Performance

Report

**1800 951 822**

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| Name of service: | Uniting Nunyara Peakhurst |
| Service address: | 8-12 Neilson Avenue PEAKHURST NSW 2210 |
| Commission ID: | 2528 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Site Audit |
| Activity date: | 6 September 2022 to 8 September 2022 |
| Performance report date: | 7 October 2022 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Uniting Nunyara Peakhurst (**the service**) has been prepared by T Solomon, 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
* the provider’s response to the assessment team’s report received 30 September 2022

# 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.

# 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 service demonstrated that each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Care plans reflect the diversity of consumers, including information about their cultural and religious beliefs and preferences.

Staff were observed interacting with consumers respectfully, and consumers and/or representatives confirmed that consumers are respected and valued as individuals by staff. The service has policies that guide staff on what it means to treat consumers with dignity and respect.

Care staff were able to describe how the consumer’s culture influenced how they deliver care and services in a culturally safe way. Consumers are able to decorate their rooms reflecting their individual taste and identity.

Consumers and/or representatives described how they are supported to exercise choice and independence and maintain relationships that are important to them, including being supported to stay in contact during the COVID-19 lockdowns. Staff were able to describe how consumers are supported to make informed choices about their care and services.

The service demonstrated that each consumer is supported to take risks to enable them to live the best life they can*.* For consumers sampled, care planning documentation described areas in which they are supported to take risks in accordance with their preferences.

Staff interviewed were able to provide examples where consumers are supported to take risks. Dignity of risk forms are completed to document consumers preferences and risk-taking activities.

Staff were able to outline the wishes and preferences of consumers engaging in activities that maybe a potential risk and how they monitor and support them in these activities. Staff described how consumers are informed of the risks associated with their choice and the strategies used to enable this approach.

The Assessment Team observed information was available to consumers and representatives in a clear, easy to understand way to support consumers decision making. Consumers and/or representatives described information they receive to help them make decisions about the things they would like to do and eat.

Staff were able to describe the different ways in which information is provided to consumers, including consumers with a cognitive deficit or where English is their second language. The service provided evidence of choices being offered to consumers including catering, lifestyle services and recreational activities.

Consumers and/or representatives confirmed that their privacy is respected. Staff were able to describe the practical ways they respect the personal privacy of consumers, including knocking and waiting for a response before entering their rooms.

There is an organisational policy on protection of personal consumer information. The Assessment Team observed staff respecting consumers’ privacy and dignity when delivering care and services and staff were aware of the service’s policy on privacy and confidentiality.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

# 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 organisation has policies, procedures and processes in place to guide staff practice in relation to conducting assessments and developing care plans. Evidence provided showed these policies and procedures are consistently followed by staff. Consumers have care plans that address specific risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services.

Consumers and/or representatives provided positive feedback in relation to their needs, goals and preferences being met. However, the Assessment team identified for some consumers assessment and care planning documentation does not consistently address all areas of care and services and does not address consumers individual preferences or current needs.

Although deficiencies were identified with the documentation, the impact on the consumer was minimal as the care and services delivered to the consumer was appropriate. This feedback was provided to the Approved Provider and the service was encouraged to improve their documentation processes.

The service has processes in place to ensure assessment and planning is based on an ongoing partnership with consumers, the people they wished to be involved in their care and other organisations and providers of care.

Care and service documentation provided evidence of case conferences, involvement of the consumers and others they wished to be involved and the involvement of a range of other health providers such as dietitians, speech pathologists and wound consultants. Consumers and representatives confirmed they had been involved in their care planning and their needs were being met.

Case conferencing documentation showed discussions around care have been occurring. Consumers and representatives confirmed they had been involved in case conferencing and had been provided with a copy of their care plan. Staff explained how they keep the consumers and representatives updated with any changes.

The Assessment Team identified that the service was not consistently demonstrating that care and services are reviewed regularly for effectiveness. Consumers and representatives provided positive feedback and said they had been informed when there was a change, however, care and service documentation showed comprehensive review of care plans is not conducted consistently for effectiveness when circumstances change, or incidents occur that impact on the needs, goals or preferences of consumers.

Although deficiencies were identified with the documentation, the impact on the consumer was minimal as the care and services delivered to the consumer was appropriate. This feedback was provided to the Approved Provider and the service was encouraged to improve their documentation processes.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

# 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 service demonstrated consumers get safe and effective personal care and/or clinical care that is tailored to their needs and preferences and is best practice. Consumers and/or representatives provided positive feedback about their clinical care, and staff knowledge around consumer care needs was sound.

