Performance

Report

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| Name of service: | Uniting Kamilaroi Lane Cove |
| Service address: | 155 Longueville Road LANE COVE NSW 2066 |
| Commission ID: | 0099 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Site Audit |
| Activity date: | 21 March 2023 to 23 March 2023 |
| Performance report date: | 24 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 Kamilaroi Lane Cove (**the service**) has been prepared by G-M. 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 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.
* 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 are treated with dignity and respect and feel accepted and valued. Staff demonstrated they are familiar with consumers’ backgrounds and individual needs and had received training in inclusive, consumer-centred care and services. Care documentation, including lifestyle and dietary assessments, showed what is important to consumers, reflects consumers’ identity and culture, and considers various activities they may like to participate in.

Consumers felt culturally safe with their physical, spiritual, cultural, and social needs catered for. Staff described how they consider consumers' cultural identity and how this influences care and individual care of each consumer so they are culturally safe and respectful to each consumer. Care documentation includes information about a consumer's life history, including needs, preferences, likes, culture, spirituality, sexuality, and important events.

The service supported consumers in making choices about their care and services, including whom they wished to be involved with. They confirmed that they are supported to make and maintain connections and intimate relationships. Care planning documents reflected the involvement of consumers and others important to them. Staff described strategies for supporting consumers to exercise choice and independence, including offering choices regarding times for getting out of bed and showering, food, and choice of clothing.

Consumers are supported to take risks and live their best lives. Staff were aware of consumers' choices and strategies to support them. Care documentation included risk assessment and dignity of risk forms completed and signed by the medical officer and consumer/representative. The risk assessment process was aligned with the service's risk management policies and procedures, including informed consent provisions.

The service provided timely, current, and accurate information to consumers. Consumers and representatives were very satisfied with how information is provided and stated they are kept well informed about what they want and/or need to know.

Consumers and representatives stated they felt consumers' privacy was respected, confirming that staff knocked on consumers' doors when coming in to assist them. Staff identified ways in which consumer information privacy is maintained, including using passwords on the computers and discussing personal consumer information in private areas.

# 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

The service demonstrated that consumer assessment and planning consider risks to each consumer’s health and well-being. Consumers and representatives confirmed that they are involved in the care planning process and that consumers received the care and services they needed. Clinical staff understood the assessment and care planning process and how it informs safe and effective care delivery, including what is important to consumers about how their care is delivered. Care documentation included completing risk assessments, and care plans included risk management strategies.

Consumer assessment and care planning identified the consumer’s current needs, goals and preferences, including advance care planning if the consumer wishes. End-of-life and advance care plans are discussed during the entry assessment and annual case conferences if this is something consumers and their representatives are comfortable doing.

Consumers and representatives are involved in assessing, planning and reviewing consumers' care and services, including when there are changes to care. The service includes other individuals and organisations in assessment and care planning, including allied health professionals, medical officers and services such as a palliative care outreach team. Care documentation showed an integrated and coordinated assessment and planning process, which included consumers, representatives, organisations, individuals and service providers. Clinical staff described the referral processes and provided examples of when this occurs, such as after unplanned weight loss, changed behaviours, wounds, and incidents such as falls.

Consumers and representatives knew they could access the consumer's care plan; however, most said they did not need it as they are consulted regarding the consumer's care and any changes are communicated to and discussed with them. They advised that they are updated when on changes and that staff communicate with them about this and seek their input to update their care and services plan to ensure safe and effective care and services. The service had policies and procedures that guide a suite of assessments and charting, and care and services plans are reviewed for effectiveness every 3 months and when circumstances change or when incidents impact consumers' needs, goals and preferences. Care documentation showed that assessment and care planning outcomes are communicated to consumers and representatives promptly and appropriately.

# 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 said they felt they were receiving care, which was safe, right for them, tailored to their needs and preferences, and supported their health and well-being. Staff described how they are supported to deliver personal and clinical care that is best practice and meets the needs of each consumer. Consumers subject to restrictive practices were assessed and managed in accordance with requirements set out in the Quality-of-Care Principles, including having behaviour support plans in place.

Consumers and representatives were satisfied that risks were effectively managed. Staff were aware of consumers' risks and strategies in place to minimise the risk. Care documentation identified strategies were in place to manage the consumers' identified risks, including monitoring through charting records such as flood and fluid intake and changed behaviour.

