Performance

Report

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| Name of service: | Uniting Kingscliff |
| Service address: | 24A Kingscliff Street KINGSCLIFF NSW 2487 |
| Commission ID: | 2719 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Assessment Contact - Site |
| Activity date: | 3 May 2023 |
| Performance report date: | 5 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 Kingscliff (**the service**) has been prepared by T Wurf, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others, and
* the Performance Report dated 25 May 2022 for the site audit undertaken from 5 to 8 April 2022, that found nine (9) requirements of the Quality Standards were non-compliant.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **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 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 |

Findings

The Performance Report dated 25 May 2022 found the service non-compliant with requirement 1(3)(a) following a site audit undertaken from 5 to 8 April 2022. Some consumers experienced delays in staff assistance with their toileting and hygiene needs, which impacted their dignity in a negative way.

The Assessment Contact – Site Report identified that the service has taken actions to improve its performance in this requirement. Improvements included:

* Reviewed and updated consumers’ continence and toileting assessments and care plans.
* Provided staff education, training and information on privacy and dignity, and continence management.
* Monitored call bell response times and discussed results at consumer/representative meetings.
* Implemented a weekly clinical huddle to discuss consumer care needs.

Consumers interviewed by the Assessment Team said staff treat them with dignity and respect. They said staff are kind and caring, and responsive to their calls for assistance. Consumers who require assistance with managing their continence said staff support them.

Staff said there is enough staff to meet the needs of consumers, including managing continence care and other personal care. Care staff were familiar with those consumers who require regular assistance with toileting and continence care.

The Assessment Team reviewed a sample of consumers’ care planning documentation and found toileting and continence assessments were completed. Registered staff said continence is reviewed when consumers’ care needs change.

The Assessment Team observed:

* staff responding promptly to a consumer whose sensor mat was triggered
* staff speaking and interacting with consumers in a respectful manner, and
* no malodour in the service.

I am satisfied consumers’ dignity is maintained and staff provide timely assistance with toileting and continence care.

Based on the findings in the Assessment Contact – Site Report and the improvements made by the service, I am satisfied the deficiencies have been remediated and it is my decision that this requirement is compliant.

# Standard 4

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| Services and supports for daily living | |  |
| 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 |

Findings

The Performance Report dated 25 May 2022 found the service non-compliant with requirements 4(3)(b) and 4(3)(c) following a site audit undertaken from 5 to 8 April 2022. The deficiencies related to:

* a lack of adequate emotional support for consumers, and
* consumers not being supported to participate in activities of interest to them and participate in their community.

The Assessment Contact – Site Report identified evidence that the service has taken actions to remediate the deficiencies and improve its performance in these requirements. Improvements included:

* Completed consumer lifestyle assessments and updated care documentation with personalised information.
* Directed staff in staff meetings and via email communication to prioritise consumer care/support.
* Staff education about consumer emotional support via “toolbox training sessions”.
* Allocated additional care staff to spend time with consumers, including to provide emotional support.
* The service has a pastoral care worker on-site 3 days each week, providing one on one support to consumers and holding a weekly service on Fridays.
* Increased lifestyle staff hours and recruited a new Lifestyle Coordinator.
* Implemented a service-wide lifestyle program that runs 7 days per week and includes community involvement and daily bus trips. Consumers’ input and feedback into the activity program is sought.
* Connected with the local Community Visitors Scheme program and matched seven consumers with volunteers who provide interaction and additional support.

Consumers and their representatives reported that staff spend with consumers, talking to them and providing emotional support when required. They were satisfied with the emotional support, church services and pastoral care services available to them. For example:

* A consumer whose partner passed away reported being very well supported and cared for by staff. Staff demonstrated awareness of the consumer’s grief and the strategies used to support them, including spending daily one-on-one time.
* Another consumer, new to the service, said staff had been kind and caring and the service meets their pastoral care needs.

Staff provide emotional support to consumers and understood the pastoral care services available in and outside the service. They identified consumers who required support to attend weekly spiritual services. The Assessment Team observed staff spending time engaging and talking with consumers using an individualised approach.

Consumers and their representatives said consumers enjoy the lifestyle activity program and staff encourage them to participate. In particular, consumers said they enjoy the bus trips and staff regularly seek their preferences and suggestions for bus trip destinations. Other activities included playing the piano, socialising with other consumers, happy hour, bingo and quizzes. Consumers described participating in weekend activities, which were flexible and based on consumer preferences.

Some consumers said they enjoy the companionship they have with others who they live with, or who visit them at the service. For example, a consumer spoke fondly of a Community Visitors Scheme volunteer that visits and takes her on outings in the local community. Another consumer described the strong friendship they have with another consumer. The service supports consumers to remain in contact with family and friends.

Care documentation identified consumers’ life history, personal interests, spiritual preferences, emotional needs, and relationships of importance. Daily and monthly activity schedules are displayed throughout the service and include weekend activities. Staff were familiar with the service’s lifestyle program and identified preferred activities for individual consumers.

The Assessment Team observed several activities at the service, including a large group of consumers chatting with each other and staff whilst preparing to depart on a bus trip, bingo, a quiz, and consumers making use of the arts and craft supplies in the activities room. Consumers with varied mobility were observed participating in all activities and staff were observed supporting consumers to participate in activities.

Based on the findings in the Assessment Contact – Site Report, I am satisfied the deficiencies have been remediated and the service provides emotional support for consumers and consumers have access to meaningful activities and their community. Therefore, it is my decision that these requirements are compliant.