Observations confirmed, and documentation reviewed reflected care that was individualised and tailored to the specific needs of the consumers. Staff were observed managing consumers with challenging behaviours with effective non-pharmacological techniques.

The service demonstrated for consumers with complex care needs such as indwelling catheters and diabetes mellitus, care and service are appropriate. Appropriate complex health care plans and directives were documented, and care being provided was as per the consumer care plans.

The service identified wound management and management of unplanned weight loss as their high impact, high prevalence risks. Consumers and/or representatives provided positive feedback about their clinical care, and staff knowledge around high impact, high prevalence risks and strategies to mitigate those risks were effective. Observations and documentation showed these risks are being managed.

The service has policies and procedures to guide staff on end of life care provision. Review of clinical files of consumers who had passed away showed they included their needs, goals and preferences regarding end of life care and services.

The Assessment Team reviewed ‘end of life care pathway’ records, including comfort care charts for symptom management, such as pain and agitation, routine comfort measures, such as positioning, mouth and eye care and psychosocial measures, such as identified spiritual, religious and cultural needs.

The service was able to demonstrate 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. For consumers sampled, care and service documentation showed changes in consumer’s condition were identified and responded to in a timely manner.

Consumers and/or representatives confirmed the service is very responsive if the consumer is unwell and notifies them of any changes as they occur. Staff could describe their actions if a consumer’s condition changed including informing the medical officer, referring to other health professionals or transferring the consumer to hospital.

The service demonstrated 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.

For consumers sampled a review of care and service documentation showed effective communication and sharing of information was being undertaken. Consumers and/or representatives provided positive feedback around communication of their needs between staff. Observations of handover and a medical officer’s round showed information was effectively shared.

A review of care and services documentation showed appropriate referrals to relevant health professionals were undertaken in a timely manner. Consumers and/or representatives provided positive feedback regarding access to health professionals. Staff were able to describe the processes for referring consumers to other health professionals.

The service has standard and transmission-based infection control systems to manage an outbreak and minimise infection related risks. It has practices in place to minimise the spread of infection and promote appropriate prescribing and usage of antibiotics. The service has documented policies and procedures on infection prevention and control principles, the promotion of antimicrobial stewardship, and a COVID-19 outbreak management plan.

Staff demonstrated an understanding of how they minimise the spread of infection and ensure antibiotics are used appropriately. Staff were observed using correct hand hygiene practices when delivering care to individual consumers, and correct use of appropriate personal protective equipment.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

# 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 and/or representatives interviewed confirmed they receive safe and effective services and supports for daily living, which meet their individual needs, goals and preferences to optimise their quality of life and well-being.

Care staff demonstrated thorough knowledge of consumers relating to their individual preferences and how they support the consumers to meet their needs, goals and preferences.

Lifestyle staff outlined how activitie programs are developed in consultation with consumers and/or representatives to ensure they are able to do the things they want to do. The lifestyle staff demonstrated how each consumer’s profile is developed, in consultation with the consumer and their families in order to provide information about past and current interests; social, cultural and spiritual preferences and acknowledgement of the traditions and events that are important to them.

Care plans reviewed by the Assessment Team reflected individualised information to guide staff regarding each consumer’s wishes to maintain their independence and quality of life.

Consumers and/or representatives described the services and supports available to them that enhance and support their emotional, spiritual and psychological well-being. Consumers and/or representatives reported they felt they have access to meaningful activities that are satisfying to them, including regular chapel services and access to a chaplain for personal support.

A lifestyle assessment is conducted for all consumers on entering the service. This profile provides information about each consumer’s background, their past life, emotional and spiritual interests. The care plans were found to describe things that are important to each consumer.

Consumers interviewed confirmed they are assisted to keep in touch with those important to them using telephone and video calls particularly when receiving visitors is not possible. Care plans reviewed contain information about each consumer’s individual interests and preferences which are incorporated to enable staff to facilitate engagement within or outside the service.

All consumers and/or representatives interviewed confirmed information about their condition, needs and preferences is communicated within the organisation and with others where responsibility for care is shared. Consumers and/or representatives stated they never have to repeat themselves regarding changes in preferences or needs.

Staff interviewed demonstrated thorough knowledge of individual consumers and their needs, goals and preferences. The staff stated changes to consumer needs and preferences are communicated to them in various ways including; updated care plans, during handover, and in person by the registered nurses or home makers.

The leisure and lifestyle staff were able to offer examples of external providers who regularly attend the service to provide activities and lifestyle support. The lifestyle staff said they are currently recruiting volunteers to assist in the activities program at the service. The local library regularly delivers books for consumers to read.

