Performance

Report

1800 951 822

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Performance report date: |
| Uniting Lindsay Gardens Hamilton | 8 September 2022 |
| Commission ID: | Activity type: |
| 0462 | Site audit |
| Approved provider: | Activity date: |
| The Uniting Church in Australia Property Trust (NSW) | 2 August 2022 to 4 August 2022 |

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 Lindsay Gardens Hamilton (**the service**) has been considered by Kathryn Spurrell, 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.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 felt respected and said their diversity and culture is valued by staff who understand their identity and acknowledge their cultural backgrounds. Care planning documentation demonstrated the service has sought and recorded individual information for consumers’ religious, spiritual, and cultural needs and personal preferences.

Consumers said they were supported to be independent and to make choices including maintaining relationships with people important to them. Care plans demonstrate comprehensive assessment and identification of needs and preferences, including family and representatives’ consumers wished to include in their care. Records of case conferences were included in care documentation, as observed by the Assessment Team.

Staff supported consumers to take risks enabling them to live their best life possible, explaining the process taken to assess and manage risk to the Assessment Team. Consumers gave examples of activities they undertake where they are supported to take risks.

Consumers and representatives confirmed staff provide timely and accurate information to them through a variety of ways including, resident meeting minutes, the activities planner, and discussions with staff.

Consumers confirmed staff protected their privacy and by closing doors, knocking before entering and ensuring information is handled correctly. Established processes and systems are in place to ensure information is managed in a secure and confidential way, including restricting access to consumer files, locking of offices, and filing cabinets and restricted access to computers through electronic passcodes.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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 identify 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

Care planning documentation is individual and includes identified risks to each consumers’ health and well-being. Each consumer has a detailed list of standard assessments and additional assessments are added where needed to individualise care. Staff confirmed the assessment and planning process guides and informs their delivery of care and services, including awareness of risk and individual consumer needs.

Consumers were satisfied with the care delivered by staff, which the Assessment Team observed aligned with care planning documentation and included advance care and end of life wishes. Staff were guided by organisational policies and guidelines on processes to support end of life care and advance care planning.

The service uses an electronic care planning documentation system, which holds care and service plans. All care staff have access to the management system according to their role. The system has service alerts shown within individual care plans notifying staff of change in consumer condition and future care needs.

Consumers confirmed their care plans were reviewed on a regular basis, as well as after an incident or when their care needs changed. Staff described when and how care plans were reviewed and showed an understanding of their responsibilities in the process. The service maintained three monthly reviews for care plans along with reviews following an incident or change in condition.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | 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. | 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 receive personal care and clinical care that is safe and right for them. Care planning documents reflect the identification and response to changes in the consumer’s condition. Staff have access to consumer care plans, handovers sheets and communication books that guide care, enabling individual care and preferences to be provided. Policies and procedures are in place and accessible to staff to provide best practice guidance and general information.

Care planning documentation described the key risks to consumers including falls, behaviours, skin care, wound care, weight management, pain, and swallowing. Staff provided information consistent with care planning documentation and described strategies used to minimise risks for individual consumers.

Consumers’ personal choices and preferences and an advance care directive is in place where the consumer chooses to have one. Staff described how the palliative care needs of consumers are respected and the ways in which they ensure the comfort of consumers nearing end of life. Care planning documentation reflected the end of life needs and wishes of consumers, which was further supported by internal policies and procedures.

Staff provided examples of how they respond to deterioration in consumer’s condition, in a timely and efficient way, which aligned with consumer statements confirming staff identify and respond quickly to their changing needs. Consumers said staff knew their needs and preferences and staff confirmed the communication methods used to ensure changes to consumers’ needs were shared appropriately.

Consumers and representatives confirmed they had access to relevant health professionals when they needed them, and a review of care planning documentation confirmed the involvement of other health professionals when needed. The service has policies and procedures to ensure referrals made were appropriate and timely, and involved other organisations and providers of care and services.

The service has policies and procedures to support the minimisation of infection related risks and trained staff in the implementation of infection prevention and control principles and the promotion of antimicrobial stewardship. Staff described how they minimise infection related risks at the service and how they minimise the use of antibiotics where possible.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 considered they get the services and supports for daily living that enables them to do the things they want to do. Staff knew individual consumer’s daily living needs and preferences and described the support they provide consumers to undertake their activities of choice. Care planning documentation contained information about consumers' daily living needs and preferences.

Consumers said the service helps them stay in touch with family or friends for comfort and emotional support, this includes encouragement of families and visitors to the service. Lifestyle care plans include activities and strategies to support the emotional, spiritual, and psychological wellbeing of consumers. Consumers said they are supported to participate in the community within and outside the service and to do things of interest to them.

