Performance

Report

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| Name: | Uniting Nareen Gardens Bateau Bay |
| Commission ID: | 0015 |
| Address: | 5 Yakkalla Street, BATEAU BAY, New South Wales, 2261 |
| Activity type: | Site Audit |
| Activity date: | 6 August 2024 to 9 August 2024 |
| Performance report date: | 18 September 2024 |
| Service included in this assessment: | Provider: 1352 The Uniting Church in Australia Property Trust (NSW)  Service: 29 Uniting Nareen Gardens Bateau Bay |

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 Nareen Gardens Bateau Bay (**the service**) has been prepared by Katherine Richards, 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 consumers, representatives, staff, management, and others; and
* the provider’s response to the assessment team’s report received 3 September 2024.

# 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

This Quality Standard is compliant as 6 out of 6 requirements have been assessed as compliant.

Consumers and representatives explained how consumers were treated with dignity and respect, with staff aware of their identity and cultural and diversity needs. Staff demonstrated familiarity with consumers and their personal circumstances and experiences in line with care planning documentation. Policies, procedures, and training informed staff of expectations in treating consumers with dignity, respect, and inclusiveness whilst recognising diversity.

Consumers and representatives explained how staff ensured provision of culturally safe care. Staff received training in cultural safety and trauma informed care to support consumers. Care planning documentation demonstrated cultural needs were captured through assessment and planning and used to inform care and services.

Staff explained how they supported consumers to make informed choices about care and services, including who else should be involved, and this information was reflected in care planning documentation. Consumers and representatives described how they maintained key relationships and were supported to form friendships with other consumers. Policies, procedures, and training guided staff on supporting consumer choices and independence.

Consumers explained the use of a positive risk assessment to support chosen activities, which included explanation of risks and developing a plan to maintain safety. Staff were aware of risks taken by consumers and explained the importance of supporting consumer rights to take risks in the safest possible manner. Care planning documentation included record of identified risks, assessment, consultation, and risk mitigation strategies with consultation with consumers to inform decision making and provision of consent.

Consumers detailed how they received timely and accurate information, including through calendars and menus for ready reference, and staff took time to explain information if needed. Information was provided in a manner to support consumer understanding, including using large formats and verbal updates. Staff explained information was displayed, and discussed in meetings, and supports were available for consumers who did not speak English as a first language.

Consumers and representatives gave examples of how their privacy was respected, including through staff seeking permission to enter consumer rooms and using ‘do not disturb’ signs. Staff explained how they secured personal information of consumers in password protected computers locked in nurses’ stations. Care planning documentation considered consumer privacy preferences.

# 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

This Quality Standard is compliant as 5 out of 5 requirements have been assessed as compliant.

Care planning documentation demonstrated outcomes of assessment were used to identify risks and develop management strategies to inform care. Staff feedback reflected awareness of consumer risks and strategies developed to inform care. Assessment and planning had not been used to consider consumer ability to independently use security measures to access external areas. Actions were taken during the Site Audit, reflected within the provider’s response, to address this, including identifying consumers who would not be safe to leave independently as being environmentally restrained, with developed behaviour support plans and consent for use.

Staff explained how they approached assessment and planning relating to advance care and end of life planning through the entry process and regular reviews. Care planning documentation reflected current needs, goals and preferences of consumers in line with feedback.

Consumers and representatives described their involvement in assessment and planning processes and were aware of other providers involved. Staff explained the processes to partner with consumers and representatives to assess, plan, and review care and services. Care planning documentation reflected involvement of a range of providers, and consultation with consumers and/or representatives.

Consumers and representatives were aware they could access a copy of the care and services plan, however, many reported it wasn’t required as they received clear communication from staff. Staff described processes for documenting and communicating assessment outcomes, with care and services plans accessed within the electronic care management system. Care planning documentation evidenced communication with consumers and representatives about the outcomes of assessment and planning.

Staff explained care and services were reviewed every 3 months or when circumstances changed, with management monitoring for adherence to the schedule. Care planning documentation evidenced care directives were updated following change in consumer condition or circumstance. Consumers and representatives expressed familiarity with the routine reviews and following incident.

# 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

This Quality Standard is compliant as 7 out of 7 requirements have been assessed as compliant.

Consumers and representatives reported consumers received personal and clinical care which was tailored to their needs and preferences to enhance well-being. Staff were familiar with care delivery strategies for consumers in line with care planning documentation and feedback. Policies, procedures, and systems supported provision of safe and effective best practice care.

