Performance

Report

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| Name of service: | Performance report date: |
| Uniting Koombahla Elermore Vale | 30 September 2022 |
| Commission ID: | Activity type: |
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| Approved provider: | Activity date: |
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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 Koombahla Elermore Vale (the service) has been considered by Alice Redden, 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 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
* the provider’s response to the Assessment Team’s report received 8 September 2022
* 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 | **Non-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 | **Non-compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

Standard 3 Requirement (3)(a): Ensure each consumer receives safe and effective personal care and clinical care in line with their needs, to optimise their wellbeing and in line with best practice. Particularly in relation to providing personal care and assistance that is timely and monitoring medication administration to ensure it aligns with best practice.

Standard 7 Requirement (3)(a): Ensure there are sufficient staff available to provide timely and appropriate care, assistance and support to all consumers.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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 said, and staff confirmed the service supported consumers to make informed choices to live the life of their choosing. Consumers confirmed they were treated in a dignified manner, with respect to their identity, culture, and diversity.

Staff demonstrated knowledge of consumers’ cultural backgrounds and practices, which aligned with care planning documentation and observations. Consumers reflected they were supported to make decisions about their care and services, how it should be delivered, and who should be involved in their care. Staff described how they supported consumers to make and communicate decisions about care and services, which aligned with observations and consumer feedback. Consumers said, and observations confirmed consumers were supported to make and maintain connections with others.

Consumers considered they were supported to take risks to enable them to live their life, and staff described ways they supported consumers to undertake risks. Overall, care planning documentation confirmed evidence based assessment tools were used to support consumers to do the things they wanted to do, through risk mitigation strategies.

Staff described how they communicated with consumers to ensure information was clearly understood, enabling consumers to exercise choice. Overall, consumers and representatives reflected information was provided in clear manner.

Staff explained how they respected consumers’ personal privacy, for example, asking for permission before providing personal care. Consumers’ said and observations confirmed consumers’ personal privacy was respected.

Staff described ways they maintained the privacy and confidentiality of consumers’ personal information, which aligned with observations, such as use of password protected electronic records management, and knocking on consumers’ doors before entering.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 reflected they were involved in the assessment and planning of their care and services. Overall, care planning documentation demonstrated risks to consumers’ health and well-being were considered to inform the delivery of safe and effective care and services. Consumers were supported by a multidisciplinary team of medical professionals and other providers of care and services to best support their needs, as confirmed by care plans, consumer, and staff feedback.

However, there were identified gaps in the assessment and record management for restrictive practices, as nine consumers did not have clear documentation of informed consent, and one consumer was not clearly identified through their behaviour support plan and on the clinical indicator report as being subject to chemical restraint. This evidence is more relevant and has been considered under Standard 3 Requirement (3)(a).

Consumers and representatives said, and care plans confirmed consumers’ end of life care preferences were supported by the service. Staff demonstrated knowledge of what was important to consumers, including consumers’ goals and preferences which aligned with care planning documentation.

Overall, care planning documentation demonstrated consumers were involved in the on-going assessment and review of care and services, and included other providers involved in the care of the consumer.

Most consumers and representatives said they had a copy of the care plan or knew how to request one. Staff said they explained the outcomes of care planning through various ways such as face to face meetings and telephone calls.

Care planning documentation demonstrated the service regularly reviewed consumers’ care and services for effectiveness every three months, or when consumers needs or circumstances changed. Overall, consumers and representatives confirmed care and services were reviewed regularly or when changes occurred.

# Standard 3

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| Personal care and clinical care | | Non-compliant |
| 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. | Non-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

I have found this Standard Non-compliant in relation to Requirement 3(3)(a) based on the below summarised relevant evidence.

The Assessment Team found three consumers were not satisfied all aspects of their personal and clinical care were provided in line with their needs to optimise their health and wellbeing. One consumer reported their medications are administered late sometimes and experiences long wait times for assistance to shower and attend to a skin condition which causes discomfort. One consumer reported being distressed as had been waiting a long time for assistance with toileting and personal care. One consumer reported frequently waiting long periods of time for assistance with personal care and access to equipment to assist with chronic airways disease.

Staff were aware of the three individual consumers personal and clinical care needs but confirmed at times they were unable to attend to them in a timely manner in line with the consumers needs. Call bell records confirmed extended wait times for one consumer.

