Performance

Report

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| Name of service: | Uniting Mingaletta Port Macquarie |
| Service address: | 7 Sherwood Road Port Macquarie NSW 2444 |
| Commission ID: | 0975 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Site Audit |
| Activity date: | 13 December 2022 to 15 December 2022 |
| Performance report date: | 1 February 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 Mingaletta Port Macquarie (**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, and others.

# 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 said they were treated with dignity and respect by staff, with their identity and culture valued. Staff understood consumers’ rights to respect and demonstrated understanding of consumers’ personal circumstances and life journeys. Care planning documentation showed individual cultural and diversity needs were identified for each consumer. Staff were observed to be respectful towards consumers with all interactions.

Consumers and their representatives said individual care and services were tailored to their beliefs and customs and were culturally appropriate. Staff identified consumers with cultural differences and demonstrated how this was embraced within the care and services delivered. Care planning and documentation demonstrated the service has personalised information as it relates to consumers’ religious, spiritual, cultural needs and personal preferences.

Consumers said consumers they were supported to exercise choice and independence regarding how their care and services were delivered and were encouraged to maintain connections and relationships. Staff described ways in which consumers were supported to maintain relationships of choice. Care planning documents identified individualised consumer choices for care and services and supports for maintaining independence.

A policy for dignity, choice and independence outlined dignity of risk and the governance framework policy referred staff to documents for risk management. Staff described how they provided relevant information so consumers could make risk-based decisions. Care planning documentation described areas in which consumers were supported to take risks to live the life they wished.

Consumers advised information was provided to assist them in making choices about their lifestyle and care including activities occurring inside the service, meal options and activities for daily living. Staff described various ways in which information was delivered to consumers regarding their care and services to enable consumers to make their own choices. A monthly activity planner was delivered to each consumer’s room as well as displayed throughout the facility.

Consumers confirmed their privacy was respected, and staff demonstrated this in a variety of ways. Staff described the practical ways they respected the personal privacy of consumers. Policies and procedures regarding privacy and the protection of personal information guided staff practice for maintaining consumer privacy, and the collection, disclosure, security, storage, and use of information relating to consumers.

# 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 said the planning processes and assessment of risk was focused on the needs and preferences of consumers. Staff described how they continually assessed consumers and implemented strategies in care plans to deliver safe and effective care based on best practices. Documentation showed injury monitoring and prevention strategies were used as evidenced by progress notes and handover sheets showing requirements for monitoring, skin integrity assessments, and implementation of appropriate interventions.

Consumers described how they were given the opportunity to discuss current care needs, goals, and preferences, including information about advance care planning and end of life planning. Staff described how information was given regarding advance care planning and end of life care upon entry. Care plans contained holistic, up-to-date assessments and plans based on consumer preferences and needs.

Consumers described how they had input and were involved in assessments and planning of care. Staff provided examples of external providers and allied health professionals involved in the provision of care and services. Consumer files contained information regarding who the consumer preferred to involve in decision making and the planning of care and services.

Consumers described how they were included in three-monthly reviews and were included in regular updates regarding outcomes of care. Staff said they referred to care plans and other documents to identify consumers’ individual preferences and goals via an electronic system. Care documentation confirmed consumers and their representatives were kept involved in the delivery of care, plan reviews and assessments.

Consumers gave positive feedback about the regular reviews and updates to care plans. Staff said they referred to consumers’ care plans and other documents to identify consumers’ individual preferences and goals, including changes in condition and identified risks, management strategies and interventions. Documentation evidenced regular reviews of consumers’ and involvement of consumers in the process.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers said they received personal and clinical care services tailored to their individual needs, effective in managing their conditions and were safely delivered. Staff described their practices which aligned with best practice methodology and were tailored to individual consumers. Care planning documents reflected individualised care safe effective and tailored to the specific needs and preferences of the consumer in collaboration with allied health staff and medical staff as appropriate.

Consumers and representatives interviewed said they felt the service provided care as most appropriate and safe. Staff were aware of at-risk consumers and described how they were identified at staff handover, staff huddles, and flagged in the electronic care system under the high-risk alert tab. Staff were guided by policy and procedural guidelines and received education during orientation and ongoing education to ensure staff maintained skills in identifying at risk consumers.

