Performance

Report

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| Name of service: | Performance report date: |
| Uniting Garden Suburb | 13 September 2022 |
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| Approved provider: | Activity date: |
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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 Garden Suburb (**the service**) has been considered by Denise McDonald, 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.
* 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 | | 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

Consumers/representatives said consumers were treated with dignity and respect. Staff demonstrated an understanding the consumers’ individual choices and preferences and were observed treating consumers with dignity and respect. Care planning documentation reflected what was important to consumers to maintain their identity.

Consumers/representatives described how staff respected the consumers culture, values and diversity and how the consumer’s culture influenced their care on a daily basis. Staff stated, and documentation reflected how consumer choice and decisions were captured during admission, with consumers’ individual values and cultural wishes documented in their care plans, with further information included over time. Management advised how they try to match the interests of consumers who share a room.

Consumers said they were supported to make choices about the way care and services were delivered. Consumers described how they were given the opportunity to maintain relationships, as married couples shared a room, and were offered frequent communication about choices available to them. Staff described how they help consumers to make choices and assist them to achieve their outcomes, including supporting consumers to maintain personal relationships.

Consumers said they were supported to take risks and live the best life they could. Staff described how they supported consumers who wished to take risks is helped to understand the possible outcomes and is involved in identifying solutions to reduce risk where possible. Consumer files demonstrated risks had been assessed and included strategies to ensure consumers who choose to smoke remain safe.

Consumers/representatives advised they received up to date information about activities, meals, and COVID-19. Schedules of upcoming activities were observed on noticeboards throughout the service and staff remind consumers of daily activities of interest to them. Minutes of consumer meetings provided up to date information and were made available to consumers/representatives who could not attend.

Consumers said their confidential information was kept private. Staff described maintaining a consumer’s privacy when providing care and using passwords to access consumer’s personal information. Staff were observed knocking on bedroom doors and awaiting response before entering. The service had an privacy policy which was provided to consumers.

# Standard 2

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| 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

Consumers/representatives confirmed care plans were based on consumers preferences, goals and needs which were identified during assessments completed on entry and were updated as needs and goals changed. Staff described the assessment and care planning processes including the mitigation of risks which had the potential to impact on the consumers health and well-being. Care planning documents reflected assessment and planning processes and demonstrated communication with consumers/representatives and others involved in each consumer’s care.

Consumers/representatives confirmed the service had discussed and documented their preferences for their end of life. Staff described the needs and preferences of consumers, which aligned to consumer feedback and care planning documentation. Care planning documentation reflected strategies individualised to the consumer’s needs and reflected their preferences for care.

Consumers/representatives confirmed how assessment and planning was an ongoing partnership between them, staff and external care and service providers; they were included in, and aware of, all planning of care and services. Care planning documentation verified consumers’ preferences were recorded and followed for each consumer.

All consumers/representatives stated they had access to care plans at any time, and stated staff communicated changes in a timely manner. Care plans documentation reviewed contained outcomes of assessment and planning, changes, reviews and updates and communication with consumers/representatives. Staff had access to all consumer records via the electronic care management system which allowed them to enter changes and note effectiveness of treatment regimes in line with the care management policies and protocols.

Consumers advised they had input into any suggested care and services changes. Staff confirmed, and care documentation evidenced, care and services were regularly reviewed for effectiveness, when circumstances changed and when incidents impacted on the needs, goals or preferences of the consumer.

# Standard 3

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| 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

Consumers/representatives confirmed care was safe, effective and tailored to the individual and optimised health and well-being. Staff described best practice techniques for personal and clinical care and a review of care plans confirmed staff were following documented strategies and clinical management policies to deliver individualised care to consumers.

Consumers/representatives stated they felt high impact or high prevalence risks were effectively managed by the service. Representatives described the improvement in health and well-being of consumers since their entry to the service. Care documentation showed evidence of assessment and planning, with consideration to risks, which guided staff care in areas including, but not limited to, managing falls, weight loss, smoking and catheter care.

Documentation reviewed reflected how the service respected the consumers end of life preferences, upheld the consumers dignity and maximised their comfort through regular assessment, effective pain management and ensuring they had access to their support network. Representatives described their appreciation of the care and support the service offered consumers at end of life.

Consumers/representatives reported, and care documentation confirmed, when deterioration in a consumer was identified, it was responded to in a timely manner. Staff described the escalation process when a change in the consumers condition was identified, the initial action was to escalate the change to the nurse in charge and then make subsequent referrals as needed.

