Performance

Report

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| Name: | Uniting Irwin Hall Mayfield |
| Commission ID: | 0112 |
| Address: | 13 Section Street, MAYFIELD, New South Wales, 2304 |
| Activity type: | Site Audit |
| Activity date: | 5 February 2024 to 8 February 2024 |
| Performance report date: | 28 February 2024 |
| Service included in this assessment: | Provider: 1352 The Uniting Church in Australia Property Trust (NSW)  Service: 128 Uniting Irwin Hall Mayfield |

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 Irwin Hall Mayfield (**the service**) has been prepared by P. Wallner, 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 staff, consumers/representatives and others.
* other information 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

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

Consumers and representatives stated staff took the time to get to know them, listened to their needs and preferences and were caring and respectful of their identity and culture. Staff described how they treated each consumer with dignity and respect in their interactions with them. The Assessment team observed kind and respectful interactions between staff and consumers throughout the Site Audit.

Consumers said they felt safe receiving care and staff were respectful of their culture and individual needs and preferences. Staff were aware of consumers from culturally diverse backgrounds and could describe how they catered to their individual needs and wishes. Consumers’ care plans detailed information about their cultural background and their care needs and preferences.

Consumers confirmed they were supported to make their own choices, communicate their decisions, and staff respected their choices. Consumers said they were supported to make and maintain personal relationships with family, friends and partners. Management and staff explained how they supported consumers and representatives to make independent decisions and stay in touch with their loved ones whilst living at the service. Consumers were observed socialising with other consumers and visitors.

Consumers said they were supported to take risks to live the life they chose. Management described the dignity of risk process and how consumers were supported to understand potential risks and take steps to minimise the risks. Staff could identify the consumers who chose to take risks and described the strategies in place to mitigate the risks.

Consumers said they were provided with a range of suitable information to assist them to make decisions about the activities, menu and other options available to them. Staff described a variety of ways they informed consumers about the current activities, events and changes at the service. Information was observed throughout the service and staff were seen verbally advising consumers about the daily activities and events.

Consumers and representatives said staff were respectful of their privacy and their personal information. Staff described practical steps they took to respect consumers’ privacy and keep their personal information confidential. Records containing personal information were kept secure.

# 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives were satisfied with the assessment and care planning process, and confirmed consumers’ needs were being met. Management and staff described the assessment and care planning process, and how it informed the delivery of safe and effective care and services. The service had written policies and procedures to guide effective assessment and care planning processes.

Consumers and representatives said assessment and care planning captured their current needs, goals and preferences as well as their advance care and end of life plans. Staff described how they knew consumers’ current care needs and preferences and described how they approached advance care planning conversations with consumers and representatives. Care planning documents captured consumer’s current needs, goals and preferences, and advance care plans were clearly documented.

Consumers and representatives said they were involved in the assessment and care planning process on a regular and ongoing basis. Staff described how consumers, representatives and other providers of care were involved as partners in the assessment and care planning process. Care planning documents showed consumers, representatives and other health professionals were partners in the assessment and care planning process.

Consumers and representatives said staff always explained how assessment outcomes influenced their care, and said they were offered a copy of their care plan. Management and staff described how they communicated with consumers and representatives about their care and services and offered them a copy of the care plan at regular intervals.

Consumers and representatives confirmed their care and services were reviewed regularly and reviewed when incidents occurred, or the needs and preferences of consumers changed. Care plans demonstrated they were reviewed regularly and reviewed when incidents impacted on the needs of the consumer. Staff described the process for reviewing care plans regularly and as needed.

# 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 assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives stated they received personal and clinical care that met their needs and preferences. Management and staff detailed safe and effective personal and clinical care, which was tailored to the needs and preferences of consumers, and consistent with best practice. Care planning documents showed safe and effective personal and clinical care tailored to each consumer’s stated needs, goals and preferences.

