Performance

Report

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| Name of service: | Uniting Hawkesbury Richmond |
| Service address: | 23 Chapel Street RICHMOND NSW 2753 |
| Commission ID: | 0222 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Site Audit |
| Activity date: | 22 February 2023 to 24 February 2023 |
| Performance report date: | 8 April 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 Hawkesbury Richmond (**the service**) has been prepared by M. Nassif, 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 21 March 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

Consumers said staff were kind, caring and treated them with dignity and respect. Staff were knowledgeable of consumers’ backgrounds, individual preferences, and were observed interacting with consumers in a caring manner. Care planning documents identified consumers’ history, personal preferences, identity, and cultural practices.

Consumers and representatives confirmed the service respected and provided care aligned to consumers’ needs and preferences. Staff were knowledgeable of consumers’ character, background, and values. Staff were guided by policies and procedures to identify consumers’ cultural needs and provide responsive care and services.

Consumers said they were supported to make decisions about their care and to maintain relationships of their choosing. Staff described supporting consumers to form meaningful relationships with one another and respecting those who did not wish to socialise. Care planning documents reflected consumer choices, including occasions of having changed their decisions.

Consumers said they were supported to take risks and live the best life they can. Staff described how they assisted consumers to understand associated benefits and potential harms to activities that pose a risk. Care planning documents evidenced risk assessments undertaken in consultation with consumers, representatives, and allied health professionals, where required, along with signed risk agreements.

Consumers and representatives said they received information verbally, through newsletters, emails, consumer meetings or from noticeboards. Information regarding meals, activities, complaint processes and advocacy services was observed as readily available to consumers. Meeting minutes and a continuous improvement register reflected consumers were kept informed regarding care and services.

Consumers said their privacy was respected and personal information kept confidential. Staff were observed knocking on doors prior to entry, closing doors to deliver care and accessing consumer information through the password protected electronic care management system or from within secured nurses’ stations.

# 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

Staff described the assessment and planning processes undertaken which included considerations of risks to consumers’ health and well-being. Care planning documents reflected use of validated assessment tools to identify risks and plan responsive care and services. Staff were guided by care assessment and planning policies to ensure consistent practices.

Consumers and representatives said staff had discussed consumers’ needs, goals and preferences, including end of life wishes. Staff demonstrated an understanding of consumers’ needs and preferences and described how they approach end of life and advance care planning upon admission and when consumer needs change. Care planning documents reflected preferences and advance care plans, if required.

Consumers and representatives said they were involved in assessment and planning which was reflected in care planning documents. Staff described how other providers of care and services were involved in the assessment and planning process. Care planning documents evidenced the involved of other providers of care and services in the assessment and planning process.

Consumers and representatives said they were informed regarding care and services and could obtain copies of care plans. Staff described communicating assessment outcomes during case conferences and updating care plans accordingly. Care planning documents evidenced the service maintained regular communication with those involved in consumers’ care.

Care planning documents evidenced care and services had been reviewed every 3 months, or in response to incidents or changes to consumers’ condition. Staff described changes which would trigger review of care and services, including but not limited to, weight loss, restrictive practices, falls and skin integrity.

# 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 Service was found non-compliant in Standard 3 in relation to Requirements 3(3)(a) and 3(3)(b) following a site audit in February 2021. Evidence in the site audit report dated 22 to 24 February 2023 supports that the service has implemented improvements to address the non-compliance and is now compliant with these Requirements.

Consumers and representatives provided positive feedback regarding provision of consumers’ personal and clinical care. Care planning documents reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer is delivered. Staff and management described consumers’ individual needs, preferences, their most significant personal and clinical care and how these were delivered in line with their care plans.

Consumers and representatives said they were happy with the management of consumers’ high impact or high prevalence risks. Staff and management identified and described risks and related management for individual consumers. Care planning documents evidenced high impact/high prevalence risks had been identified and effectively managed by the service.