The Assessment Team found one consumer did not have a psychotropic medication managed in line with best practice, specifically in relation to consideration as a chemical restraint, consent to use a restraint and administration on three occasions for the management of behaviours not in line with its intended use.

The Approved Provider’s response, while disagreeing the Requirement should be found non-compliant, has acknowledged the above deficits and taken actions to address including implementing an improvement plan. Actions taken include consultation with the four consumers identified above, medical officers review where required resulting in ceasing the psychotropic medication and prescribing treatment for the skin condition and review of staffing to ensure personal care is attended in line with consumer needs.

I acknowledge the Service has undertaken actions to address the deficits identified. However, at the time of the site audit three consumers were not receiving personal care in line with their needs impacting on their health and wellbeing including reports of discomfort and distress. One consumer had been administered a psychotropic medication for the management of behaviours which was not in line with the medications prescribed and intended use. The Service has monitoring systems in relation to the delivery of personal and clinical care, including a psychotropic register. However, the Service had not identified the deficits prior to the site audit to ensure each consumer was receiving safe and effective personal and clinical care in line with their needs, in line with best practice to optimise the health and wellbeing of each consumer.

In relation to the other Requirements which I find compliant:

Consumers confirmed risks such as pain, wounds and falls are managed, and they are referred and have access to doctors or others when required to support their health needs.

Staff confirmed they are aware of consumers personal and clinical care needs and preferences, understand risks associated with consumers care and strategies in place to manage them. Staff confirmed processes for identifying and communicating changes in consumers condition.

Consumer clinical files viewed confirmed assessments and plans are in place to guide the delivery of personal and clinical care including in relation to end of life and palliative care.

The Service has policies and procedures in place to direct the management of clinical care including in relation to management of infections, use of antibiotics, identification of clinical risks and referrals and access to specialists and medical officers.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 said they received safe and effective services and supports for daily living, which was important for their health and well-being, and enabled them to do the things they wanted to do. Staff demonstrated knowledge of consumers’ needs, goals, and preferences in line with care planning documentation. Consumers’ reflected their emotional, spiritual, and psychological well-being needs were being met. Staff explained how they supported consumers’ emotional and psychological well-being, which aligned with care planning documentation. One representative provided feedback which reflected there could be improvements to the psychological well-being needs of the consumer. In response, the service provided evidence of consultation with the representative to address the consumer’s well-being needs.

Overall, consumers reflected they were supported to make and maintain social and personal relationships within and outside the service environment, and do things of interest to them. Staff and care planning documentation demonstrated various services and supports were available to meet consumers needs and preferences, such as bus trips, visiting entertainers, group and individual activities.

Staff explained information about consumers’ needs was communicated through verbal and documented handover processes, recording information in the service’s electronic records management system, and through referrals. Care plans confirmed timely and appropriate referrals were completed to support consumers’ varying needs and interests.

Overall, consumers reflected meals were of a suitable quality and quantity, however, advised the texture of meat could be improved. Management explained they were implementing strategies to address consumers’ feedback, including sourcing a different supplier and using different preparation and slicing techniques.

Equipment required for activities for daily living was observed to be suitable, clean, and well maintained. Maintaince documentation demonstrated regular cleaning and servicing of equipment.**Standard 5**

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| Organisation’s service environment | | Compliant |
| 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 and representatives said the service environment felt welcoming, safe, comfortable, and easy to understand and navigate and supported consumer’s independence.

The service environment was observed to be safe, clean, well maintained. The service environment was observed to be free from obstructions and hazards, with consumers moving freely between indoor and outdoor areas. Furniture, fittings, and equipment were observed to be safe, clean, well maintained, and suitable for consumers. It was observed some of the satellite kitchens were unclean, however, the service cleaned the kitchens by the end of the site audit.

Staff confirmed they had access to safe and well-maintained equipment to support consumers’ varying needs and described processes for reporting maintenance issues in line with service policy. All supporting areas of the service, such as maintenance, cleaning, laundry, and hospitality had up to date and completed records and schedules including reactive and preventative maintenance.**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 were supported to provide feedback and complaints, and engaged in processes to ensure appropriate action was taken. Consumer and representative meeting minutes and other documentation confirmed consumers were supported and encouraged to provide feedback and complaints. Staff described how they supported consumers and representatives to provide feedback and complaints, including options to utilise advocates, language services, and external complaints resolution services. Information about advocacy, language, and external complaints resolution services was observed throughout the service.