The service demonstrated that consumers nearing the end of life have their dignity preserved and care provided according to their needs and preferences. Consumers and representatives said that symptoms such as pain are managed well and that if the consumers' condition deteriorates, their wishes are known, and staff know what to do. Care documentation included an advance care plan and the needs, goals, and preferences of the consumer receiving end-of-life care. The service had policies, procedures and clinical protocols to guide staff in palliative and end-of-life care management.

Consumers and representatives said the service recognises and responds to changes in consumers' health and/or well-being in an appropriate and timely manner. Clinical staff explained how deterioration is recognised, responded to, documented and monitored at the service; and described a range of deterioration-related signs, including changes in mobility, cognition, mood, and behaviour. Care documentation evidenced the identification of, and response to, deterioration or changes in condition.

Referrals to other health professionals are appropriately made, and care documentation directives from health professionals guide staff in consumer care. The medical officer, other health professionals and services support the service in consumers' personal and clinical care.

Consumers and representatives said that care is constant and reliable, and information is communicated well. Information about consumers' conditions, needs and preferences is documented in the electronic care management system and communicated via shift handover, communication books and email.

Timely and appropriate referrals to other providers and organisations were confirmed via interviews with consumers, representatives, and staff and reflected in care documentation.

Consumers and representatives expressed satisfaction with the service's management of COVID-19 precautions and other infection control practices. The service demonstrated preparedness for an infectious outbreak, such as influenza, gastroenteritis and COVID-19, and practices to promote appropriate antibiotic prescribing. The service has appointed an Infection Prevention Control lead. Clinical staff understood the principles of antimicrobial stewardship and described how diagnostic testing should be performed before commencing antibiotics and other strategies, such as encouraging consumers to drink fluids to prevent and manage urinary tract infections. The service reports infections and antibiotic usage quarterly as part of Clinical Governance.

The service has a suite of policies and procedures relevant to this Quality Standard.

# 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 were satisfied that the service supports them to do what they want and maintain independence, health, well-being, and quality of life. Care documentation reflected consumers' needs and preferences, and strategies and options to deliver services and supports for daily living that reflect the diverse needs and characteristics of consumers. Lifestyle assessments are completed with consumers to identify their abilities, interests, and social, emotional, cultural, spiritual, and religious needs and preferences.

Consumers participate in cultural and religious practices at the service and are provided emotional and spiritual support when needed. Consumers spoke about being supported by talking to staff if needed and staying in touch with family and friends. Staff described how they communicate changes or concerns in consumers' emotional needs to lifestyle staff, who will follow up where required.

Consumers spoke of being supported with life choices, including maintaining personal relationships as they wish and participating in their community both within and outside the service environment. Staff described the service as the consumers' home and how they support them to do what interests them. Care documentation reflected things of importance to consumers and included strategies to support these choices.

Consumers' needs and preferences are communicated within the organisation and with others where responsibility for care is shared. Staff shared consumer care information during handovers and through the electronic care management system. Care documentation provided adequate information to support the delivery of safe and effective services and supports tailored to consumer preferences. The service utilised internal and external providers to provide services and supports for daily living, such as a pastoral services, hairdressers, community visitor and various cultural associations.

Most consumers provided feedback that the food was 'average to above average' and confirmed alternate meal choices are provided. The service supports consumer dietary requirements, including cultural and religious preferences. One consumer said they would like bigger meal serves, they acknowledged it must be difficult for the service to meet all consumers with different preferences, and they believe management is working with them and other consumers to improve the meals. A documentation review evidenced that the service has reviewed and actioned consumer feedback related to the meal service. Actions included speaking individually to consumers, a food focus group and a discussion of the winter menu at the next consumer meeting.

Consumers confirmed that the equipment at the service is suitable, safe, clean, and well-maintained. For example, consumers said mobility aids and wheelchairs are cleaned daily, and observations confirmed this. Staff described the service's process for managing equipment maintenance issues promptly. Equipment used for activities for daily living was observed to be safe, suitable, 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

Consumers felt at home and described the service environment as easy to understand and welcoming for consumers and visitors. One consumer stated, 'feeling a sense of belonging, particularly in my room'. Consumers said their visitors feel welcome and can sit in their rooms, in the balcony area or on lounges in common areas. Staff described how consumers are supported to maintain independence and feel at home. Observations showed consumers moving freely indoors and outdoors, and consumers' rooms were personalised with photos, personal belongings and decorations.

Consumers said they are happy with the cleanliness of the service environment; it is well-maintained and comfortable. Observations showed the service environment was clean and maintained, corridors were equipped with handrails for consumers who required them, and outdoor areas (accessible via unlocked doors) had clear and safe pathways, adequate shade, shelter, and safe furnishings for consumer use.