Most consumers and/or representatives interviewed agreed the meals provided at the service are of suitable quality and quantity. Some consumers acknowledged repetition in the menu however stated it is of no concern as there are many options available including an alternate menu with options which can be pre-ordered.

Consumers said they are never hungry as they have access to snacks, sandwiches, fruit, and other items which are kept in each household’s dining area. Catering staff demonstrated the systems and processes in place to ensure they receive timely communication when nutrition related needs change.

There are established processes in place to ensure that meals and drinks are served according to each consumer’s dietary needs and preferences, including texture modified meals and thickened fluids. The service produces meals on a four-week rotating menu which are prepared seasonally. Recipes have been reviewed by a dietician to ensure they are nutritionally sound. Feedback is regularly sought from the consumers regarding the meals provided, including via a food focused consumer meeting and the chef visiting each area of the service during mealtimes to speak with consumers.

Equipment used for activities of daily living were observed to be safe, suitable, clean and well-maintained. Staff stated they have sufficient and appropriate equipment to provide for the care and lifestyle needs of consumers.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

# 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 service environment was observed to be welcoming, easy to understand, well lit, and incorporated key principles of dementia enabling design. It optimises each consumer’s sense of belonging, independence, interaction and function. Consumers’ rooms have memory boxes in hallways next to their doors with memorabilia to assist room recognition and wayfinding for those consumers living with cognitive impairment.

Photo boards of consumers attending activities are placed in a specific area of the wall in hallways and other areas such as lounges, helping to build a sense of belonging. Consumers were observed sitting in open plan kitchen-dining areas playing games and doing craft activities. All sampled consumers and representatives confirmed they were comfortable in the environment.

On balance, the service demonstrated its environment is safe, clean and well maintained. Consumers’ rooms were observed to be clean and tidy. Consumers and/or representatives interviewed stated they felt the service was clean and the Assessment Team observed the service’s common areas were clean. Cleaning tracking sheets showed daily cleans and a monthly deep clean of consumers’ rooms were completed. The gardens appeared well maintained.

Overall, the service furniture, fittings, and equipment are safe, clean, well maintained and suitable for consumers. Furniture in the common areas and consumers’ rooms is comfortable and attractive. Reactive and preventive maintenance schedules were observed to be up to date. Reactive maintenance tasks are logged in an electronic system.

Equipment including wheelchairs, lifting hoists and tub chairs were observed to be generally clean and in working order. The maintenance team provides maintenance for equipment owned by the service and the care staff are responsible for cleaning the equipment after each use.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

# 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/or representatives confirmed that they understand how to give feedback or make a complaint and stated that they feel confident that management would address and respond to them appropriately and in a timely manner. Management and staff demonstrated a sound knowledge of the processes in place to encourage and support feedback and complaints.

Consumers and/or representatives were able to describe methods in which they provide feedback on the care and services delivered, including, Have Your Say forms, resident and relative meetings, verbal feedback to staff and consumer surveys.

Have Your Say forms are readily available to consumers and visitors to the service, and attendees at the resident and relative meetings are reminded to use these forms.

Consumers and representatives sampled are aware of advocacy services that are available to them. Management stated that they promote advocacy services and that interpreter services are available to consumers when they require them. Information on these services is available around the service and included in the consumer handbook.

The consumer handbook and resident agreement provides information on Older Persons Advocacy Network, senior rights service, Dementia Support Australia and the Commission. Advocacy and empowering older people education was provided to all staff in August 2022, which included familiarising them with advocacy services such as Older Persons Advocacy Network and the senior rights service.

Consumers and representatives confirmed that management acknowledge and respond to concerns raised in an appropriate manner. Staff demonstrated a sound understanding of open disclosure and explained how they would apologise to a consumer in the event of an error made impacting on consumers. Management described the process of how staff are guided by their policy and procedures on open disclosure and complaints management.

Consumers and/or representatives confirmed that it is evident that their feedback is used to improve care and services. Management described processes in place to escalate complaints and how they are used to improve the care and services available to consumers. Staff were able to describe improvements which were driven by consumer feedback.

Management demonstrated how the service’s feedback and complaints are trended and analysed. Feedback is part of management monthly quality audits and reporting. Any long-term actions as a result of complaint trends are tracked through the services continuous improvement system.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

# 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

Consumer and/or representative feedback was mixed regarding the sufficiency of staff, however only one consumer identified an impact on care and services as a result. Other consumers and representatives interviewed said while the service could use more staff, their call bells are usually answered in a timely manner and staff continually come and check on them and if they need anything, either in their rooms or in communal areas.