Consumers/representatives indicated changes to consumer’s needs, preferences and condition were documented and communicated to relevant providers of care. Staff confirmed they were updated about changes or incidents during shift handovers as well as through updated care planning documentation. Case conferences and progress notes identified participants in the assessment and care planning processes included the consumer, representative, medical officer, staff and other health care professionals.

Consumers/representatives confirmed appropriate referrals were made to other services when required. Care planning documents evidenced input from a wide range of services, such as dieticians, podiatrists, physiotherapist, speech pathologist, specialist dementia support services, and medical officers. Registered staff stated they have autonomy to refer consumers as and when they see changes in their condition.

The service has procedures related to antimicrobial stewardship, infection control management, and COVID-19 outbreak management. Staff confirmed they received training in infection prevention and control strategies and COVID-19. Staff understood the precautions to prevent and control infections and the steps to minimise the need for antibiotics. Documentation evidenced pathology tests were completed prior to the commencement of antibiotics.

# Standard 4

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| 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 said they felt supported to do the things of interest to them, which included participating in activities as part of the service’s lifestyle program and/or spend time on independent activities of their choice. Staff said they identified consumer needs and preferences, by speaking with them, reading care planning documentation, and getting feedback from consumer/representative meetings. Care planning documentation reviewed identified the support needs and preferences of consumers.

Consumers said they felt supported to maintain connections important to them, including being matched with volunteers for social support for shopping trips outside the service. Staff said they consider consumers social, emotional and religious needs when providing care and described how consumers were included in the development and arrangement of activities. Care planning documents identified how support was provided for individuals based on their preferences.

Consumers described the ways in which the service supported them to do things both within and outside the service and how they stay connected with people important to them. Staff described providing support which aligned with information in the care pans. Care planning documentation reflected the supports for daily living for each consumer.

Consumers/representatives reported they felt information about consumers condition was effectively communicated and staff understood their needs. Staff described referring to care planning documentation to identify any changes in consumers’ condition and needs and advised changes were also identified at shift handovers. Care planning documentation reviewed identified changes in the consumers condition and the impact on consumers needs and preferences.

Documentation confirmed the service made timely and appropriate referrals to individuals, other organisations and providers of other care and services, including volunteers and performers. Consumers confirmed they had been introduced to volunteers who visited them and took them out in the community. Staff described the process to refer consumers to other service providers.

Consumers advised they had no concerns with the food provided by the service; and they enjoyed eating in the dining room. Staff advised the service met consumer’s dietary needs with requests for vegetarian meals, gluten or lactose free diets, catered for. Staff also explained how they seek feedback from consumers at mealtimes and pass it to the chef. All dining rooms were observed to have menus on notice boards and consumers were offered choice by the staff at the table and did not need to pre-order.

Consumers said the service provided equipment, which was safe, clean and well maintained. Staff said there were processes in place for preventative and corrective maintenance and documentation observed confirmed scheduled preventative maintenance, had been completed. The system which enabled staff and consumers to log maintenance requests showed most jobs were completed and priority items were completed on the same day as logged.

# Standard 5

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| 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 said the service environment was open and welcoming and they felt at home, they could decorate their rooms with personal belongings and have their own photos and artwork. Consumers said they enjoyed the chickens, parrots and the colourful flower beds. The service environment was observed to be quiet and light filled. Consumers were observed having morning tea, spending time together and participating in activities in the common areas.

Consumers stated they could freely and independently navigate the service environment, both indoors and outdoors, and felt the cleaners did a good job. The service environment was observed to be safe, clean, well serviced, and maintained at a comfortable temperature. The outdoor areas included well-maintained walkways and gardens which were tended with help from the consumers.

Consumers advised, and observation confirmed, furniture, fittings and equipment were safe, clean, well maintained and suitable for them. Consumers who required mobility aids were observed using them freely and had access to them when needed. The service had a schedule for preventative maintenance which identified how priority items were completed, and there was a process for daily logging of requirements for corrective maintenance as they occur.

# Standard 6

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| 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/representatives said they felt supported to provide feedback and make complaints or suggestions. Staff described different mechanisms available for consumers/representatives to make a complaint or provide feedback, such as feedback forms, emails or verbal feedback, and how staff support consumers to raise any issues. Feedback forms and collection boxes were observed, located throughout the service for easy consumer/representative access.

Staff demonstrated an understanding of the internal and external complaints and feedback avenues, advocacy, and translation services available to the consumers/representatives. Consumers/representatives were made aware of, and had access to, advocates, language services and other methods for raising and resolving complaints. Details of external services including advocacy and language translation service and the Commission’s complaint service were displayed.

Consumers/representatives stated when feedback was provided the service responded appropriately and in a timely manner including offering an apology and taking prompt action to resolve issues. The services complaints register demonstrated appropriate and timely action, and the use of open disclosure process when things go wrong. The service has a policy regarding complaint feedback processes.

