Performance

Report

**1800 951 822**

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| Name: | Uniting Kamilaroi Lane Cove |
| Commission ID: | 0099 |
| Address: | 155 Longueville Road, LANE COVE, New South Wales, 2066 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 4 June 2024 |
| Performance report date: | 25 June 2024 |
| Service included in this assessment: | Provider: 1352 The Uniting Church in Australia Property Trust (NSW)  Service: 115 Uniting Kamilaroi Lane Cove |

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 Kamilaroi Lane Cove (**the service**) has been prepared by Gai-Maree Cain, 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.

# Assessment summary

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| 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** |
| **Standard 8 Organisational governance** | **Not applicable as not all requirements have been assessed** |

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 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Consumers and representatives spoke of the service identifying, managing and monitoring high impact or high prevalence risks associated with consumers care effectively and by qualified staff. Management and staff described high risks associated with individual consumers including falls management, diabetes management, catheter care management, and wound care management and explained the strategies to manage risk. The Assessment Contact report contained information of some inconsistency in the updating of consumers’ care planning documentation, implementing medical officer’s directive following a review of a consumer who experienced a fall, and the lack of RN clinical assessment during wound review. However, in response to this feedback, during the Assessment Contact service management provided immediate and planned action to address and rectify these deficiencies, and these were implemented in a timely manner to minimise the risk to consumers. I am satisfied that the strategies (immediate and planned) as evidenced in the Assessment Contact report effectively describes how the service will address the deficiencies identified and I am satisfied that Requirement 3(3)(b) will be complaint through the implementation of these proposed actions.

It is my decision that Requirement 3(3)(b) is Compliant.

# 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

Consumers and representatives provided positive feedback on the staffing level at the service and spoke of the timely response of staff when consumers’ require assistance. Clinical and care staff stated there are sufficient staff rostered to meet the needs of their consumers, and demonstrated they have access to training and are supported by systems and processes to effectively perform their roles. A review of the roster demonstrated a planned work force with adequate numbers and mix of staff, and I have considered information contained under Requirement 3(3)(b) to come to the view that this staffing mix ensures safe and quality care, and services is provided to consumers.

In relation to meeting workforce responsibilities, including the 24/7 RN requirement and mandatory care minutes, interviews with management and review of service documentation identified the service is currently not meeting these targets. However, evidenced contained in the Assessment Contact report provided information on a range of actions the service had implemented to successfully retain and recruit staff including the recent employment and onboarding of RNs and care staff and ongoing training and upskilling to staff. During the periods when a RN is not rostered on site and on duty, the service utilises labour hire contractor to fill the vacant shift and has access to an organisational staff casual pool. Documentation review demonstrated the service has established alternative clinical arrangement, staff on-call covering 24/7, and an escalation process to guide staff in managing consumers’ changes in care needs.

I have considered the information within the assessment contact team report, and I have placed weight on the information within the assessment contact team report including the positive feedback from consumers and staff in relation to the delivery of care and services; and the evidenced improvement actions taken by the service and their commitment to meeting mandatory care minutes targets.

It is my decision Requirement 7(3)(a) is Compliant.

# Standard 8

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| Organisational governance | |  |
| 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

The organisation demonstrated and effective organisational clinical governance system,

including established governance frameworks, policies, and procedures to support

the management of risks associated to consumers including restrictive practices, antimicrobial stewardship, and the process of open disclosure. The organisation conducts weekly teleconference meeting with all service managers to discuss clinical governance and risk management, human resources, and recruitment including strategies on how the service is working towards meeting the mandatory 24/7 RN responsibility and the care minutes requirements. Consumers provided positive feedback that they received the care and clinical support they need. Staff demonstrated an understanding of antimicrobial stewardship and restrictive practice and described how they practice open disclosure in an event of an incident or changes in consumers’ needs.

In relation to the workforce responsibilities, including 24/7 RN and mandatory care minutes, the clinical governance framework considered the service’s policies, procedures, and guidelines in place to guide staff, including:

* The recognition and response to consumer deterioration with numerous clinical policies and procedures, including but not limited to falls management, managing clinical incidents, escalation of deterioration and risk assessments.
* Escalation processes including the alternative clinical arrangement and the RN on-call escalation process.

It is my decision Requirement 8 (3)(e) is Compliant.

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