Performance

Report

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| Name of service: | Uniting Illowra Waverley |
| Service address: | 195 Birrell Street WAVERLEY NSW 2024 |
| Commission ID: | 0378 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Site Audit |
| Activity date: | 26 April 2023 to 28 April 2023 |
| Performance report date: | 4 June 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 Illowra Waverley (**the service**) has been prepared by M Kalra, 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.
* 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 | |  |
| 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 and representatives said consumers are respected and treated with dignity at the service and cared for in a manner which respects their culture and identity. Staff spoke of consumers with respect and demonstrated knowledge of their backgrounds and differences. The service has policies and training in place to guide staff in respecting consumers’ dignity and choice.

Consumers said staff were considerate of their individual cultural and religious needs and felt safe at the service. Staff said they are aware of consumers’ individual needs and preferences. Training records showed the service is providing information to staff on cultural safety in care and services. The service has a diversity and inclusion policy, outlining how inclusive care is key to the service.

Consumers said they are supported to make choices about their care and daily lives and those who are involved in their care, and that staff are aware of these decisions. Consumers said they are supported to maintain their relationships. Care planning documentation contained details of consumer choices around personal care, lifestyle, and the involvement of the next of kin in their care. The service has policies to guide staff in supporting consumers to make and communicate decisions about their care.

Consumers said they are supported to live their life as they choose and maintain their independence, including when taking risks. Staff identified the procedure for assessing risk, and consulting with consumers and their representative to plan risk mitigation for the consumer. The service has a duty of care and dignity of risk policy, and a risk management procedure, outlining the services’ responsibilities towards supporting consumers.

Consumers said they are provided with sufficient information in a timely manner to enable them to make informed choices about their care. Staff said consumers receive regular information about their care, the activities planned at the service, and the menu. Management said they ensure consumers receive information in their preferred language, including through interpreter services when necessary.

Consumers said staff respect their privacy. Staff described the procedures for protecting consumers’ privacy and handling confidential information securely. The service has a privacy policy and an information security policy outlining the service’s privacy principles, the consumer’s rights, and the responsibilities of staff in protecting consumers’ privacy and ensuring appropriate information handling.

# 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

Consumers and representatives said they are satisfied with the assessment and care planning process at the service and care delivered meets consumers’ needs. Staff described the assessment and care planning processes, which identify risks to the consumer’s safety, health, and wellbeing. Care planning documentation evidenced the service undertakes comprehensive assessment and care planning when the consumer enters the service to identify their needs, goals, and preferences.

Consumers and representatives confirmed their involvement or, have had discussions regarding advanced care planning and how care is to be provided. Staff said advance care planning and end of life planning information is discussed with consumers and representatives on admission, or when the consumer wishes and as the consumer’s care needs change. Care planning documentation identified whether there was an advanced health directive or statement of choice in place, and the consumer’s needs, goals and preferences for end-of-life care, and evidence of consultation with families, if requested.

Consumers and representatives reported they were involved in assessment and planning on an ongoing basis. Care planning documentation identified consumers and their representatives are consulted in assessments and care planning and includes other multi-disciplinary team members including, medical officers. geriatricians, physiotherapists, occupational therapists, podiatrists, dietitians, speech pathologists and dementia support services.

Consumers and representatives said they understood what is included in their care and services plan, and some stated they had a copy in their room and felt comfortable requesting a copy if they chose to. Staff described how they communicate changes to the care and services plan with consumers and their representatives and said they can access care planning information when they need it. Care planning documents was observed to be accessible to staff delivering care.

Consumers and representatives confirmed consumer care and services are reviewed every 3 months or when the consumer’s circumstances have changed. Care planning documentation evidenced regular review when circumstances change or incidents occur, including falls and changes in mobility and behaviours. Staff were aware of their responsibilities in relation to the incident reporting process, escalation of incidents and the requirement to report any change in the consumer’s condition, needs or preferences which may prompt a re-assessment.

# 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

Consumers and representatives confirmed consumers received the care they need, and they were satisfied with management of individual risks including weight loss, falls, pressure injuries and pain. Care planning documentation reflected individualised care is safe, effective, and tailored to the specific needs and preferences of the consumer. Staff demonstrated individual knowledge of consumers’ personal and clinical care needs, and how they meet these. The service has policies, procedures, and tools in place to support the delivery of care provided.