# Standard 6

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| Feedback and complaints | |  |
| 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

The Performance Report dated 25 May 2022 found the service non-compliant with requirements 6(3)(c) and 6(3)(d) following a site audit undertaken from 5 to 8 April 2022, based on:

* Complaints were not being effectively recorded and responded to, and open disclosure was not consistently used.
* Feedback and complaints were not consistently recorded and used to improve the quality of care and services.

The Assessment Contact – Site Report identified evidence of:

* staff training on various topics to improve the service’s performance in this requirement, including open disclosure, incident and complaint reporting, and the electronic management system; and
* established governance processes whereby the regional quality team monitors complaints and trends and ensures they are linked to the service’s continuous improvement processes.

The Assessment Team interviewed consumers and their representatives and review the service’s complaints register and found complaints had been documented, promptly actioned, and open disclosure applied where appropriate. Consumers and representatives were satisfied with the service’s response to their feedback and complaints, and said they had received an apology. Feedback raised during consumer/representative meetings was also documented in the service’s feedback and complaints register.

Staff said they had received recent training, including in relation to open disclosure, and described how they had applied open disclosure in response to complaints.

The service reviews and uses feedback and complaints to improve care and services, and demonstrated improvements in food; the establishment of regular bus outings, religious services and pastoral carers; and the trial of new laundry processes. Consumers identified improvements made by the service to their individual care and comfort because of their feedback.

Based on the findings in the Assessment Contact – Site Report, I am satisfied the service has improved its management of complaints and feedback and the deficiencies have been remediated. Therefore, it is my decision that these requirements are 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 |
| 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

The Performance Report dated 25 May 2022 found the service non-compliant with requirements 7(3)(a), 7(3)(d), and 7(3)(e) following a site audit undertaken from 5 to 8 April 2022. Deficiencies related to:

* The workforce was not planned and sufficient to deliver care and services to consumers. Consumers, representatives and staff reported there were not enough staff at the service and provided examples of consumers’ care that had been compromised.
* Staff had not completed training relevant to their role, including mandatory training.
* The service was not undertaking regular assessment, monitoring and review of staff performance.

The Assessment Contact – Site Report identified evidence that the service has taken actions to remediate the deficiencies and improve its performance in these requirements. Improvements included:

* Ceased new admissions between May and December 2022, due to staff shortages and issues with staff retention.
* Addressed issues with staff shortages and stability. For example:
  + appointed a full-time rostering officer
  + recruited various new staff and roles, including registered staff, home makers, care staff from overseas, and a lifestyle coordinator, and
  + monitored call bell responses, and discussed results at weekly clinical meetings.
* Staff training on privacy and dignity, call bell response times and continence care.
* Established new processes to track and report mandatory training, and ensure staff complete mandatory training when it is due.
* Staff have position descriptions that outline their role and responsibilities, and a performance and development plan.
* Established a system to schedule, monitor and report on performance appraisals and discussions.

Consumers and representatives interviewed by the Assessment Team were satisfied there is enough staff to meet consumers’ needs and said staff are responsive to requests for assistance and are prompt to respond to call bells. They reported that consumers are well looked after by staff.

Staff said there are sufficient staff to provide care and services in accordance with consumers’ needs and preferences, and they have sufficient time to undertake their allocated tasks and responsibilities.

The service has processes to monitor and adjust staffing levels to meet the needs of the consumer cohort. There were no unfilled shifts in the week prior to the site audit.

Call bell response times are monitored by management and responses are investigated where required. Staffing levels and call bell response times are standing agenda items at consumer/representative meetings and consumers actively provide feedback on these areas. The Assessment Team observed staff responding to call bells promptly to attend to consumer needs.

Consumers and their representatives said they are confident staff are well-trained and they are confident in the ability of staff to deliver safe and effective care.

Staff described the education, training, and support they receive during onboarding and on an ongoing basis. Staff rosters are actively managed to ensure staff are allocated time to complete mandatory and other education and training. Training records confirmed staff have completed mandatory training.

The service has systems to regularly assess, monitor and review staff performance, including observations, analysis of clinical data, consumer/representative feedback, and the service’s performance review process (‘Continuous Conversation’). Staff performance reviews were up-to-date. Staff confirmed they are regularly engaged in their professional development and can request specific training relevant to their role.

Based on the findings in the Assessment Contact – Site Report, I am satisfied the service has improved its management of human resources and the deficiencies in the number of staff, staff training, and monitoring and review of staff performance have been remediated. Therefore, it is my decision that these requirements are compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The Performance Report dated 25 May 2022 found the service non-compliant with requirement 8(3)(c) following a site audit undertaken from 5 to 8 April 2022. The service did not have effective organisational governance systems relating to:

* Workforce governance – the service’s processes were not effective in ensuring:
  + there were enough staff to meet consumers’ needs, and
  + staff had completed relevant training and staff performance was assessed, monitored and reviewed.
* Feedback and complaints – the service’s governance processes were not effective ensuring feedback and complaints were documented, actioned in a timely manner, and informed continuous improvement activities. An open disclosure process was not well understood and used by staff.

The Assessment Contact – Site Report identified evidence of remedial actions taken to improve performance in this requirement, specifically with respect to workforce governance and feedback and complaints. These improvements have been addressed above under Standard 6 and Standard 7 requirements.

Additionally, the Assessment Team found evidence that the service had effective governance systems in relation to information management, continuous improvement, financial governance, and regulatory compliance.

Based on the findings in the Assessment Contact – Site Report, I am satisfied the service has effective governance systems and has remediated deficiencies in relation to workforce governance and feedback and complaints. Therefore, it is my decision that this requirement is compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)