Consumers and their representatives said they had discussed end of life planning with the service during entry, and this was reviewed annually. Staff explained the end-of-life care policy, discussed end of life care planning, and explained how the service implemented individual preferences. Consumer files identified the majority of consumers had chosen to have an advance care plan in place.

Consumers said the service was effective in responding to deterioration. Staff received training in recognising deterioration in consumers and were guided by policy and procedure. Care documentation reflected the identification and response to deterioration or changes in condition.

Consumers described how staff knew them and their care needs. Staff described preferences, likes or dislikes of consumers in relation to their care and services and explained how information sharing across other services regarding consumer care occurred during case conferences, phone consults, handovers, referrals, escalation of care and progress reports. Consumer files identified care plans and documentation providing comprehensive information regarding the consumer’s condition, needs and preferences between internal and external providers.

Consumers said they had access to a medical officer and allied health providers as required. Staff described how collaboration with allied health professionals provided holistic, best practice care and services. Care planning documentation identified timely referral and access to medical officer consultations, allied health reviews including a dietician, speech therapist and visiting physiotherapist, and other relevant service providers.

Consumers and their representatives indicated the service kept them up to date and informed about COVID-19. Staff demonstrated an understanding of how they minimised the spread of infection, as well as minimising the need for antibiotics and ensured they were used appropriately. The service had an infection prevention resource, both in hardcopy and online learning modules, for all staff.

# 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 services and supports for daily living met their needs, goals, and preferences. and maintained their independence, well-being, and quality of life. Staff demonstrated knowledge of consumers’ needs and preferred activities. Care planning documentation captured the consumers’ life story and identified consumers’ choices, lifestyle likes and dislikes, social affiliations, and spiritual and religious needs, and provided information about supports consumers required to do the things they wanted to do.

Consumers described services and supports available to promote emotional, spiritual, and psychological well-being and felt connected and engaged in meaningful activities satisfying to them. Staff provided examples of supporting consumers for their emotional and psychological well-being. Care planning documentation recorded consumers’ individual emotional support strategies and how these were implemented.

Consumers said they were supported by the service to participate in their community within and outside the service environment as they chose. Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships. Care planning documentation identified activities of interest for the consumers and how they were supported to participate in these activities and also in the wider community.

Consumers said their preferences for services and supports, and their needs and preferences, were known and met by staff and others responsible for their care. Staff described how they effectively communicated consumer care and other needs at handovers and daily huddles. Processes and systems were in place for identifying and recording each consumer’s condition, needs and preferences in relation to daily living, including when they changed, and was recorded on care planning documentation.

Consumers said when the service was unable to provide suitable support, they were appropriately referred to an external provider. Staff provided documentation showing examples of consumers being referred to other providers for care and services. Consumers’ care planning documentation showed the service collaborated with external providers to support the diverse needs of consumers.

Consumers sampled said the meals provided were a sensible serving size and of suitable quality. Hospitality staff explained processes and procedures ensuring consumers were catered for individually and any requirements were met. A large whiteboard in the kitchen with all the consumers’ names, meal choices, texture type, food allergies and food preferences was observed.

Consumers and representatives said consumers felt safe using the provided equipment and it was suitable for their needs, also indicating equipment was clean, well maintained, and suitable for use. Staff demonstrated awareness of how to report any maintenance issues, with anything reported attended to promptly by maintenance staff. Maintenance documentation demonstrated preventative and corrective maintenance schedules.

# 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 said the service environment was welcoming and easy to understand and optimised their sense of belonging, independence, interaction, and function. The environment was observed to be welcoming with plenty of space for consumers, no clutter and clear signage in each household and common areas to aid navigation.

Consumers said the service environment was clean, well maintained, and comfortable. The service environment appeared safe, clean, and well maintained with outdoor areas easily accessible for consumers, who were observed utilising the outdoor areas. Cleaning schedules were in place for each household and communal areas with set schedule for cleaning of consumers’ rooms.

Consumers said the furniture and equipment was safe, clean, well maintained, and suitable. Furniture and equipment appeared to be clean and well maintained throughout the service. All Maintenance records were found to be up to date and maintenance was completed in a timely manner.