Review of staff rosters demonstrated the service fills vacant shifts or unplanned leave with permanent, casual or agency staff, or by extending shifts. Management monitors call bell response times and investigates any extended wait times. Review of call bell data for the month prior to the Site Audit demonstrated call bells were attended to in a timely manner, with an average response time of 51 seconds.

All consumers and/or representatives interviewed stated that most staff interactions are kind, caring and respectful. Workforce interactions observed by the Assessment Team were kind, caring and respectful, for example when staff were communicating with consumers about their care and service delivery.

The service demonstrated effective systems in place to ensure the workforce is competent and have the qualifications and knowledge to perform their roles. Staff interviewed knew consumers well and were familiar with consumer’s care needs and preferences.

There are service-level and organisational systems in place to monitor completion of required competencies, police checks, and professional registrations (for example Australian Health Practitioner Regulation Agency). The service has a workplace educator who monitors staff competency and training completion and observe staff practices on the floor to ensure staff are effectively performing their roles.

Most consumers and representatives interviewed believed staff were well-trained and competent in their roles. However, one consumer said agency staff do not always know what to do, and the consumer has to tell them.

The service’s workplace coach delivers training on a variety of topics in response to identified need, incidents, changes in regulations, and staff feedback. The workplace coach monitors completion of mandatory modules and training and escalates to service management if these are not completed within the required timeframes.

The clinical nurse consultant interviewed stated she reviews care plans and the care needs of consumers and recommends to the workplace educator additional training that may be beneficial for staff. The clinical nurse consultant stated she is involved in registered nurse mentoring, assessment, and on the floor training at the service.

The organisation’s performance management framework is implemented at the service to ensure regular monitoring and review of the workforce. Staff have ‘continuous conversations’ with management at least six-monthly to identify weaknesses, strengths, education and training requirements and implement action in response. Management set out a schedule for the year and track completion.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

# 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 service demonstrated consumers are engaged in the development, delivery and evaluation of care and services, at the service and organisational level. Consumers interviewed were happy with the management of the service and their input into service delivery.

The organisation has a consumer engagement framework that outlines engagement strategies at the individual, staff, service, organisation and sector levels. Posters with the regional manager and Director of Seniors Services’ email and phone number were observed throughout the service, encouraging consumers and representatives to engage with any feedback or issues.

The governing body has various avenues to ensure they are informed and accountable for the delivery of safe and quality care and services.

The Uniting ACT/NSW Board meets up to ten times a year and regularly receives reports on consumer safety, consumer quality outcomes, the implementation of the strategic plan, key policy decisions, stakeholder engagement, and research activities and outcomes. The governing body receives information from the service about COVID-19 outbreaks, serious incidents including Serious Incident Response Scheme notifications, and complaints.

An organisational improvement led by the governing body was the implementation of workplace coaches in every service. Following a trial, this role was found to be beneficial in mentoring of new staff and improving staff competency and practice. This feedback was provided to the governing body who have approved this role in each service on a long-term basis.

The service demonstrated the organisation wide governance systems are effectively implemented at the service.

The organisation has various systems to document information effectively, and enable review and action as required. This includes systems to manage information regarding consumer care and service delivery, organisational policies and procedures, incidents and near misses, complaints, and maintenance and hazard reporting.

The service’s continuous improvement plan demonstrated the service identifies and actions areas for improvement on an ongoing basis, and areas for improvement are identified from a variety of sources. This includes feedback from internal audits, Commission audits, the organisation’s clinical governance team, consumer experience surveys and complaint trends.

Workforce governance is effectively monitored by the organisation at the regional quality level. This includes monitoring of staffing numbers by set targets, agency staff use, overtime and staff turnover. Workforce governance has been effective in meeting staff headcount targets, reducing overtime, and informing staff shifts and hours.

Changes to aged care regulation and legislation is effectively monitored by service management and at the regional quality level. Policies and procedures are updated as required by the organisation and sent to management to disseminate to consumers and staff through email and staff / consumer meetings.

The service has effectively implemented the organisation’s risk management systems and practices. The organisation has oversight of the risk management at the service through monthly quality monitoring reports. These reports include information on high impact/high prevalence risks such as falls, behavioural incidents, restrictive practices, pressure injuries, and Serious Incident Response Scheme reports. These risks are monitored with issues identified and action taken in response, such as education provided.

The organisation has a clinical governance policy to ensure all levels of the organisation are responsible and accountable for the provision of quality care, the continual improvement of practice, and consumer safety within the context of identified and assessed risk. The service has policies and procedures on open disclosure, antimicrobial stewardship and restrictive practices. These areas are included in the organisation’s orientation process, and records reflected recent staff training had occurred on these topics.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

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)