Performance

Report

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| Name: | Uniting Mirinjani Weston ACT |
| Commission ID: | 2985 |
| Address: | 15 Conder Street, WESTON, Australian Capital Territory, 2611 |
| Activity type: | Site Audit |
| Activity date: | 14 November 2023 to 16 November 2023 |
| Performance report date: | 8 December 2023 |
| Service included in this assessment: | Provider: 1352 The Uniting Church in Australia Property Trust (NSW)  Service: 1208 Uniting Mirinjani Weston ACT |

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 Mirinjani Weston ACT (**the service**) has been prepared by E Woodley, 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 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 27 November 2023.

# 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

The Quality Standard is assessed as compliant as six of the six specific Requirements have been assessed as compliant.

Consumers and representatives interviewed by the Assessment Team said staff treat consumers with dignity and respect. The service demonstrated care and services provided are culturally safe, and the service supports consumer’s diversity. Staff interviewed demonstrated an awareness of consumers’ preferences and cultural needs. Staff are guided by consumer’s care planning documentation and organisational policies and procedures regarding diversity, dignity, and respect.

All consumers and representatives interviewed said consumers are supported to make decisions about their care, the way in which it is delivered and who they would like to be involved in their care. The service supports consumers to undertake activities of choice which may involve some risk in order for consumers to live their best life. The service supports consumers to make their own decisions by ensuring consumers and representatives understand all risks associated with the activity they wish to undertake which is consistent with the organisation’s policy. All consumers and representatives interviewed felt well informed about matters relating to service operations through various avenues that were timely and enabled consumers to exercise choice.

Staff interviewed described how they respect the personal privacy of consumers including knocking and waiting for a response before entering the consumer’s rooms and seeking agreement before providing clinical and personal care. All consumers and representatives interviewed were confident that their privacy is respected, and consumer information is kept confidential. Observations by the Assessment Team demonstrated staff respect consumer’s privacy and follow processes to ensure protection of their personal information.

# 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

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

All consumers and representatives interviewed by the Assessment Team said they are satisfied with the assessment and care planning at the service. Consumers and representatives felt this is completed in partnership with them, and confirmed they are given the opportunity to discuss their current care needs, goals and preferences including advance care or end of life planning. Consumers and representatives interviewed said the outcomes of assessment and planning are communicated to them and they have received a copy of the consumer’s care plan. For several consumers who don’t speak English as their first language, the service has provided care plans in their native language.

Care documentation for sampled consumers demonstrated effective and comprehensive assessments and care planning to identify needs, goals and preferences, including identifying risks to consumer's health and well-being. Consumer’s care documentation detailed what is important to each consumer and how they want their care delivered. End of life care plans and other specialised plans were noted to be in place for the sampled consumers. The service has processes for regular review of care and services, including after incidents or when changes in condition occurs. For consumers sampled, effective review of care and services was undertaken following fall incidents, decline in condition, and when commenced on end of life care.

The service demonstrated partnership with other providers of care in the assessment and planning for consumers, including processes to review where referrals have occurred. The outcomes of assessment and planning were consistently documented and communicated within the service and with other providers of care.

# 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

The Quality Standard is assessed as compliant as seven of the seven specific Requirements have been assessed as compliant.

Consumers and representatives interviewed by the Assessment Team provided positive feedback about the delivery of clinical and personal care and they are satisfied that staff are providing care that is safe and right for them. Documentation reviewed by the Assessment Team reinforced that care is planned and provided in a way that is individualised, tailored to the specific needs of the consumer, and manages the high impact and high prevalence risks associated with their care. For consumers sampled the Assessment Team found management of behaviours requiring support, restrictive practices, pain, skin integrity, and fall incidents was safe and effective.

The service has policies and processes in place to recognise and effectively manage consumers who are nearing the end of their life to maintain their dignity and comfort, ensure the consumer’s wishes are known, and the care provided aligns with these. Palliative care is supported by a specialist service when required and interventions demonstrate that consumer’s comfort and dignity are maximised. Consumers and representatives interviewed were satisfied with the end of life care provided at the service.

