Performance

Report

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| Name of service: | Uniting Locke Haven Petersham |
| Service address: | 60 New Canterbury Road PETERSHAM NSW 2049 |
| Commission ID: | 0136 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Site Audit |
| Activity date: | 6 February 2023 to 8 February 2023 |
| Performance report date: | 14 March 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 Locke Haven Petersham (**the service**) has been prepared by K.Spurrell, 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.
* 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 and representatives said staff are kind and caring and treat them with dignity and respect. Care planning documentation reflected consumer care preferences, what is important to them and cultural needs. Staff were observed treating consumers with care, dignity, and respect, and demonstrated an understanding of individual preferences.

Consumers and representatives said care is culturally safe and staff understand individual requirements. Staff demonstrated knowledge of cultural requirements and described how they accommodate consumers’ needs.The service provides on-line and face to face training to staff to ensure they are aware of how to provide culturally safe care, and care planning documentation for consumers reflected their cultural preferences.

Consumers and representatives described how the service supports them to be involved in the planning of care and is respectful of their choices. Staff were familiar with consumers’ choices to maintain independence and exercise choice. Care planning documentation reflected consumer and representative involvement and identified the consumers’ individual choices for when care is delivered and who is involved in their care.

Consumers advised they are supported to live their best lives. Staff explained steps taken to mitigate risks for consumers who engage in activities that may present risks including undertaking positive risk assessments, continuously monitoring the consumer and providing comprehensive information for consumers. Care documentation reflected discussions held with consumers and representatives to discuss the potential risk of harm, mitigating strategies and any additional support to be provided to the consumer. The service has a policy and procedure for consumer dignity and choice and the service’s stand-alone risk management policy and framework.

Consumers and representatives said they are kept informed by the service on activities, events and allied health services by attending consumer/representative meetings, word of mouth from staff and posters on the noticeboards. Flyers, monthly activity calendars, and newsletters to communicate daily activities were observed displayed on noticeboards. Staff confirmed they inform and prompt consumers in relation to events scheduled for the day and any changes that occur.

Consumers and representatives stated they felt their privacy was respected and information was kept confidential. Staff described how they maintain consumers’ privacy and confidentiality such as ensuring computers were locked and using passwords to access consumers’ personal information. Staff were observed knocking on the consumers' doors and closing the door curtains behind them while attending to care needs. The service maintains a privacy and confidentiality policy.

# 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

Consumers and representatives said they were involved in assessment and planning processes and the service effectively managed identified risks for consumers. Staff described initial and ongoing assessments with 4 monthly care planning reviews in consultation with consumers and representatives, this included for identifying risks and management strategies. Care planning documentation evidenced a range of assessments being completed on entry and risks identified through validated risk assessment tools and interventions such as falls risks, pressure injuries and skin injuries, diabetes management, nutritional assessments and weight losses, and medication management. The service has assessment and care planning policies and procedures in place to guide staff.

Consumers and representatives said they are consulted with in relation to the needs, goals and preferences of consumer care, staff have spoken with them about advance care and end of life planning. Staff demonstrated an understanding of consumers’ individual needs and preferences and described how they complete advance care plans during admission, case conferences and as care needs change. Care planning documentation evidenced consumers’ current needs, goals and preferences and advance care planning.

Consumer and representatives said the service involves them and people important to them, in the assessments and care planning process. Staff said case conferences were held regularly and on a needs basis due to a change in a consumers’ health condition. A multidisciplinary approach is taken during assessment and care planning involving the medical officer, allied health, lifestyle team and external services. Care planning documentation evidenced the involvement of representatives and referrals to allied health providers as needed.

Consumers and representatives said the service communicated outcomes of assessment and care planning in a timely manner and they were provided with a copy of the care plan. Consumers and representatives described how the service communicates with them in various ways such as phone calls, verbal updates and email to notify the representative. Staff said they can access consumer files and information is shared via handover. Care planning documentation showed the outcome of assessment and care planning was regularly communicated with consumers and representatives.

Consumers and representatives said the service reviews consumer care regularly or when a change in the consumers’ condition occurs and communicates changes to them, this was supported by a review of care plans. Staff described how consumer needs and preferences are documented in the electronic care management system to inform assessments and care plans.

# 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 and representatives said they were happy with consumer care provided and it was safe and right for them. Care planning documentation showed effective and individualised care. Staff described how care was delivered according to the consumers’ preference and in line with best practice. Staff practice and interactions with consumers were observed to be in line with individual consumer care planning.

Consumers and representatives said the service manages their risks effectively including for falls, behaviours, medication, diabetes, wounds and pressure area care. Staff described how risk is managed for individual consumers with high-impact and high-prevalence risks. Care planning documenation identified high impact, high prevalence risks had been identified and effectively managed by the service. Staff were observed using pressure relieving air mattresses and regular repositioning for pressure area management and frequent checks for falls prevention.

