Performance

Report

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| Name: | Uniting Griffith |
| Commission ID: | 2599 |
| Address: | 67 - 71 Erskine Road, GRIFFITH, New South Wales, 2680 |
| Activity type: | Site Audit |
| Activity date: | 20 August 2024 to 22 August 2024 |
| Performance report date: | 24 September 2024 |
| Service included in this assessment: | Provider: 1352 The Uniting Church in Australia Property Trust (NSW)  Service: 969 Uniting Griffith |

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 Griffith (**the service**) has been prepared by Katherine Richards, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others; and
* the provider’s response to the assessment team’s report received 13 September 2024.

# 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

This Quality Standard is Compliant, as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said they were always treated with dignity and respect, and staff were aware of their identity and needs. Staff explained the focus on continuity of care for consumers enabled them to get to know the person well and provide respectful care. Staff received training on appropriate workplace behaviour and treating consumers with dignity and respect.

Care planning documentation reflected consumer cultural backgrounds and how these influenced care delivery and services. Consumers and representatives gave examples of how cultural connections were facilitated and needs met. Staff received training in cultural awareness and diversity, explaining culturally safe care considerations were outlined in care and services plans.

Consumers said they were supported to make decisions about their day, including supports they require, and important relationships were respected. Care planning documentation reflected consumer choices around care, lifestyle, and relationships. Staff gave examples of how they consulted with consumers for preferences, supported choices, encouraged independence, and enabled consumers to maintain relationships.

Consumers said when their choices included risks, staff provide support by discussing the risks, developing safety strategies, and obtaining informed consent. Staff were familiar with consumers choosing to take risks and the agreed mitigating strategies to be used. Policies and procedures outlined consumer’s right to make choices with associated risk and methods to undertake assessment and ensure informed consent is obtained.

Staff explained methods of sharing information with consumers to inform choices, including written information such as calendars and menus, and verbal reminders. Care planning documentation included individual communication plan, outlining preferences and methods to effectively share information. Consumers said they received clear and timely information to support decision making.

Consumers said their privacy needs were known and respected by staff. Staff explained methods to respect privacy, including seeking consent to enter consumer rooms. Policies and procedures informed staff on maintaining privacy and confidentiality, which were observed being consistently used.

# 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

This Quality Standard is Compliant, as 5 of the 5 Requirements have been assessed as Compliant.

Staff explained how assessments undertaken and reviewed were used to identify risks and inform care delivery strategies within care and service plans. Care planning documentation for consumers included individualised information about risks and care needs. Organisational processes guided staff through the assessment and care planning process for consumers new to the service, and for ongoing reviews, with outcomes used to inform risks and care requirements. The service had identified improvements within assessment and planning processes to determine consumer capacity to independently exit the service environment through security measures or consider impact within environmental restraint pathways, although had not completed review of all files at time of the Site Audit.

Care planning documentation captured current needs, goals, and preferences of consumers including advance care planning. Consumers and representatives said staff consult on their needs and preferences and recognise this in care delivery, with opportunity to discuss advance care planning. Staff described approaching discussions on advance care planning during the entry process and during reviews, with ongoing conversations with consumers to ensure care aligns with their expectations.

Consumers and representatives verified their involvement in assessment and planning processes, and awareness of others involved. Staff explained the partnership created with consumers, representatives, and other providers involved in consumer care, including through case conferences. Care planning documentation verified involvement of consumers and representatives and captured summary of discussions.

Consumers and representatives said staff explain consumer care clearly and offer a copy of the care and services plan. Staff said they offered a copy of the care and service plan following regular review and provide it to the consumer and representative to seek feedback or suggestions. Care planning documentation evidenced regular discussions, and the newsletter included reminders of how to obtain a copy of the care and services plan.

Care planning documentation evidenced regular review of care and services to ensure efficacy of care delivery. Consumers and representatives were aware regular of reviews being undertaken, including following incidents, and new strategies were implemented for trial. Staff described the schedule for undertaking care reviews every 3 months, supported by monthly assessment or evaluation following incident or change in condition.

# 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

This Quality Standard is Compliant, as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives explained how provided care was tailored to consumer needs and preferences to optimise health and well-being. Management explained best practice care delivery was ensured through ongoing staff training, reviewing effectiveness of care and incidents, and policies and procedures supported staff practice. Care planning documentation demonstrated care was delivered in line with tailored strategies for consumer needs, including specialised clinical care requirements, with monitoring for effectiveness.

Representatives described how staff understood consumer risks and ensured care was provided in a manner that addressed these risks. Care planning documentation identified risks and minimisation strategies and monitoring implementation and effectiveness. Staff demonstrated awareness of high impact and high prevalence risks of consumers, with management explaining monitoring processes including through reviewing effectiveness of strategies within clinical meetings.