Staff described high impact or high prevalence risks of consumers and corresponding mitigating strategies. Care planning documentation highlighted risks, management strategies, and monitoring for safety and effectiveness. Consumers said staff were aware of their individual risks and knew how to support and manage them.

Staff explained how they adapted care for consumers nearing end of life to focus on maximising dignity and comfort, including monitoring and managing pain and palliative symptoms. Care planning documentation for a late consumer demonstrated identification they were nearing end of life with timely transition to palliative care, including involvement of palliative care specialists, and delivery of care to optimise comfort.

Consumers and representatives gave examples demonstrating timely recognition and response to deterioration or change of symptoms for consumers. Staff demonstrated awareness of signs and symptoms of deterioration, and escalation pathways Care planning documentation evidenced identification, assessment, monitoring, and escalation for medical review when change of condition noticed in consumers.

Consumers and representatives said information about consumers was effectively communicated between staff to ensure consistency of care. Staff explained methods used to communicate information about consumers, including through handover, care planning documentation, meetings, and alerts within the electronic care management system. Care planning documentation included information from a range of staff and providers to share information about consumers.

Staff described referral processes to a range of providers, explaining they sought consent from consumers or representatives before making contact. Procedures and pathways for referrals were readily available to staff to inform practice.

Consumers and representatives described actions taken to minimise infection and transmission, including isolating consumers, using personal protective equipment during care, and use of appropriate antimicrobial medications. Staff described further actions to prevent infections, including use of hand hygiene and monitoring for symptoms of infection. Policies and procedures, including an outbreak management plan, informed staff action with additional support from the Infection prevention and control lead. Vaccinations for COVID-19 and influenza were offered, and records maintained for consumers and 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

This Quality Standard is compliant as 7 out of 7 requirements have been assessed as compliant.

Consumers and representatives described how services and supports were tailored to their needs, goals, and preferences. Staff described how they adjusted activities to optimise independent participation for consumers with different physical and cognitive capabilities. Care planning documentation outlined support strategies to optimise consumer independence and quality of life.

Staff described available spiritual supports, including religious services and pastoral care visits. Consumers gave examples of being provided emotional and psychological support. Care planning documentation outlined spiritual, emotional, and spiritual supports for consumers.

Consumers outlined how they were supported to maintain relationships and interests, both within the service and greater community. Care planning documentation captured interests, involvements in social and community groups, preferences, and people of importance. Consumers were observed socialising with other consumers and visitors and participating in scheduled activities.

Consumers said services and support staff were familiar with their needs and preferences. Staff explained how information relevant to their role was shared, for example, changes to dietary needs or preferences were provided to kitchen staff by nurses or care coordinators.

Care planning documentation evidenced referrals were appropriate to consumer needs and made in a timely manner. Staff explained processes to refer to providers, including volunteer services. Consumers verified referrals made on their behalf had met their needs and enhanced well-being.

Consumers and representatives provided positive feedback about the quality and quantity of provided meals, although some reported experiencing delays in being providing meals during service. The meal service was observed, with some consumers waiting up to 15 minutes for a meal to be delivered. Management expressed awareness of the delays, with improvement plans already developed but to be proposed to consumers for consultation before implementation. Staff explained how the seasonal menu considered consumer input through food forum meetings, surveys, and feedback.

Staff explained cleaning and maintenance processes for personal and shared equipment. Cleaning and maintenance logs evidenced regular preventative and reactive maintenance actions. Consumers described equipment as safe, suitable, and clean, and staff responded quickly when maintenance issues arose.

# 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

This Quality Standard is compliant as 3 out of 3 requirements have been assessed as compliant.

Consumers and representatives described the service environment as easy to navigate, welcoming, with ability to personalise their rooms. Staff explained available communal areas to support consumer interaction with other consumers and visitor or participate in activities. Communal areas were linked through wide corridors and wayfinding signage to support independent movement.

Consumers reported the service environment, including their rooms, as clean and comfortable, and they could readily access outdoor areas. Staff explained how they adhered to cleaning schedules, with records demonstrating regular and deep cleaning processes for consumer areas. Impact of afterhours security measures on consumer free movement had not been considered, with management taking action during the Site Audit, also reflected within the provider’s response.

Consumers described the furniture, fittings, and equipment as clean, safe, and well-maintained. Processes to report maintenance needs were known by consumers and staff, and documentation reflected prompt response. Cleaning of furniture, curtains, and carpets was included within the deep clean schedule.

# 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

This Quality Standard is compliant as 4 out of 4 requirements have been assessed as compliant.