Staff described how to identify consumers nearing the end of their lives and the provision of responsive care, in consultation with palliative service providers. Documentation reflected referral of consumers to specialised nurses at the required time, ongoing discussion with representatives and delivery of pain and comfort care in accordance with advance care directives.

Consumers and representatives provided positive feedback regarding timely recognition of, and response to changes in consumers’ condition. Staff described identifying symptoms such as pain, weight loss and changes to appetite, behaviour or mobility, and described responsive actions. Care planning documents reflect the identification of and response to deterioration or changes in condition.

Consumers and representatives said consumers’ needs were communicated effectively between staff and others involved in their care. Staff said they discussed consumers’ condition, needs and preferences with colleagues during shift handovers and through the electronic care management system, and with allied health professionals directly, or through progress notes. Care planning documents evidenced communication between relevant parties regarding consumers’ condition and interventions.

Consumers and representatives said referrals to other providers were timely and appropriate. Staff described referral pathways and selection of specialists from the service’s established network of allied health professionals. Care planning documents evidenced referrals to appropriate specialists occurred.

Consumers and representatives confirmed staff took measures to prevent the introduction and spread of infections within the service. Staff confirmed they identified and monitored infections and consulted medical officers prior to antibiotic use. The service had implemented policies and procedures to guide staff related to antimicrobial stewardship, infection control and for the management of COVID-19.

# 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 Assessment Team recommended Requirement 4(3)(f) was not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 4(3)(f), the Site Audit report brought forward the following deficiencies:

* Most consumers provided negative feedback regarding the variety and quality of meals provided by the service.
* Minutes from food focus group meetings spanning March 2022 to February 2023 evidenced frequent complaints raised by consumers in relation to food quality and variety.

The Site Audit report included management’s response to the deficiencies which included acknowledgment and actions that have or will be undertaken to resolve feedback from consumer regarding the variety and quality of meals.

The providers response further outlines the service’s continuous improvement plan which included actions that have been taken in response to specific feedback provided by consumers. The response highlights the results of a consumer satisfaction survey that was conducted after the site audit. The results of the survey demonstrate the improvement actions the service has undertaken has resulted in most consumers finding meals to be of good variety and quality.

I consider the approved provider’s response demonstrated appropriate and effective action has been taken to demonstrate that meals are varied and of suitable quality. Therefore, based on the evidence before me, I find Requirement 4(3)(f) compliant.

I am satisfied the remaining 6 requirements in Standard 4 are compliant.

Consumers said they were supported to undertake preferred activities which optimised their independence and quality of life. Staff demonstrated knowledge of consumers’ needs and preferences and care planning documents outlined consumer preferences and strategies to support consumers to do the things they want to do.

Consumers said, and care planning documents reflected, spiritual, emotional, and psychological support through religious services and one to one support. Staff described identifying changes to consumers’ psychological well-being and providing responsive care.

Consumers said they were supported to undertake activities within the service and community. Staff confirmed offering bus trips, assisting consumers to call family, celebrating national days of significance and facilitating visits from volunteers, priests and pet therapy services. Consumers were observed interacting with visitors and going into the community with family and friends.

Consumers said their needs and preferences were effectively communicated between staff and other providers. Staff confirmed information was exchanged during shift handovers, through the electronic care management system or through discussion regarding urgent changes. Care planning documents evidenced consumers’ preferences, needs and any changes to their condition.

Consumers were confident the service could provide required support through referral to appropriate providers. Care planning documents evidenced referrals to other individuals, organisations and providers to deliver care and services, and staff were guided by referral policies and procedures.

Equipment provided to support consumers was observed to be safe, suitable, clean and well-maintained. Staff said shared equipment is cleaned following each use and schedules evidenced regular cleaning and maintenance of a range of equipment such as mobility aides and shower chairs. Consumers and representatives reported they were aware of the process for reporting an issue to staff.

# 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

Consumers and representatives said the service environment was welcoming and easy to navigate. The service had handrails, was accessible by wheelchair and the memory support unit environment was planned with a dementia-friendly design, using contrasting colours on the consumer’s doors, signage, decorations on the walls, and pictures and names identifying individual consumers’ rooms.