Staff explained how they adjusted care for consumers receiving end of life care to focus on comfort, including managing pain, and emotional support. Care planning documentation for a consumer receiving palliative care identified consumer wishes to be honoured, and evidence of comfort measures being implemented.

Consumers and representatives said staff promptly identify changes in consumer condition and coordinated necessary reviews. Management explained staff knew consumers very well, and along with monitoring processes this enabled early identification of changes or deterioration in consumer condition. Care planning documentation demonstrated assessment, monitoring, management, and escalation of consumer needs following incident or deterioration.

Consumers and representatives said the care needs of consumers were effectively communicated between staff. Staff outlined processes to share information about consumers, including through verbal and visual handover practices and meetings. Care planning documentation reflected regular updates on provision of cover, consumer condition, and outcomes of reviews or interventions.

Staff detailed referral processes for a range of health professionals and providers, with management explaining referrals were also recorded on a register to monitor and ensure timely response and reviews. Consumers and representatives gave examples of referrals made to meet consumer needs. Care planning documentation demonstrated referrals were made promptly and review undertaken in a timely manner.

Staff explained infection prevention and control measures, such as hand hygiene, use of personal protective equipment, and cleaning practices. Policies, procedures, training, audits, and the Infection prevention and control lead supported infection prevention and control practices of staff. Clinical staff outlined practices to minimise infections and ensure appropriate antibiotic use. Consumers were offered regular access to vaccinations for COVID-10 and influenza.

# 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

This Quality Standard is Compliant, as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives described services and supports provided to consumers to meet their needs, goals, and preferences. Care planning documentation demonstrated consumer information was used to identify services and supports to facilitate participation in activities and events.

Staff explained how they supported consumers experiencing low mood, including spending extra time, or escalating concerns to clinical staff. Consumers and representatives described services and supports to meet spiritual needs, including church services, which staff said were supported by pastoral care visits. Care planning documentation identified emotional and spiritual needs and preferences for each consumer and outlined services and supports to meet these needs.

Consumers outlined how they were supported to continue to do things of interest and maintain relationship within the service and greater community. Staff explained scheduled activities considered the interests and feedback from consumers and described methods to support relationships through visits or video calls. Consumers were observed socialising with other consumers and visitors and participating in individual and group activities.

Consumers and representatives said service and support staff had sufficient information about consumers. Staff from various roles described how they were updated, including through meetings or being passed assessment forms with updates.

Staff provided examples of referrals made for consumers and demonstrated understanding of how to access external supports for consumers. Consumers said there was timely identification of opportunities for additional supports and actions made. Care planning documentation reflected referrals were timely.

Consumers and representatives provided positive feedback on the quality and variety of provided meals, with alternate options if they didn’t like available choices. Staff explained the rotating menu was informed through Dietitian input and consumer feedback, with the kitchen staff doing their best to accommodate all requests. Food focus group minutes included consumer comment on the variety, temperature, and flavour of meals with suggestions used to develop action items.

Staff said there was sufficient access to equipment, and demonstrated awareness of cleaning and maintenance processes, including reporting repairs. Consumers said equipment was suitable for their needs and well care for. Observed equipment was observed to be in good condition and suitable for use.

# 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

This Quality Standard is Compliant, as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives described the service environment as welcoming and home-like, outlining how the layout supported their independence. Staff explained they encouraged consumers to personalise their rooms to enhance the sense of belonging. Communal areas were connected by wide hallways with handrails and signage to support independent navigation.

Consumers reported the service environment was well-maintained and clean, with rooms cleaned in accordance with their preferences. Staff described cleaning and maintenance processes for consumer rooms and communal areas and were familiar with how to report maintenance needs. Consumers were observed moving freely through the service, including through courtyards and gardens.

Staff explained how they ensured furniture, fittings, and equipment were suitable and remained safe and well-maintained. Consumers said equipment was regularly cleaned and serviced and they felt safe during use. Furniture and equipment were observed to be clean and appropriate for consumer use, with service documentation reflecting recent review for safety.

# 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

This Quality Standard is Compliant, as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they were encouraged to provide feedback or make complaints and management made time to listen. Staff described the range of available methods for feedback and complaints, including through meetings, conversations, surveys, and feedback and suggestion forms. Meeting minutes reflected opportunity and encouragement for feedback, input from consumers, and actions developed in response.

Consumers and representatives reported awareness of available advocates and external complaint avenues. Staff were aware of how to access translation and interpreting services for consumers, and information about advocacy and complaint groups was displayed. The consumer handbook contained details for advocacy groups and outlined options for complaints through internal and external avenues.

Staff demonstrated understanding of the open disclosure process used in response to complaints and incidents. Consumers and representatives said staff take the time to listen to concerns or complaints, apologise, and explain how the problem would be resolved. Documentation within the complaint and feedback register demonstrated timely action following steps within the open disclosure process and policy.