Care planning documentation reviewed by the Assessment Team demonstrated the identification and response to deterioration or changes in function, capacity, or consumer condition. Staff interviewed described the action and escalation process in response to a change in the condition of consumers. Consumers and representatives provided positive feedback regarding the communication of their needs between staff and other providers of care. Documentation in care plans, progress notes, emails, handover sheets and care reviews provided necessary information for staff and other health providers to effectively deliver care and services. The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of care and services. For consumers sampled this included physiotherapists, speech pathologists, wound specialists, palliative care specialists, dieticians, podiatrists, and dementia specialists.

The service demonstrated effective implementation of standard and transmission-based precautions to prevent and control infection and the promotion of appropriate antibiotic use. Policies and procedures are available relating to antimicrobial stewardship including the processes to minimise the use of antibiotics. Staff interviewed demonstrated knowledge of how this works in their day-to-day practice and could describe practices and procedures to minimise transmission of infections.

# 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

The Quality Standard is assessed as compliant as seven of the seven specific Requirements have been assessed as compliant.

Consumers and representatives interviewed by the Assessment Team provided positive feedback that they receive safe and effective services and support for daily living that supports their well-being and quality of life. Consumers interviewed expressed satisfaction that they are able to do things that interest them, including staying connected with those important to them and participating in the activities at the service and outside in the community. Care plans, maintenance records, menus, lifestyle meeting minutes, and other documentation reviewed by the Assessment Team showed lifestyle services and supports are planned with consumer input to meet their needs, goals and preferences.

The lifestyle team complete an assessment for consumers which is used to inform staff of consumer’s background and life story, and to identify spiritual and cultural needs and preferences, such as important events, people, and days of cultural significance. Consumers and representatives interviewed said they felt connected and engaged in meaningful activities that support their well-being. Staff provided examples of supporting consumer’s emotional and psychological well-being.

Processes are in place to document and share information about consumer’s needs and preferences regarding lifestyle services and supports, both within the organisation and with others when required. The information is up to date and accurate, and staff described ways the service effectively manages the communication of this information in relation to services and support for daily living. Consumers and representatives interviewed confirmed that consumers are supported by other organisations and providers of care and services such as religious ministers, pastoral care, hairdresser, podiatrist, local religious organisations, and the National Disability Insurance Scheme.

All consumers and representatives interviewed provided consistent feedback they were happy with the meals, snacks and drinks provided at the service. The service’s menu is seasonal and catering staff provided examples of how the menu can be changed to incorporate consumer feedback from food focus meetings. Staff interviewed were able to provide examples of consumers likes/dislikes, diet types and how they access this information each day. Menus are assessed and approved by a dietician prior to implementation at the service.

Consumers interviewed indicated they felt safe using the service’s equipment. Feedback from management and staff, as well as observations by the Assessment Team, indicate equipment to support consumer lifestyle is safe, suitable, and clean.

# 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

The Quality Standard is assessed as compliant as three of the three specific Requirements have been assessed as compliant.

Consumers and representatives interviewed indicated the service is welcoming, it is easy to navigate their way around, and there are adequate private areas indoors and outdoors for themselves and their visitors to utilise when socialising. Consumers and representatives interviewed considered the service environment to be safe, clean, well maintained and enables them to move freely both indoors and outdoors. Several consumers said they enjoyed spending time outdoors each day in their patio areas, tending to their pot plants or just enjoying the outdoors. Consumers and representatives interviewed were satisfied with the furniture, fittings, and equipment.

The Assessment Team observed, wayfinding signs and memory boxes to assist consumers to locate their rooms. Management and staff demonstrated effective systems for the cleaning and regular maintenance of the service environment, including furniture, fittings, and equipment. Environmental audits are conducted monthly, and results are analysed by management to ensure the service is safe, clean and well maintained.

# 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

The Quality Standard is assessed as compliant as four of the four specific Requirements have been assessed as compliant.