The service has a system of identifying and referring consumers who need end to life care to other local services who offer those services. Consumers are screened during admission and when a consumer deteriorates appropriate referrals are made by transferring to the local hospital or to another aged care service, where end of life care is provided. Sampled consumers had completed advanced care directives as part of the regular assessment process. The service has policies and procedures related to advanced care and end-of-life care processes, which reflect transfer of consumers to other facilities/healthcare settings as their care needs change and this was clarified to consumers at admission.

Consumers and representatives said the service identified changes in health and function of deteriorating consumers through regular assessment. Staff described the process of identifying changes in deteriorating consumers and reporting those changes for escalation including recognising pain, poor appetite, changes in bowel movement and behaviours, weight loss and mobility. Care planning documentation demonstrated the service recognises changes in deteriorating consumers and knows how to respond to those changes.

Consumers and representatives said the service communicated effectively about consumer care both within and outside the service, to those responsible for consumer care. Staff said internal communication channels included handover, email and through the electronic care management system. The service regularly holds staff meetings and medication advisory committee meetings to discuss consumer care issues. Care planning documentation showed regular case conferences with consumers and representatives to communicate changes in consumer health conditions and to update consumer needs, goals and preferences.

Consumer and representative said the service enabled timely and appropriate referrals as needed. Staff explained the importance of external service providers and and were familiar with the consumer referral process to dietitians, speech pathologists, podiatrists, wound consultants, geriatric services, psychogeriatric services, psychologists and dementia support organisations. Care planning documentation showed timely and appropriate referrals and contributions of external services to consumer care including recommendations noted in care plans.

Consumers and representatives said they observed staff performing infection control procedures such as wearing gloves and masks, washing hands and maintaining standard and transmission-based precautions. Staff were familiar with infection control practices relevant to their role and flowcharts were used to guide them in infection control procedures. Staff understood the system that helps in minimising the need for antibiotics. The service uses clinical indicators to monitor and minimise the use of antibiotics at the service.

# 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 said they are supported to do the things they want to do, to have supports available to allow them to be as independent as possible and to participate in activities that promote their well-being and quality of life. Care planning documentation identified consumers’ choices and and supports needed to help to participate in activities of interest. Staff described how they support consumers to attend activities they like by reminding them of the daily schedule and events.

Consumers said the service supports their emotional, spiritual and psychological wellbeing through conversations, support from staff and through the pastoral care practitioner. Staff described how the pastoral care practitioner provide a structured spiritual program for consumers who choose to participate as well as one on one support. The pastoral care practitioner said staff will keep them informed of consumers who may need emotional and spiritual support.

Consumers and representatives said the service offers services and supports to enable consumers to participate in the community, have relationships and do things of interest to them. Staff described how they support consumers to maintain their independence and have social relationships. Care planning documentation contained information on individual consumer interests and identified the people important to them. Consumers were observed moving freely around the service, taking part in a variety of activities, having visitors in their rooms and returning from external activities.

Consumers said services and supports are consistent and they do not have to repeat their preferences to multiple staff members. Staff advised consumer preferences and care requirements are shared at handover, recorded in progress notes and updated in care plans when required. Care planning documentation confirmed changes condition, needs and preferences and are documented in progress notes and care plans.

Consumers described how the service supports them to have other providers involved in their care as required. Staff said for each consumer, they explore individual community ties and facilitate ways of enabling the consumers to keep appointments. Care planning documentation evidenced collaboration with external services to support the diverse needs of the consumers.

Consumers said they are satisfied with the variety, quality, quantity and temperature of meals. Staff were observed to be assisting, encouraging and offering choices with meals and were knowledgeable about consumers’ preferences and dietary requirements. Care planning documentation referenced consumers’ dietary needs, dislikes, allergies, and preferences.

Equipment used to support consumers to engage in activities of daily living and lifestyle activities was observed to be safe, suitable, clean, and well maintained. Staff described the process for identifying equipment that required maintenance and said cleaning of shared equipment is undertaken after each use as well as when required. Consumers and representatives said they report faulty or damaged equipment to staff and were familiar with maintenance processes.

# 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 and representatives said they find the service easy to navigate and it gives them a sense of belonging, independence and function. Staff described how different areas of the service are utilised by consumers including the central courtyard where consumers enjoy barbeque breakfast meals, gardening, or interacting with other consumers. Consumers were observed moving between the different areas of the service to visit other consumers or participate in activities.

Consumers and representatives said the service is kept clean, is well maintained and comfortable. The service environment enables consumers to move freely, both indoors and outdoors with no environmental restraints in place. Staff described the process for documenting, reporting, and attending to maintenance issues. All areas of the service were observed to be safe, well serviced, and the building was maintained at a comfortable temperature.

Consumers and representatives said furniture, fittings and equipment used in the service was clean, well-maintained, and suitable for them. Maintenance staff explained how maintenance was scheduled and carried out for routine and preventative measures by internal and external teams. Staff said maintenance team attended promptly to any repair/maintenance requests made. Furniture, fittings, and equipment were observed to be safe, well-maintained, and suitable for the needs of the consumers.