Consumers/representatives said they have seen feedback and complaints used to improve care and services. Staff described how feedback and complaints have resulted in care and service improvements, including the addition of word games in the activities schedule and different foods added to the menu. Management advised feedback and complaints were trended, analysed and provided to the board to be used to improve the quality of care.

# Standard 7

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| Human resources | | 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. | 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

Consumers/representatives stated there were sufficient staff to provide safe and quality care and services. Call bell data reviewed showed calls for assistance were attended promptly. Staff reported they have sufficient time to complete their duties each day and a review of the previous fortnights roster demonstrated all shifts were covered and there were extra agency staff additional to the regular roster. Management stated recruitment was ongoing to address unplanned leave and the same agency staff were booked to ensure continuity of care.

Consumers/representatives advised all interactions with staff were positive. Staff were seen being attentive and respectful to consumers and supporting their enjoyment of activity sessions and meals. The service had a suite of policies and procedures in place and provided staff training which emphasised the importance placed on a person-centred approach to the planning and delivery of care and services.

Consumer/representative said staff performed their duties effectively and staff were skilled and trained appropriately. Staff described the initial training they completed and the annual mandatory training. Staff also advised extra training was available if they identified areas which required improvement. Position descriptions were provided to staff on commencement at the service and set out the expectations for their respective roles. A review of employee records demonstrated how the service monitored qualifications and professional registrations (when required), criminal history certificates, Influenza vaccination and COVID-19 vaccinations.

The service offered training including annual mandatory training and fire training, infection control and medication competencies were assessed. Consumers/representative stated they were confident in the abilities of staff in delivering care and services, and believed staff were well trained and equipped to perform their roles. Staff described the training, professional development and supervision they received during the orientation and on an ongoing basis. The service was observed to have an electronic system to monitor and provide alerts when mandatory training was overdue.

Management advised, and staff interviews confirmed the service had a probationary and ongoing performance review system in place, probationary performance reviews were conducted at 3 months for new staff and annual performance reviews thereafter. The service had documented policies and procedures to guide the workforce management, selection and recruitment of staff, orientation and probationary processes, monitoring of staff performance and the performance management of staff when issues were identified in performance.

# Standard 8

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| 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

Consumers/representatives stated the service was well run and they were partners in improving the delivery of care and services. Management described the ways in which consumers were encouraged to be engaged and involved in decisions about changes to the service, and the development, delivery and evaluation of care and services they receive. Reports compiled for the board evidenced how the service sought feedback from consumers and representatives about the service environment, delivery of clinical and personal care, lifestyle activities, food and meal service, and staffing via consumer meetings and surveys, the feedback and complaints process and case conferences.

The services governing body was accountable for the deliver of care and services and promoted a culture of safe inclusive and quality-driven care. The board met bi-monthly and received consolidated reports outlining information relating to internal audits, feedback and complaints, reported hazards, risks, clinical and incident data analysis. Consumers/representatives stated they were impressed with how the service had overseen the COVID-19 outbreaks and felt updates were communicated efficiently including information relating to vaccinations.

The service had effective governance systems in place which guided information management, continuous improvement, financial governance, the workforce, regulatory compliance and feedback and complaints. Consumers/representatives stated they were provided with the information they needed to make decisions about care and services. Staff reported they could access relevant information though the service’s electronic care management system. The service had policies and procedures in place to guide and support staff practices and staff confirmed they had access via the organisation’s intranet. Changes to legislative requirements were effectively communicated to staff through a variety of channels including staff meetings, memoranda, staff education and training sessions, and amendments to policies and procedures.

Consumers/representatives stated they were supported to live their best lives. Staff described how they used the services policies, procedures and practices to minimise risk to consumers including falls, infection prevention, restrictive practices and reporting of incidents. Management provided the service’s documented risk management framework, including policies, procedures and the serious incidents register. Staff were asked about their understanding of the service’s policies regarding incidents and were able to describe what constitutes elder abuse and were able to describe their reporting responsibilities when they become aware, or have a suspicion, of an instance of abuse and neglect.

The service had a clinical governance framework which supported clinical care practice. Representatives stated when things go wrong the service contacts them, explains what has happened, and offers an apology. Staff stated they follow the services antimicrobial stewardship policy and procedure. Management described how clinical care practice was governed by policies pertaining to antimicrobial stewardship, restrictive practices and open disclosure. Review of care planning documents demonstrated compliance with the services antimicrobial stewardship policy. The service had a trained infection control lead and all positions have role descriptions outlining responsibilities and accountabilities.

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)