed as compliant.

All consumers and representatives interviewed by the Assessment Team indicated they are comfortable providing feedback and complaints at the service and said staff listen to them when they have a complaint. The service provided examples of how consumers and their representatives are encouraged to give feedback through complaint forms and brochures, resident meetings and by talking to staff. Most consumers and representatives interviewed indicated they have been made aware of information regarding senior rights, advocacy and language services if needed to raise or resolve complaints. Information on these services was observed located around the service.

Consumers and representatives interviewed indicated appropriate action is taken in response to complaints and feedback, and an open disclosure process is used when things go wrong. The service has a process of tracking complaints and feedback received through its complaints register and feeding the information into its plan for continuous improvement. For example, the service demonstrated overall improvements and regular review of care for consumers who require mobility equipment in response to a complaint regarding this from a consumer at the service.

# 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 Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

Consumers interviewed by the Assessment Team felt there are sufficient staff to meet their needs and provide quality care. Consumers said their call bells were answered in a timely manner, and one consumer said call bell response times had improved recently. The service demonstrated the workforce is planned to meet the needs of the consumers and provide safe and quality care, and effective processes are in place to fill and cover shifts.

Consumers and representatives interviewed indicated workforce interactions with consumers are kind, caring and respectful. The Assessment Team observed staff interactions with consumers to be kind, caring and respectful of consumer’s identity culture and diversity.

The service demonstrated the workforce has the necessary qualifications, knowledge and training to effectively perform their roles. The service demonstrated an effective recruitment and orientation program for all staff, matrix of competency assessments, register of professional registrations, and training program. However, the Assessment Team identified low staff training numbers in relation to restrictive practices. When this was raised with management by the Assessment Team, management directed all staff to complete this training and updated their plan for continuous improvement. Overall, the workforce is recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards.

All staff interviewed by the Assessment Team said they had completed a performance appraisal in the past 12 months with their relevant managers. The service demonstrated all performance appraisals are up to date in line with the service’s policies, and staff practice is monitored on an ongoing basis by undertaking competency assessments, monitoring consumer incidents and in response to consumer and representative feedback.

# 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

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

The organisation demonstrated they support consumers to be involved in the development, delivery and evaluation of care and services. For example, through a telephone line monitored by organisational representatives, staff support roles implemented in response to consumer feedback across the organisation, face-to-face visits from the executive team and consumer advocates. Consumers and representatives interviewed by the Assessment Team indicated that they felt the service is well run and that are engaged in the delivery and evaluation of care and services. The service demonstrated the governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The service demonstrated effective reporting to satisfy the board the service is meeting the Quality Standards, and the board has approved improvements to the service environment driven by consumer feedback.

The service demonstrated effective organisational governance relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. There is an organisational risk management system which directs the service’s incident and risk management processes and oversight. The organisation’s risk team track and monitor high impact and high prevalence risks and incidents through data provided by the service through their quality program. The Assessment Team found incidents had been managed effectively, including reporting to the serious incident response scheme if required.

The organisation has a clinical governance framework which encompasses policies and procedures covering a wide range of areas including antimicrobial stewardship, restrictive practices, and open disclosure. This framework guides the organisation’s development, implementation and monitoring of clinical governance to promote quality care for consumers.

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-1)