# 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 said they were encouraged and supported to make complaints and provide feedback and had no concerns talking with staff or management if they wanted to make a complaint. Staff described how they supported consumers and their representatives to access complaints and feedback mechanisms. Noticeboards displayed posters giving information on how to make a complaint, and feedback and suggestion collection boxes were available for to lodge comments and complaints forms.

Staff said consumers were provided with information on advocacy, language services and ways to raise complaints. Printed material was provided to consumers and representatives on entry in the consumer handbook and was reinforced through flyers, posters, and consumer meetings.

Consumers said management promptly addressed and resolved their concerns following the making of a complaint, or when an incident had occurred. Staff said they were trained on complaints management and open disclosure and demonstrated a shared understanding of the principles of open disclosure, including providing an apology to the impacted person/s, and implementing actions to prevent recurrence of the incident or complaint. Documentation including complaints logs, staff training registers and clinical documentation reflected processes were followed to resolve issues.

Consumers described changes implemented at the service because of feedback and complaints, and said they were confident they were used to improve the quality of care and services. Staff said the service trended and analysed feedback from consumers and representatives, which was used to inform continuous improvement activities across the service. A continuous improvement plan confirmed items being completed and closed in a timely manner and showed the progress of items still open.

# 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 were enough staff at the service. Staff were observed having adequate time to speak and interact with consumers during care and services delivery. A roster was developed every fortnight based on consumer needs and contained an appropriate mix of staff. Call bell data reflected adequate staffing levels with appropriate response times recorded.

Consumers said staff were kind and caring, and were observed interacting with consumers in a kind, caring and respectful manner. Staff received training and were supported to deliver care in accordance with the organisations’ choice, dignity and diversity policies and procedure.

Consumers said staff were well trained and meet their needs in a friendly and helpful manner. Staff said they received the training and supervision they needed to do their job well. Records showed systems were in place to ensure staff were qualified and remained skilled for their role. Training records showed all staff were up to date with training.

Consumers and representatives said staff knew what they were doing, and they were well trained. Staff were recruited using a formal recruitment process which included interviews, referee checks and qualification checks. Management described the organisation’s training program and relevant processes they followed for identifying staff training needs and how this guided the development of the training schedule.

Management said the performance of staff was formally reviewed three months after appointment and then every 12 months, using a formal performance appraisal process. Staff said they had duty statements directing them in their roles and responsibilities, and they participated in performance appraisals.

# 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 said they provided input into how consumers’ care and services were delivered, and the service had sought their input in a variety of ways, such as during regular care plan reviews, through consumer and representative meetings, by completing regular surveys and face-to-face discussions. Consumer and representative meeting minutes reflected consumers participated and provided feedback and suggestions during these meetings.

The Board, through the management team, promoted a culture of safe and inclusive care. The General Manager and Quality Coordinator prepared reports for the Board every month, which consolidated information from the various sources identifying the service’s compliance with the Quality Standards, clinical governance, and quality review summaries. The service drove improvements and innovations using data from internal audits, clinical indicator reports, incidents and near misses, consumer and/or staff feedback and surveys.

The service had an effective governance system in place which guided the management team. Management explained the organisation’s systems which included policies and procedures, guidelines, and registers to record information such as improvement activities, staff certificates and vaccinations. All staff had access to the information required to provide quality care and services, including the client management system and intranet. The organisation monitored changes to legislation and accesses external industry peak bodies to ensure they were up to date with changes to legislation and regulations.

The service identified their main high impact/high prevalence risks and what they were doing to address these. Policies and procedures in relation to risk management were up to date. Staff understood their responsibilities in relation to incident management and how to support consumers to live their best lives. Management described ways in which incident trends had influenced service improvement.

The organisation’s clinical governance framework ensures the quality and safety of clinical care, and promoted antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process. Management received notifications of all incidents and ensured correct process was followed. Open disclosure was evident in progress notes. A clinical governance framework was used to guide clinical practice through guidelines supporting the framework, policies and procedures on clinical risk management, antimicrobial stewardship, falls minimisation and the identification and response to potential reportable incidents.

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)