Consumers and representatives said they felt supported and encouraged to provide feedback or make complaints through available methods. Staff outlined feedback and complaint processes, including supporting consumers to verbalise concerns or fill in feedback forms, or escalating issues to management. Consumers were informed of the importance of feedback and complaints through consumer handbooks and within meetings.

Consumers, representatives, and staff described available advocacy and language services and external complaint supports. Consumers were advised of available support services through the consumer handbook, and an advocacy group regularly visits to provide information sessions for consumers and representatives. Posters and pamphlets displayed throughout the service included details of available advocacy and complaint supports.

Staff demonstrated understanding of the open disclosure process required to respond to complaints, and this was also reflected in documentation within the complaint register. Consumers said complaints were addressed and resolved in a timely manner, and staff always apologised and ensured the actions and outcome was satisfactory.

Management explained they analysed feedback and complaints, collected from a range of sources, for trends to develop actions and include in the Continuous improvement plan. Consumers gave examples of improvements made in response to feedback provided in meetings and focus groups. Documentation verified feedback and complaints were reviewed with relevant actions created to make changes and 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

This Quality Standard is compliant as 5 out of 5 requirements have been assessed as compliant.

Consumers, representatives, and staff advised there were enough staff to provide timely care and meet consumer needs, even when busy. Management explained how the rostering system considered care needs of consumers and classification of staff, with processes to book agency staff for longer periods to cover staff leave and ongoing recruitment. Monitoring practices included considering call bell response times, reviewing care minutes and nursing coverage, with strategies for increasing care minutes through creating additional shifts.

Consumers and representatives described staff as kind, caring and respectful. Staff were observed to be attentive and respectful when interacting with consumers. Management explained the use of training and resources to build a culture of respect that considers the needs of each individual.

Management explained recruitment processes and ongoing monitoring practices to ensure staff hold required qualifications, registration, work visas, and security checks. Staff outlined how the onboarding process included training and buddy shifts to ensure competency. All staff undertake mandatory training and competency assessments relevant to their roles.

Staff described the ongoing education to support outcomes required within the Quality Standards and said they could ask for additional training to enhance performance. Management explained how the training was tailored to expectations within staff roles and responsibilities, with clinical staff receiving the most comprehensive program as they were responsible for identifying, reporting, and managing issues. Training records evidenced monitoring of compliance with training expectations. Management explained monitoring undertaken to identify improvements and training needs.

Staff identified participating in annual reviews as a method of monitoring their performance. Management explained ongoing monitoring and assessment of staff through team meetings, feedback, and observations, and described how they addressed areas for improvement of staff performance by viewing it as a learning opportunity. Formal performance reviews were scheduled, with documentation reflecting input of staff member and their supervisor, and included goals, supports, and any requests for additional 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

This Quality Standard is compliant as 5 out of 5 requirements have been assessed as compliant.

Consumers and representatives described methods of engagement in care and services development, delivery, and evaluation, including feedback mechanisms and participating in meetings, forums, and surveys. Management explained the formation of the Consumer advisory body through expressions of interests, with the service holding an independent meeting and then joining the organisational meeting. Whilst there was good attendance at the Consumer advisory body meeting, no consumers had wished to participate in the Quality care advisory body.

Management discussed the structure of the governing body, outlining how they set clear expectations through policies emphasising provision of safe, inclusive, quality care. Service performance was monitored against Quality Standard outcomes through reporting of information including clinical data, feedback, incidents escalated through executive management and relevant subcommittees to the Board for awareness, trending, and actions. Communication between the service and governing body about service performance was evidenced within documentation.

Organisation wide governance practices included systems and processes for effective management of key areas. Information management supported staff access to policies, procedures, consumer information, and reporting mechanisms with oversight by management, and communication pathways with consumers, representatives, staff, and organisation. Financial governance included administration of a budget tailored to service needs and considering legislative changes, with provisions for expenditure to improve care and services for consumers.

The risk management system enabled identification of high impact or high prevalence risks associated with consumer care through assessment, with monitoring for safety and risk reduction strategies. Staff demonstrated awareness of what constituted elder abuse and neglect and responsibilities to report. The incident management system enabled oversight at service and organisation levels and capturing of existing and emerging risks and areas for improvement. The framework of policies and procedures informed supporting consumers to live their best life, including where this involved risk.

The clinical governance framework included policies, procedures, flow charts, and other tools to support delivery of clinical care. Monitoring of effectiveness of care initiatives and strategies was undertaken within clinical meetings and within medication administration and clinical governance committee reviews. Staff received training in relation to provision of best practice clinical care and actions to be taken when things went wrong.

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)