Consumers and representatives expressed satisfaction with the care provided and the way risks to consumers’ health and well-being were identified and managed. Staff described the high impact, high prevalence risks to consumers living at the service, and the way they managed and prevented these risks. Staff were supported by a range of written policies and procedures related to the delivery of best practice personal and clinical care and managing risks to consumers.

Consumers and representatives said they had discussed end-of-life care and were confident the service would respect consumers’ end of life needs and preferences. Staff described how they adjusted their care approach to provide palliative and end-of-life care. The service had policies and procedures to guide staff in providing palliative and end-of-life care to consumers.

Consumers and representatives said the service recognised and responded to changes in consumers’ condition appropriately. Staff described how they recognised and escalated a deterioration or change in consumers’ condition. Care planning documents demonstrated that changes in consumers’ condition were identified, documented, communicated and responded to appropriately.

Consumers and representatives were satisfied with the way current information about consumers’ condition was shared within the organisation and with others providing care. Staff described how the received up to date information about consumer’s condition, needs and preferences through shift handovers, discussions and by accessing care records.

Consumers and representatives said they had timely access to other health professionals and were referred when needed. Staff described the process of referring consumers to other providers of care and services promptly. Care records confirmed consumers had accessed a range of other health professionals, such as medical officers, specialists, allied health professionals and Dementia Support Australia.

Consumers and representatives expressed satisfaction with the infection control practices in place at the service. Management and staff described the infection control measures used on a day-to-day basis, and how they ensured antibiotics were used appropriately. Staff were observed staff practising appropriate infection prevention and control measures.

# 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 assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said the service supported them to live the life they wanted and to participate in activities they enjoyed. Staff described how they provided consumers with the services and supports for daily living in line with their documented needs and preferences.

Consumers and representatives said consumers’ emotional, spiritual, and psychological wellbeing was supported by the service. Management and staff described ways the service supported consumers’ emotional, religious and spiritual wellbeing. Documentation and observations demonstrated the service provided activities and supports for consumers’ mental wellbeing.

Consumers and representatives described how they could do things interest, participate in their community, inside and outside the service, and maintain important relationships. Staff described how they supported consumers’ social and personal relationships, and helped them to participate in activities and events, within the service and out in the community. Consumers were observed enjoying various activities throughout the service and socialising.

Consumers and representatives said staff communicated effectively and were aware of consumers’ current needs and preferences. Staff described ways they were kept up to date regarding consumers’ current needs, preferences or condition. Documented care planning information was updated and accessed by staff communicated verbally at shift handovers and team huddles.

Consumers and representatives provided examples of services and supports they received from referrals to outside organisations and individuals. Staff described additional services and supports provided to consumers from external individuals, organisations and volunteers. Care planning documents confirmed timely referrals of consumers to external services and supports.

Consumers and representatives expressed satisfaction with the meals provided, and said the food was of a suitable quality, quantity and variety. Staff described how consumers had ongoing input into the menu, and how they ensured each consumer’s dietary needs and preferences were met. The menu was varied and diverse, with a range of different options available to consumers. Consumers appeared to enjoy the food and overall dining experience, and staff were observed providing assistance as needed.

Consumers and representatives said the equipment at the service was safe, suitable, clean and well-maintained. Staff explained the process for logging maintenance requests and said equipment was readily available when they needed, and it was kept clean and well-maintained. A variety of lifestyle equipment was available to support consumers, and it appeared to be safe, clean, and well-maintained.

# 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 assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives described the service environment as welcoming, homely, easy to navigate, and enabled them to remain independent and have a sense of belonging. Staff described how they made consumers and visitors feel welcome, at home, and helped them maintain their independence. Consumers’ rooms were personalised, and the service environment appeared welcoming, and easy to understand with features promoting consumers’ independence, function, and sense of belonging.

Consumers and representatives said the service was clean, safe, well-maintained and consumers could move freely around the service environment. Staff described effective maintenance and cleaning processes and how they ensured the service environment was clean and safe. The cleaner was observed undertaking daily cleaning tasks and consumers were moving freely throughout the service environment.