Consumers said the service was clean, well-maintained, and they could move independently between indoor and outdoor areas. Staff described preventative and reactive maintenance schedules and processes for registering maintenance requests. The service was observed to be safe, clean, and maintained.

Consumers said furniture, fittings and equipment were maintained, safe, and clean. Staff confirmed adequate supply of equipment and management confirmed equipment is promptly sourced where needed. The kitchen and laundry were observed to be tidy and secure and relevant maintenance schedules evidenced completion of all registered requests.

# 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

Consumers and representatives said they knew how to provide feedback or make a complaint and were comfortable to do so. Management and staff described processes in place to encourage and support feedback and complaints. The service provided places for consumers and representatives to submit feedback forms securely.

Consumers and representatives said they could raise concerns externally but were comfortable to instead speak with staff. Staff were aware of advocacy and language services but had not yet been required to use them. The consumer handbook, brochures and posters evidenced information regarding advocacy and language services which was also available in languages other than English.

Consumers and representatives said action was taken in response to their complaints and the service practiced open disclosure. Staff were knowledgeable of processes to manage complaints and records evidenced a high proportion of staff had been trained regarding principles and practice of open disclosure. Documentation reflected timely and appropriate complaint management and resolution, including follow-up with consumers or representatives.

Consumers provided examples of improvements made to care and services in response to their feedback or complaint. Management said complaints were recorded and analysed at the organisational level and discussed each day amongst staff. Consumer meeting minutes evidenced discussion of, and action taken in response to, feedback or complaints and the continuous improvement plan reflected responsive actions completed in prescribed timeframes.

# 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

Consumers provided positive feedback regarding staff promptly attending to their needs. Management said clinical staff were rostered 24 hours, 7 days a week and staff were allocated to the same areas to assist continuity of service. Staff rosters demonstrated shift vacancies were filled through a casual pool or an agency. Records evidenced a high proportion of calls for assistance were responded to in less than ten minutes.

Consumers and representatives said staff were kind, caring and gentle and this was consistent with observations. Staff were knowledgeable of consumers’ individual needs and identity and positive interactions between staff and consumers were observed. Results from a consumer survey reflected positive feedback regarding staff treatment of consumers.

Consumers and representatives were confident staff were qualified to meet consumer’s care needs. New staff confirmed being paired with experienced staff upon commencement and recruitment records evidenced required qualifications, knowledge and registrations in line with position descriptions. Records evidenced current police checks, registration validity and monitoring by the service of upcoming expiry dates.

Staff confirmed undertaking orientation, mandatory and elective training and were comfortable to request further education if required. Management described offering training online, through in-person sessions or toolbox talks. Records reflected high completion rate of training.

Staff confirmed participating in annual performance appraisals and management described further assessing performance through observation, meetings, consumer feedback, and discussing skills and development opportunities. Records confirmed completion of all performance appraisals for 2022 and scheduling for 2023.

# 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

Consumers and representatives said they were engaged in the development and delivery of care and services. Management described engaging consumers in case conferences, surveys and food focus groups, and the organisation planned to include consumers and representatives in monthly board meetings.

Accountability and promotion of a safe culture was demonstrated by the governing body analysing and monitoring clinical indicators to identify and address wider trends and drive change. Meeting minutes evidenced discussion by the leadership team of clinical effectiveness, policy updates and continuous improvement plans.

The organisation had a governance framework relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. For example, in relation to financial governance, management explained how the service is supported by effective financial management systems and discussed expenditures to support changing needs of consumers.

The service had an effective risk management systems and practices, including policy and procedures, in relation to managing high-impact or high-prevalence risks associated with the care of consumers, responding to and preventing incidents, identifying and responding to abuse and neglect of consumers and to support consumers to live the best life they can. Staff demonstrated awareness of each of these areas and their roles and responsibilities.

The service had a clinical governance framework that included policies and procedures in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure, and the practical application of each.

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)