Consumers said furniture, fittings and equipment throughout the service were safe, clean and well-maintained. Staff knew how to inform maintenance staff of any issues and confirmed they had access to the equipment needed for consumer care. Documentation identified that the service had planned maintenance scheduled and demonstrated ongoing monitoring and timely response to breakdowns and repairs as required.

# 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 felt encouraged, safe, and supported to provide feedback and make complaints and advised that they could do this anonymously or with staff assistance. Staff described avenues for consumers to provide feedback or make a complaint, including the process followed should a consumer/representative raise an issue with them directly. Observations showed noticeboards displaying information on how to make a complaint and feedback, advocacy service, interpreters, and feedback boxes were available for consumers and representatives to submit complaints forms. Feedback, compliments and complaints form part of all meeting agendas at the service, and this was confirmed by a review of several service meeting minutes. Staff knew how to access consumer interpreter and advocacy services and described how they assist consumers with cognitive impairment and communication difficulties.

Consumers and representatives said management often addresses and resolves their concerns and complaints, including apologising upon making the complaint or when things go wrong. Staff described the service's feedback processes, including escalating to management for investigation and follow-up. Management confirmed that an open disclosure process is applied following an adverse event and as part of the service's complaints management and resolution process. The service had policies and procedures that guide staff through the complaints management and open disclosure process.

Consumers and representatives described changes implemented at the service as a result of feedback and complaints. They said they are confident that these are used to improve the quality of care and services. The service trends and analyses feedback from consumers and representatives and that this is used to inform continuous improvement activities. For example, the service's plan for continuous improvement identified consumers and representatives who had raised feedback on the quality, variety and presentation of the meals. A documentation review evidenced that the service has reviewed and implemented actions, including a food focus group and the appointment of a new chef.

# 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 expressed satisfaction with the response to consumers' requests for assistance and the quality of care provided. Management described various strategies to ensure staff numbers and the skill and mix of staff are adequate to meet consumer needs, including utilising agency workforce and active recruitment. Observations showed the service to be calm and organised. Staff were talking with consumers, consumers were up and ready for activities and assistance, meals were delivered on time, and staff assisted consumers with meals promptly.

Consumers and representatives said staff engage with consumers respectfully, kindly and caringly. Staff demonstrated personal knowledge and understanding of the individual characteristics of the consumers, including their needs and preferences. Staff had received training and support to deliver care in accordance with the service's Cultural Diversity and Inclusion Policy.

Consumers and representatives expressed confidence in the staff's ability and felt that they have the appropriate skills and knowledge to deliver the duties of their role. Position descriptions capturing key competencies and skills essential for each role are available, and staff are required to complete mandatory role-specific training. Staff have access to online and face-to-face training and education sessions. The service's training and education records identify that staff receive training on a range of topics, including but not limited to clinical care, incident reporting and manual handling.

The service maintains records of performance appraisals and demonstrates regular assessment, monitoring and review of the performance of each staff member. A documentation review identifies performance appraisals, mandatory training and competency assessments are scheduled and conducted annually. Management described how the service monitors staff performance through observations and feedback from consumers/representatives and other staff, training attendance, and the analysis of internal audits and clinical data.

# 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 provided input into how consumers' care and services are delivered, such as during regular care plan reviews, through 'Resident and Representative Meetings', and through surveys and face-to-face discussions. The service includes all feedback or suggestions from consumers and representatives in the service's improvement register for review, investigation, and action.

The organisation is governed by a Board that promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The Board receives information from consolidated reports to identify the service's compliance with the Quality Standards and to initiate improvement actions to enhance performance and monitor care and service delivery. The Board receives reports with information relating to compliance, quality indicators, human resources, the plan for continuous improvement, consumer feedback, audit results and Serious Incident Response Scheme notifications.

The service had an effective organisation-wide governance system that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. The service had an effective electronic care management system, incident and risk management system, plan for continuous improvement, established financial arrangements, processes to inform and implement changes resulting from regulation or legislation, and processes for workforce governance.

The organisation implemented effective organisation-wide governance and risk management systems and practices to prevent and manage incidents and to identify and respond to abuse and neglect of consumers, including serious incident reporting through the Serious Incident Response Scheme. A review of documentation confirmed appropriate reporting of incidents under the Serious Incident Response Scheme, including within the regulatory timeframes.

The clinical governance framework supports the service and guides staff to ensure continuous improvement in delivering safe, high-quality care and services. This included policies and procedures that cover antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff understood and described their accountabilities and responsibilities under the clinical governance framework and provided examples relevant to their work.

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)