Consumers and representatives interviewed felt they are supported to provide feedback and complaints at the service, and that staff listen to them when they have a complaint. Some consumers and their representatives interviewed said they are aware of advocacy and language services that are available to them and referenced the promotional material displayed at the service. Most consumers and representatives indicated they preferred to raise their concerns directly with staff or management and these are addressed. The service has various avenues for consumers to provide feedback and complaints to the service, and the Assessment Team observed information around the service promoting external complaint agencies and advocacy services.

Consumers and representatives interviewed expressed confidence staff and management address their feedback and concerns. Staff interviewed demonstrated an understanding of the principles of open disclosure including how they record a concern, escalate to the appropriate person, and apologise for any wrongdoing. Consumers and representatives interviewed confirmed feedback and complaints are used to improve the quality of care and services. The organisation has a continuous improvement policy and procedures to ensure the review of complaints and incorporation into the continuous improvement system. The service provided an example of feedback regarding meals at the service which informed a review, survey and change in the menu item identified.

# 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

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

Consumer and representative feedback, staff feedback, and roster documentation reviewed demonstrated the service plans and deploys appropriate mix and numbers of staff. Consumers interviewed felt their call bells are answered in a timely manner and there is sufficient staff to meet their needs and preferences. The service has effective processes to fill shifts, including for unplanned leave. All consumers and representatives interviewed said staff are kind, caring and gentle when providing care. The Assessment Team observed staff interacting with consumers respectfully. Staff are trained and supported to take a person-centred approach to care in line with the organisation’s philosophy.

The service demonstrated all members of the workforce have appropriate qualifications in relation to their roles and are competent in what they do. Consumers and representatives interviewed consistently said they feel staff know what they are doing and are confident in the care they provide. The service has processes for the recruitment, induction, initial training and ongoing support for staff in line with the Quality Standards. The service provides online and face-to-face education for staff in line with assessed needs. The service regularly assesses, monitors and reviews the performance of each member of the workforce. The service demonstrated all staff participate in an annual review of their performance, or when needs are identified. During this process staff members and management have the opportunity to raise any concerns about workforce performance and identify specific goals or training.

# 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

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

There is an organisation-wide approach to involving consumers the development and delivery of care and services to ensure they are consumer-centred. A consumer advisory body is being set up in preparation for the strengthened governance requirements, and the service provided an example of consumers being consulted regarding a refurbishment project at the service.

In relation to promoting a culture of safe and inclusive quality care, the board receives regular communications through its sub-committees and has identified key areas to focus on in order to identify, assess and take action to improve safety and ensure effective care delivery for consumers. A set of indicators has been developed which are shared from the board to service and back, ensuring there is a common way for the service and the board to discuss care and safety performance. The board has an annual service visiting program which provides the opportunity to speak directly with consumers, representatives and staff.

The organisation demonstrated effective organisation-wide governance systems. The service has information management systems including for care planning, risk/incident management, compliance, complaints, maintenance, education/training and human resources. Reports and data are generated from these systems for analysis and review by staff and are considered in scheduled and structured actions and meetings. The leadership team drives continuous improvement at the service and engages with consumers to encourage feedback and identify opportunities for care and service improvement. The organisation demonstrated effective financial governance, and management provided evidence of equipment which has been purchased to meet the changing needs of consumers. The organisation monitors changes to aged care regulation and legislation via subscription to a peak body and through its audit and risk framework. There are processes for when legislation changes where the policy review steering committee updates, develops, and oversees the implementation of new and changed policies.

The service has a comprehensive risk management framework, with escalation processes between operational and strategic levels, including an incident management system. A review of recent incidents shows all information has been recorded, managed and reported according to legislation and the service’s incident management policy. The organisation has a clinical governance framework which includes policies and procedures, responsibilities, planning, monitoring and improvement mechanisms that are implemented to support safe and quality clinical care. Safe and effective clinical care at the service is supported by organisational mechanisms including the specialised regional quality teams, specialist clinical roles, the medication advisory committee, and the ageing clinical governance committee. The organisation has guidance for best practice management of restrictive practices, open disclosure, and antimicrobial stewardship.

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-1)