Care planning documentation identifies how consumers wish to participate in groups activities, outings into the community or pursue individual interests. Consumers said they are supported by other organisations, support services and providers of other care and services and care planning documents reflect the involvement of others such as medical officers, equipment providers and allied health professionals. Staff are guided by the service's processes when referring consumers to services outside the service.

Consumers and representative said meals are varied and of suitable quality and quantity, with the service accommodating individual preferences and offering additional food options outside of mealtimes. Hospitality staff explained how they identify whether consumers like the food through monitoring consumption and informal feedback from consumers following meals.

Equipment was observed to be safe, suitable, clean, and well maintained. Staff said they have access to the equipment they need when they need it and is in working condition, if equipment needs repair or maintenance, staff said they have procedures to follow to ensure safe and efficient repairs are completed.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 felt comfortable and safe within the service and described to the Assessment Team how they access different areas and are able to move freely around the service as they wish. Staff described features of the service environment designed to support people with varying abilities such as handrails, curtains to reduce glare, and home decor.

The service’s environment promoted independence, as well as a feeling of safety and comfort for consumers. Consumers said the furniture and fittings were in good order with cleanliness always maintained.

A range of equipment is available for consumers to use and is stored safely to meet the lifestyle, care, and clinical needs of consumers and was always kept in suitable condition. Staff used the internal maintenance system to raise requests. Maintenance staff had processes and procedures to ensure equipment was consistently maintained and kept in good condition.

**Standard 6**

|  |  |  |
| --- | --- | --- |
| 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 and representatives said they were encouraged and supported by staff to provide feedback and lodge complaints and were comfortable in doing so. Consumers and representatives could access various means to give feedback, such as feedback forms, consumer meetings and speaking directly with staff and management. Staff supported consumers and representatives to provide feedback including providing additional assistance to those from diverse backgrounds. The service was able to demonstrate that consumers, including those with communication difficulties, are aware of how they may access advocates, language services and other methods for raising and resolving complaints.

Consumers and representatives said improvements had been made as a result of their feedback and any complaints were followed up quickly. Staff described actions that were taken in relation to complaints, and how open disclosure process was used at the service. Management said they were always open and transparent with incidents and complaints, offer an apology to the consumer and family members and review their processes to ensure the incidents do not happen again.

The service maintains an electronic register used for informing continuous improvement within the service as well as ensuring feedback and complaints were recorded and responded to in a timely and appropriate manner.

**Standard 7**

|  |  |  |
| --- | --- | --- |
| Human resources | | 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. | 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 said the staff are well trained and knowledgeable and provide safe and quality care and services. Some staff felt the service was short staffed, however did not feel this affected consumer’s care as measures had been implemented to ensure continuity of care, observations made by the Assessment Team supported this.

Staff were observed interacting with consumers and their representatives in a kind, caring and respectful manner. Consumers said staff were kind and respectful of their identity, culture, and diversity. Staff were trained in accordance with policies and procedures for cultural diversity, privacy respect and dignity.

The service has a Learning and Development team who provide training to staff as needed. The quality team help staff with their understanding of mandatory training such as the Serious Incident Response Scheme, incident management and COVID-19 protocols. Management use various methods to identify staff training needs, including audits, spot checks, key performance indicators, and when staff request additional skills in particular areas.

Staff confirmed they receive regular performance reviews and were supported by management when they required training or skill development. A comprehensive policy and procedure framework is in place and was viewed by the Assessment Team, which included policy and procedures for staff performance, education, and ongoing development.

**Standard 8**

|  |  |  |
| --- | --- | --- |
| 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 felt engaged in the development, delivery and evaluation of care and services. Staff gave examples of how consumers are engaged through feedback and complaints, audits, surveys, and consumer meetings.

The service is governed by a Board of Directors who correspond regularly with staff, consumers and representatives via email, text, and memoranda. The service has a comprehensive range of policy and procedures in relation to the organisation’s responsibility to deliver safe, quality care including management and staff roles and responsibilities.

The service has implemented effective governance systems relating to the management of information, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints.

The service’s risk management framework included policies describing how to manage high impact or high prevalence risks, identifying, and responding to consumer abuse and neglect, supporting consumers to live the best life they can and how to manage and prevent incidents.

The service’s clinical governance framework included antimicrobial stewardship, restraint minimisation and open disclosure processes. Staff awareness and confirmed access to the information above as well as showing an understanding of the open disclosure principles and gave examples of strategies used.

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)