Consumers and representatives advised the furniture, fittings and equipment were safe, clean, and well-maintained. Staff explained the process for logging a maintenance request when equipment was unsafe for use. Maintenance documentation showed a reactive and preventative maintenance schedule was being followed. The furniture, fittings and equipment appeared to be safe, clean, and suitable for consumers to use.

# 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 assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives were aware of different feedback mechanisms available to them and felt comfortable and supported to provide feedback or make complaints directly to management. Management and staff described ways they supported consumers and representatives to give feedback and make complaints, if they wished. Feedback forms and complaint information was displayed around the service and consumer meetings were observed taking place.

Consumers and representatives knew they could have advocates act on their behalf, including family and staff. Staff members were aware of external advocacy and complaint handling organisations and described how they could seek advocacy support for consumers. Management and staff were aware of external advocacy, translation and language services and said they could support consumers to access these, if needed. Information about advocacy support, complaint and translation services was displayed throughout the service.

Consumers considered the service was responsive to complaints and described examples of action being taken in response to complaints. Staff said management was receptive to complaints and took appropriate action quickly in response. Management and staff were aware of open disclosure and could describe how they applied it when something went wrong.

Consumers confirmed the service responded to complaints appropriately, and changes were made as a result of complaints. Management described how they used feedback and complaints from consumers and representatives to improve the quality of care and services and provided examples of recent changes made. The complaints register showed feedback was recorded and timely improvement actions were taken.

# 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers said there was enough staff to meet their needs and staff attended promptly when call bells were rung. Management described how it planned the workforce to ensure all consumers were provided with safe and quality care based on their needs. Staff considered staffing levels were appropriate and they were able to complete their duties and meet consumers’ care needs. Workforce records confirmed the workforce was sufficient and planned appropriately to provide quality care and services.

Consumers said staff were kind, caring and respectful, and knew their individual needs and preferences. Staff described how they ensured they were being respectful towards consumers, and were aware of each consumer’s needs, identity and preferences. Interactions between staff and consumers were observed to be kind, caring and respectful.

Consumers said staff were knowledgeable and competent in providing care. Management described how the recruitment process and ongoing support ensured staff were competent and had the knowledge and qualifications to perform their roles. Staff records showed staff had the qualifications and experience required and the service undertook appropriate checks on their background, qualifications and registrations.

Consumers and representatives expressed satisfaction with how staff performed their roles and said they were well trained. Management described how staff were supported and trained in their roles through both face-to-face and online training sessions. Staff said the training they received was adequate to support them to perform their duties. Documents demonstrated the workforce was recruited, trained, equipped and supported to deliver the outcomes required by the Aged Care Quality Standards.

Workforce records showed staff performance was regularly monitored, assessed and reviewed. Management and staff described how performance assessments, called ‘Continuous Conversations’ occurred. Management described a variety of ways they monitored, assessed and reviewed staff performance including through ‘Continuous Conversations’, supervision, observation of staff practice, and training and competency assessment.

# 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said they were supported to engage in the development, delivery and evaluation of the care and services provided. Consumers described different ways they had input into their care and services, and felt they were listened to. Management described how it ensured consumers and representatives had input into the service and gave examples of changes that had been made in consultation with consumers.

Consumers and representatives said they felt safe and received quality care and services that met their needs. Management explained how the service’s performance was regularly reported to the Board who were accountable for delivering safe, inclusive and quality care and services. The Board used a variety of mechanisms to monitor the performance of the service and ensure compliance with the Quality Standards.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management described how they monitored the governance systems to ensure they were effective in supporting compliance with the Quality Standards.

The service demonstrated effective risk management systems were in place for managing high impact or high prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best life, and managing and preventing incidents. Management explained how these systems were applied and assessed for effectiveness. Staff had received training and displayed knowledge of their role in risk management and responding to incidents.

The organisation had a clear clinical governance framework in place including policies, procedures, and training requirements across a range of areas including antimicrobial stewardship, restrictive practices and open disclosure. Management and staff demonstrated a practical knowledge of their roles within the clinical governance framework including their reporting requirements.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)