Consumers and representatives said they are satisfied with how the service manages risks associated with their care and services. Staff described the high impact and high prevalence risks for consumers at the service and how they manage these risks. Care planning documentation described the key risks to consumers including for weight loss, falls, swallowing, skin tears, management of behaviours and infections.

Consumers and representatives said the service has had discussions with them in relation to advance care planning or end of life planning. Care planning documentation contained relevant end of life documentation and preferences. Staff described how they adjust their care to support the needs and preferences of consumers receiving palliative and end of life care. The service is guided by a procedure on palliative care and their end-of-life care approach.

Consumers and representatives said they are satisfied the service recognises and responds to changes in their care needs in a timely manner. Care planning documentation demonstrated changes in a consumer’s condition and care needs are appropriately documented and responded to. Staff described ways in which they respond to deterioration or changes in the consumer’s condition or health, including completing observations, contacting a medical officer, contacting representatives, or transferring to hospital if warranted. Management advised the service has clinical policies and guidelines in place to direct care by staff if a deterioration occurs.

Consumers and representatives were satisfied their care needs and preferences were documented and communicated between staff. Staff described how changes in consumers’ care and services are communicated through progress notes and handover meetings. Care documentation provided adequate information to support effective and safe sharing of the consumers’ information to support care.

Consumers and representatives said referrals are timely and appropriate and occur when needed, and consumers have access to relevant health professionals, such as allied health and medical specialists. Staff described the process of referring to internal and external providers when necessary. Care planning documentation showed input from other health professionals including medical officers, physiotherapists, podiatrists, speech pathologists, dietitians, geriatricians, and palliative care specialists. The service has policies around accessing and referring to allied health and other health professionals.

Consumers and representatives expressed satisfaction with the infection control measures the service has in place to prevent and control any outbreak. Staff described how they apply infection control practices in the service. The service has documented policies and procedures in place to support the minimisation of infection related risks through the implementation of infection prevention and control principles and the promotion of antimicrobial stewardship. Staff described how they ensure antibiotics are used appropriately and minimise the use where possible.

# 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

Consumers and representatives said the services and support they receive meet their needs and goals and optimise their quality of life. Care planning documentation reflected information on what was important to consumers and activities they liked to participate in. A variety of activities was observed being facilitated at the service with consumers participating.

Consumers said they are provided with services and supports that benefit their emotional, spiritual, and psychological wellbeing. Staff described various religious and non-religious well-being activities offered to support consumers’ emotional and spiritual wellbeing. Staff said they utilise music and visual stimulation to connect with consumers who struggle to verbalise their preferences. Staff are also provided with communication cards to help connect with the many consumers from linguistically and diverse backgrounds.

Staff said they assist consumers in contacting their family members through phone calls and video calls if they are feeling down. Morning group exercises facilitated by the service’s physiotherapist were observed being conducted in the activities room. Care planning documentation reflected consumers’ individual interests such as gardening, sewing, and watching videos in their room.

Consumers and representatives said staff are well informed about their needs and preferences. Staff described how they access to up-to-date information about consumers’ condition, needs and preferences and staff were observed engaging in clear and effective shift handovers. Care planning documentation reflected up to date information on consumers’ preferences.

Consumers said they were aware of lifestyle services available to them from outside organisations and individuals. Lifestyle staff described outside organisations and individuals to ensure suitable services are provided to consumers. The activities calendar contained multiple activities facilitated by external organisations and individuals.

Consumers and representatives were satisfied with the food at the service. Staff said the service had identified a trend in complaints regarding food and were taking ongoing actions to improve the variety and quality of food available. Hospitality staff described how they prepare meals to ensure its quality and how they stay informed about consumers’ dietary needs and preferences. Menus provided different options and the dining experience was observed to be a pleasant, with staff assisting consumers when needed.

Consumers said they find equipment at the service to be suitable, safe, clean, and well-maintained. Staff described, and observations confirmed equipment used for activities is kept clean and suitable for consumer 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

Consumers said they can navigate the service environment with or without the support of their mobility aids or staff assistance. Staff said they always encourage consumers to be as independent as possible when navigating the service environment, but staff will assist them if requested. Consumer rooms were observed to be homely and personalised with memorabilia and photographs, and shared spaces were tidy and comfortable for consumer use.

Consumers said their rooms and communal areas are well-maintained and kept clean. Cleaning staff described their daily duties ensure the service environment is suitable for consumer use. The service environment was observed to be safe, clean, and well-maintained with clear corridors and pathways that enable consumers to move freely. Consumers were observed moving around the service freely.

