Performance

Report

**1800 951 822**

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| Name: | Uniting Griffith |
| Commission ID: | 2599 |
| Address: | 67 - 71 Erskine Road, GRIFFITH, New South Wales, 2680 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 29 November 2023 |
| Performance report date: | 20 December 2023 |
| 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 Katrina Platt, 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 Performance Report dated 2 December 2021 following the Site Audit conducted from 30 November 2021 to 2 December 2021.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **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** |

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

# 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 |

Findings

Requirement 1(3)(a) was found to be non-compliant at a Site Audit conducted from 30 November 2021 and 2 December 2021. An Assessment Contact occurred on 29 November 2023, and I acknowledge the improvements made in relation to the previous non-compliance.

Consumers and consumer representatives stated they were treated with dignity and said staff were aware of their identity and diversity and cultural needs were respected. Consumers described their life experiences and the values and customary beliefs important to them, which were supported and respected through religious and spiritual connections, language and food. Staff demonstrated awareness of individual consumer needs associated with identity and culture and discussed engagement in cultural celebrations like Diwali, NAIDOC week, multicultural day and pride.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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 |

Findings

Requirement 2(3)(d) was found to be non-compliant at a Site Audit conducted from 30 November 2021 and 2 December 2021. An Assessment Contact occurred on 29 November 2023, and I acknowledge the improvements made in relation to the previous non-compliance.

Consumers and consumer representatives confirmed they were informed about consumer clinical care and personal care and assessment and planning outcomes. Consumers and consumer representatives were involved in assessment and planning through case conferences, care plan reviews and family meetings, and received copies of care plans. Care planning documentation evidenced communication about assessment and planning outcomes and staff demonstrated awareness of consumer needs and preferences, condition changes and planning and assessment. Management noted clinical meetings and huddles were discussion forums for consumer care plans.

# Standard 3

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| Personal care and clinical care | |  |
| 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

Requirement 3(3)(g) was found to be non-compliant at a Site Audit conducted from 30 November 2021 and 2 December 2021. An Assessment Contact occurred on 29 November 2023, and I acknowledge the improvements made in relation to the previous non-compliance.

Consumers and consumer representatives discussed their satisfaction with infection control measures. Antibiotics were utilised appropriately for consumer infection management and positive consumer outcomes were evident. Management and staff were knowledgeable about antimicrobial stewardship, outbreak principles and standard precautions, which included isolation measures, wearing personal protective equipment and handwashing. Staff were undertaking infection prevention control lead training, with infection risk mitigation strategies implemented to ensure ongoing infection control and monitoring.

# 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 |

Findings

Requirement 7(3)(a) was found to be non-compliant at a Site Audit conducted from 30 November 2021 and 2 December 2021. An Assessment Contact occurred on 29 November 2023, and I acknowledge the improvements made in relation to the previous non-compliance.

Consumers and consumer representatives indicated there were enough staff to provide adequate and timely care. Staff reported completing their duties during allocated shifts and very rarely worked short staffed, which was confirmed on review of rosters. Registered nurses were rostered on duty in accordance with regulatory requirements and call bell responses were well below the services’ ‘best practice’ response times. Management discussed increased care staff competencies in medication administration provided greater roster flexibility and capacity for registered nurses to provide consumer care.

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