Consumers and representatives said complaints were addressed in a timely and appropriate manner using an open disclosure process. Staff demonstrated a shared understanding of the principles of open disclosure, and explained steps undertaken to address feedback and complaints, and actions to prevent recurrence. Staff explained feedback and complaints were analysed and monitored to improve the quality of care and services, for example, improvements to food services. The service’s continuous improvement plan demonstrated feedback and complaints information was used to inform change within the service, and included planned actions, timeframes, and evaluation. **Standard 7**

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| Human resources | | Non-compliant |
| 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. | Non-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

I have found this Standard Non-compliant in relation to Requirement 7(3)(a) based on the below summarised relevant evidence.

The Assessment Team found the service did not have sufficient staff to ensure the delivery and management of safe and quality care and services to all consumers. Four consumer examples were used to demonstrate at times there were not enough staff to ensure the consumers were provided timely or appropriate care and services. One consumer was observed to wait over an hour for assistance for toileting and care resulting in distress. Two consumers reported not enough staff or staff were busy resulting in delays in personal care and assistance and late medications resulting in discomfort and distress. One consumers representative reported insufficient staff to support the social and emotional needs of the consumer.

Staff confirmed at times they are busy and unable to attend promptly to consumers call bells or needs. Call bell response times while monitored confirm at times consumers have extended waits for staff assistance.

The Approved Provider’s response, while disagreeing the Requirement should be found non-compliant, has acknowledged some improvements are needed and has taken actions to address and implemented an improvement plan. The Service has consulted with consumers, reviewed the roster and communicated to staff in relation to appropriate break times.

The Service has planned approach to rostering, vacant shifts are consistently filled by regular or relief staff and the Service monitors calls bell response times. However, at the time of the site audit not all consumers were satisfied there were sufficient staff when required to attend to their needs in a timely manner. I acknowledge the Service has taken steps to consult with the consumers identified by the Assessment Team and communicate with staff in relation to ensuring staff breaks don’t impact consumer care. However, I place weight on the observation and feedback of consumers in relation to having to wait for staff assistance resulting in discomfort, distress or loneliness in coming to my finding. Staff and call bell reports confirm at times staff can’t attend to consumers in a timely manner. The Service’s own monitoring systems had not identified these deficits in sufficiency of staff or the impacts to consumers to ensure improvements or actions were implemented until after the site audit.

In relation to the other Requirements which I find compliant:

Consumers and their representatives confirmed consumers are treated in a kind and caring manner and staff interactions are respectful. Observations confirmed staff interactions with consumers were kind and respectful of each consumer. Consumers were satisfied staff had the skills and knowledge to perform their roles.

Management explained staff were recruited to ensure they had the right skills, experience, and qualifications to perform the duties as set out in position descriptions. Human resource documentation confirmed staff had up to date qualifications and registrations required for their role.

Management explained they ensured staff were competent and capable in their role through on the job feedback, pairing new staff with an experienced staff member, ongoing training, and performance appraisals. Staff advised if they identified any training needs, they were able to raise it with management. Training records confirmed all staff training was up to date and completed. Staff appraisals were noted to be up to date, in line with staff feedback. **Standard 8**

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| Organisational governance | | Compliant |
| 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 considered the service was well run, and their input was used in the development and delivery of care and services. The governing body promoted a culture of safe, inclusive, quality and care services, accountable for delivery as substantiated from management and staff feedback, policies, and frameworks.

Management feedback, policies, and reports demonstrated the service had effective organisation wide governance systems relating to: information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints.

Policies, risk assessments, staff training, the service’s incident management system, performance indicator reporting, and risk escalation process demonstrated the service had effective risk management systems relating to: high impact risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, and supporting consumers to live their best life.

The service’s documented clinical governance framework included policies relating to: antimicrobial stewardship, minimising the use of restraint, and open disclosure. The clinical governance framework was implemented in the day to day delivery of care and services. Staff demonstrated knowledge and practice in line with clinical governance policies and procedures in relation to infection control, open disclosure and use of clinical indicators.

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-2)