Consumers and representatives gave examples of improvements made in response to their feedback or complaints. Management said they consider feedback as an opportunity to improve and developed corresponding actions. The Continuous improvement plan evidenced how feedback and complaints were used to develop actions.

# 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

This Quality Standard is Compliant, as 5 of the 5 Requirements have been assessed as Compliant.

The assessment team recommended Requirement 7(3)(d) Not Met in relation to staff not adhering to the mandatory training expectations, with 30% of staff non-compliant with organisational expectations. Management reported awareness and continuous improvement activities had been developed, with reports reflecting this figure had been reduced from 47% in January 2024. However, the assessment team reported actions being taken were not producing improvements in a timely manner, with timeframes to reach full compliance unclear. Whilst there was no impact to consumer care identified, the assessment team was also not satisfied the service had recognised the potential risk to consumers.

The provider’s response refuted findings, stating figures included inactive casual staff and those on long term leave. They contend, and provide training records in support, by removing those staff the records reflect 85% of staff as compliant with training, and they have now improved this further to near 100%. The provider stated that as overall care and oversight was effectively meeting consumer care and well-being needs, supported through systems and processes, they do not understand the importance of ensuring staff completion of mandatory training. Evidence of actions undertaken and planned to ensure ongoing compliance have also been included.

I acknowledge the provider’s response and actions, and my decision has also placed weight on the service having already identified the issue and commenced improvement actions. I remain a little concerned at the provider’s comments about not understanding the importance of ensuring staff undertake mandatory training and find this contradictory to the information sent to staff reminding them of the expectations, including within legislation, to comply. However, my decision has recognised the improvements already made in addressing the issue prior to the Site Audit, the effective provision of safe and quality care and services, and the improved reporting through removing records of inactive staff or those on long term leave from initial reporting figures. Accordingly, I find the service Compliant with Requirement 7(3)(d).

I am satisfied the other Requirements of Standard 7 Human Resources are Compliant.

Consumers and staff reported the workforce had sufficient number and skills to meet consumer needs in a timely manner. Management described workforce planning and rostering processes to meet consumer needs. Whilst the service was not meeting nursing and care minute requirements, actions were being undertaken to address this, including requirement efforts with ongoing monitoring for potential impact to consumers.

Consumers described staff as kind and respectful. Staff outlined processes to demonstrate respect and explained actions they would take if observing otherwise. Interactions between staff and consumers were observed to be respectful and demonstrated familiarity.

Management explained how staff competency was considered through recruitment processes which included review of qualification, professional registrations, and security checks. The onboarding program was overseen by a coach, who provided supervision and support for new staff. Personnel records reflected staff held necessary requirements for their role and completion of essential onboarding training.

Staff described the formal performance monitoring and assessment processes for probation and ongoing reviews, with informal monitoring and support from management. Management explained holding informal check-ins with staff on an ongoing basis. The service had identified some staff with review overdue by more than 2 months with continuous improvement planning in place to resolve in a short period of time.

# 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

This Quality Standard is Compliant, as 5 of the 5 Requirements have been assessed as Compliant.

Consumers described their involvement in the development and evaluation of care and services through feedback, consumer meetings, and focus groups. The organisation has a Consumer advisory body who submit reports to the Board of concerns and improvements, although there had been cancelled meetings due to infectious outbreaks within the service. Management outlined ongoing actions to increase consumer involvement in service delivery.

Management explained the organisational structure, including service and regional management, the executive team, and the Board, and described how all connected to ensure provision of safe and inclusive care. The Board maintained oversight through reviewing reports detailing service performance areas including key concerns, clinical indicators, incidents, and feedback. Documentation evidenced the Board provided direction through subcommittees and executive teams to ensure recommendations and information support service delivery.

Organisation wide governance systems for key areas were supported through policies, procedures, reporting, and monitoring. Information management systems supported staff access to policies, procedures, and consumer information with directives for privacy and confidentiality for use of personal information outlined within policies and procedures. Financial governance included allocation of a budget, monitoring of expenditure, and pathways for additional funding to ensure consumer needs were met.

Risk management systems supported identification, assessment, management, and monitoring of high impact or high prevalence risks for consumers, with clinical risk management meetings held weekly. Staff could describe their responsibility to report incidents, including mandatory reporting under the Serious Incident Response Scheme. Policies and training enabled staff to identify and act upon potential elder abuse or neglect. The framework supported consumers to live their best lives through supporting choices, including where they contained risk. The incident management system was accessible to staff and reflected timely reporting and investigation of incidents.

The clinical governance framework included policies, procedures, and training for delivery of best practice clinical care. Monitoring and oversight of staff practice was undertaken at management and governance levels, including through clinical risk meetings and monthly service governance meetings. The service had self-identified potential restrictions to free movement, which could constitute environmental restraint for some consumers, with actions being undertaken to address this.

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)