Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Uniting Farmborough Unanderra |
| Commission ID: | 0647 |
| Address: | 91 Waples Road, UNANDERRA, New South Wales, 2526 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 5 June 2024 |
| Performance report date: | 10 July 2024 |
| Service included in this assessment: | Provider: 1352 The Uniting Church in Australia Property Trust (NSW)  Service: 5955 Uniting Farmborough Unanderra |

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 Farmborough Unanderra (**the service**) has been prepared by J Cayabyab, 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, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 3 July 2024.

# Assessment summary

|  |  |
| --- | --- |
| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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

# Areas for improvement

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

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 |

Findings

Consumers and representatives provided positive feedback on the clinical care consumers receive at the service and the effective assessment and management of clinical issues identified by qualified staff. Staff and management described interventions they implement to monitor and manage complex clinical care needs of consumers in collaboration with a multi-disciplinary allied health team including external specialist services. Care documentation evidenced a multidisciplinary review and incident investigation was undertaken for consumers identified with high falls risks and skin integrity issues. The service demonstrated systems and processes are in place to manage and implement strategies for consumers identified with high-impact or high prevalence risks.

Based on the evidence, as summarised above, I find Requirement 3(3)(b) is Compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 provided positive feedback on the staffing levels at the service, the reasonable response time of staff to requests for assistance and said their care needs are always met. Staff described their knowledge of consumers’ individualised needs and confirmed the service’s staffing levels enable them to provide care to consumers in line with their needs and complete their tasks within reasonable timeframe. The service’s roster and interviews with management and staff demonstrated all shifts were filled in the last 4 weeks prior to the Assessment Contact with a mix of staff rostered on site and on duty 24 hours a day 7 days a week including Registered Nurses (RN), enrolled nurses, and personal care workers.

In relation to the workforce responsibilities (including the 24/7 RN requirement and mandatory care minutes), the roster and interviews with consumers, management, and staff demonstrated there are RNs rostered on site and on duty 24/7. Additional 24/7 on call support from the organisation’s several senior managers who are also RNs are available to staff on site. A suite of policies and procedures are available and provided to guide staff including in regard to clinical escalations, and staff’s understanding of these were confirmed on interview.

In relation to meeting the mandatory care minutes requirements, interviews with management and review of service documentation identified the service is currently not meeting its mandatory care minutes targets. However, the service provided evidence to the Assessment Team during the Assessment Contact that demonstrated a range of strategies are in place to support their commitment to working towards meeting their care minutes target to ensure the delivery of safe and effective care. These strategies include a comprehensive recruitment and retention program, an ongoing roster review through regular meetings to discuss gaps, and a potential long-term agreement with a labour hire company to secure contracted staff and ensure consistency of care delivery. The service described the process of monitoring its care minutes requirement including undertaking daily roster review through their electronic roster tool and care minutes calculator.

The Approved Provider response outlined their commitment and ongoing effort to recruit clinical and non-clinical staff to meet their care minutes requirements and ensure the delivery of safe and quality care to consumers. I have considered the information within the assessment contact report and the Approved Provider response, and I have placed weight on the information including the positive feedback from consumers, representatives, and staff interviewed, staff knowledge of the consumers’ care needs and escalation processes, and the actions implemented by the service towards meeting the workforce responsibilities including the mandatory care minutes.

It is my decision Requirement 7(3)(a) is Compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| 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 demonstrated a robust clinical governance system in place which provides guidance to staff and the service to ensure the delivery of quality care and services to consumers including policies and procedures on high-impact and high-prevalence risks, antimicrobial stewardship, minimising use of restraint, and open disclosure. The organisation has reporting mechanisms and systems in place for the oversight of clinical governance including on clinical management and audits, and incidents trends, analysis, and investigation.

Interview with management and staff evidenced policies and guidelines are readily available to staff including processes on escalation of care. The service and staff demonstrated implementation of clinical care in line with the organisation’s clinical governance framework and the consumers’ individualised care needs.

In relation to workforce responsibilities, I have considered information contained in the assessment contact report under this and other assessed Requirements which evidenced the service had an effective clinical governance framework, suite of policies and procedures, on call arrangements, and ongoing education and training to guide staff including in relation to clinical escalations.

The Approved Provider response outlined their commitment to the ongoing monitoring of their clinical governance to ensure the delivery of safe and quality care to consumers at the service. I have considered the information within the assessment contact team report and the Approved Provider response, and I have placed weight on the information within the assessment contact team report including the positive feedback from consumers, staff knowledge of strategies to manage consumers’ high impact high prevalence risks, and evidence of effective implementation of the clinical governance framework including on workforce responsibilities, antimicrobial stewardship, minimising use of restraint, and open disclosure.

It is my decision Requirement 8(3)(e) is Compliant.

1. The preparation of the performance report is in accordance with section 68A – assessment contact, of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)