# 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 feel encouraged and supported to provide feedback and make complaints through feedback forms, during consumer/representative meetings and speaking with staff and management directly. Staff described the feedback and complaints management process in place and how feedback and complaints are logged on the feedback and complaints register and the service works with the consumer and representatives to resolve their complaints. The service has an incidents, feedback and complaints policy in place.

Consumers and representatives said they are aware of advocacy and language services available to them and felt confident using these services if needed. Staff said they would act as advocates for consumers and were aware of external advocacy services and language services to support consumers with communication barriers. Pamphlets promoting external advocacy groups and newsletters and meeting/minutes were available in English and in different languages and displayed for consumers and representatives.

Consumers and representatives confirmed staff and management addressed their complaints and resolved any concerns they raised in a timely manner and apologised when things go wrong. Staff demonstrated an understanding of open disclosure and explained how they would apologise to a consumer in the event of something going wrong. The complaints register evidenced use of open disclosure and timely management of complaints in line with the organisation’s incidents, feedback and complaints policy which included open disclosure.

Consumers and representatives said their feedback and complaints are reviewed and used to improve the quality of care and services. Staff described how trending and analysing feedback and complaints have resulted in improvements which are driven by consumer feedback and were evidenced in the continuous improvement plan. Meeting minutes and the continuous improvement plan confirmed feedback and complaints are reviewed to make improvements.

# 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 said there is enough staff at the service and they do not have to wait for long to receive care and services. Staff said they have enough staff and are able to complete their work in time. Management said they replace unfilled shifts with staff from a casual pool who know the consumers well and seldom need to use agency staff. Rosters and call bell reports confirmed the service replaced sick leave absences and annual leaves with casual staff with no unfilled shifts.

Consumers and representatives said staff are kind, respectful and caring when providing care. Staff were familiar with each consumer, their likes and dislikes and what assistance they required. Staff were observed knocking on consumers’ doors, waiting for the consumer to answer before entering, greeting consumers and representatives by their preferred name and demonstrating they were familiar with the consumers’ identity. Staff confirmed receiving training on privacy and dignity including respectful interactions through toolbox talks.

Consumers and representatives said they feel staff are effective in their roles and were confident staff are skilled to meet consumers’ care needs. Position descriptions outlined qualifications, registration, knowledge skills and abilities required for staff roles and responsibilities. Staff confirmed they received training and demonstrated knowledge on serious incident reporting requirements, restrictive practices, antimicrobial stewardship, open disclosure, and incident management.

Consumers and representatives confirmed staff have the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Staff confirmed receiving orientation education, ongoing training including annual mandatory training, completing core competencies, including for infection control and COVID-19. The service has a recruitment and onboarding policy in place to support how are recruited, trained, equipped, and supported to deliver safe and quality care and services.

Management said staff performance is monitored through annual performance appraisals and feedback from consumers and representatives, internal audit results and clinical data. Staff confirmed completing performance appraisals regularly and were able to explain the performance appraisal process. The service has a performance and development policy in place.

# 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 considered the organisation is well run and confirmed they are aware of engagement opportunities to inform the design, delivery, and evaluation of services, including consumer/representative meetings, food focus meetings and consumer surveys. Staff said consumers and representatives are encouraged to be involved in consumer/representative meetings, through regular case consultations and consumer experience surveys on a range of topics.

Consumers and representatives said the service was well managed and the service consistently asks for their feedback on many matters. Staff described mechanisms for having input into service decisions through staff meetings, huddles, surveys and having direct access to senior managers. Management described how the organisation’s governing body promotes a culture of safe, inclusive, and quality care and services. Board meeting minutes, analysis of monthly audits, and clinical indicators demonstrated the boards’ involvement and accountability for care delivery at the service.

The service demonstrated how organisational wide governance is applied and controlled with a documented governance framework in place relating to the improvement of information, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The Board monitors and reviews routine reporting, and analysis of data related to consumer experience to satisfies itself that systems and processes are in place to ensure the right care is being provided in accordance with the aged care quality standards.

The service has a risk management systems in place to monitor and assess high impact or high prevalence risks associated with care of consumers whilst supporting consumers to live the best life they can. Risks are identified, reported escalated, and reviewed by management at the service level and then by the executive team and the Board. The service completes incident reports through the electronic incident reporting system. Management confirmed they analyse incidents and identify issues or trends, which are reported to various committees with final data going to the board for consideration and leading to improvements in care and services for consumers.

The service demonstrated a clinical governance framework and systems to ensure the quality and safety of clinical care and promote antimicrobial management systems, the minimisation of restrictive practices, and the use of an open disclosure process. The service had policies, procedures and other tools in place to support effective clinical governance. Clinical staff said the service's clinical governance framework functioned effectively and reported they are trained in the systems supporting clinical governance.

1. The preparation of the performance report is in accordance with Section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)