Consumers reported, and observations confirmed the service’s furniture, fittings and equipment are safe, well-maintained, and suitable for their use. Maintenance staff described preventative maintenance practices and procedures for repairing broken equipment as they arise.

# 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 said they always feel supported to raise concerns, provide feedback, or lodge complaints, including through raising concerns verbally with staff, or lodging a written feedback or complaint form. Staff identified the verbal and written feedback methods available to consumers and explained how they log concerns or complaints raised by consumers in the feedback and complaints register. The service has policies outlining the feedback and complaints process for consumers, representatives and staff, and the response expected from the service.

Consumers were aware of the different options for raising concerns or making complaints, including external and advocacy services, and non-English-speaking consumers identified they were supported to discuss their care and raise any concerns in their preferred language. Staff identified complaint mechanisms available to consumers, including external mechanisms, advocacy services, and interpreter services. Information on advocacy services was observed throughout the service, and information was available to consumers in other languages.

Consumers and representatives said the service had responded promptly and appropriately to their concerns and complaints raised and kept them informed. Staff described the process of open disclosure, and when this would be used. The feedback and complaints register evidenced appropriate and consultative action had been taken in response to complaints. The service has policies, frameworks, flowcharts, and procedures on how to respond to complaints, including the use of open disclosure.

Consumers said the quality of the service had improved as a result of feedback and complaints. Staff and management described identified changes made to the service as a result of consumer feedback, including review planned of the food and dining experience at the service.

# 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 and representatives reported there is adequate staffing and staff respond to call bells promptly. Call bells are monitored monthly, and trends are reported to the governing body. Management reported shift vacancies are adequately filled and the service. Rosters demonstrated the service has access to a sufficient pool of staff.

Consumers and representatives said the workforce interacted with consumers in a kind, caring and respectful way regardless of the consumer’s cultural background. Staff were observed addressing consumers by their preferred name, knocking on consumer’s bedroom doors prior to entry and using respectful body language and conversation when assisting consumers.

Consumers and representatives said staff knew what they were doing. Management said they determine if staff are competent and capable in their role by liaising with human resources, the learning and development team, and through employment screening and annual staff appraisal process. Management said they refer to their recruitment policy to guide them when employing new staff. Staff records confirmed staff are appropriately qualified and the service carries out the necessary checks required for their roles.

Consumers and representatives said staff are adequately trained and equipped to do their jobs. Management said staff are trained as per their human resource policy through online learning and face-to-face training. New employees participate in an orientation program and are supported by their workplace coach. All staff had completed mandatory training at the time of the Site Audit.

Management said they monitor staff performance through consumer feedback, observations, toolbox sessions, staff meetings and staff appraisals every 12 months as per the service’s policies and procedures. Completed performance appraisal documentation evidenced the service was up to date on staff appraisals. Staff said they are notified when they are due for a performance appraisal, which is annually.

# 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 are engaged in the development, delivery and evaluation of care and services. Management and staff described various ways used to engage consumers such as consumer/representative meetings, surveys and feedback from consumers and representatives. Meeting minutes detailed continuous improvements, clinical benchmarking, infection control, regulatory compliance, and positive and negative feedback from consumers.

Consumers and representatives stated service is well run. Management described how the governing body is involved in the delivery of care and services outlined in its’ organisational governance framework. Meeting minutes evidenced attendance by various members of staff and the governing body and included clinical governance monthly monitoring and reporting.

The executive team provide direction and support to the staff and management. Management described new ways they are continually trying to improve their services. The service has appropriate governance systems in place including a governance and reporting structure, electronic information management, workforce management, continuous improvement, policies and procedures, management meetings, reports including information for the governing body to satisfy itself the Quality Standards are met.

The service’s risk management plan establishes the foundations to ensure current and emerging risks are identified, and their potential consequences understood so that appropriate and effective steps are taken to mitigate the identified risks. Management, clinical and care staff described the processes in identifying and managing high impact and high prevalence risks, prevention of abuse and neglect, and incident management. Risks are escalated to management and the governing body, who have the overall responsibility for the oversight of risk, and the systems and processes of risk management.

The organisation has a clinical governance framework in place that includes policies, procedures, service delivery practices, and staff training requirements across areas such as antimicrobial stewardship, restrictive practices, and open disclosure. Management stated they discuss antimicrobial stewardship at governance meetings and with the medication advisory committee.

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)