

**Performance Report**

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| Name: | Uniting Osborne Nowra |
| Commission ID: | 0124 |
| Address: | 54-60 Osborne Street, NOWRA, New South Wales, 2541 |
| Activity type: | Site Audit |
| Activity date: | 3 December 2024 to 5 December 2024 |
| Performance report date: | 29 January 2025 |
| Service included in this assessment: | Provider: 1352 The Uniting Church in Australia Property Trust (NSW)  Service: 140 Uniting Osborne Nowra |

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 Osborne Nowra (**the service**) has been prepared by Jodie Earnshaw, 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, older people/representatives, and others,
* the provider’s response to the assessment team’s report received 17 January 2025,
* other information known to the Commission.

# 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

Care documentation reflected the history and background of consumers and what was important to them. Staff described how they treat consumers with respect and dignity and how culturally appropriate care is provided to consumers in line with their cultural preferences.

Consumers and representatives advised consumers are valued and treated with dignity and respect. The service demonstrated that consumers are provided care by staff in a dignified and respectful manner and staff demonstrated knowledge of consumers’ identity, background, and cultural preferences. The Service provides staff with policies and training relevant to this Quality Standard which guides staff practise.

Consumers are supported to exercise choice and maintain their independence by making decisions about their care and services, including the involvement of others as they wish. Staff demonstrated knowledge, and understanding of consumer choices and preferences and described how each consumer was supported to make informed decisions about their care and services.

Consumers reported being supported by staff to take risks and engage in activities which are important or meaningful to them. Care documentation demonstrated and staff described processes followed to support consumers choice to take risks, and the risk management planning undertaken to support this.

Consumers and representatives are provided with information in a variety of ways, enabling them to make informed decisions about care and services and exercise choice in how consumer’s needs, goals and preferences were met.

Consumers said their privacy was respected by staff and their personal information is maintained confidentially. The service uses an electronic care management system. Staff described how they ensure consumer information is kept confidential and how they maintain consumers’ privacy when providing care or holding discussion on consumer care needs. Staff are guided by policies, procedures, and training on maintaining privacy and confidential 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 Assessment Team report provided information, that the service, at the time of the site audit, was not able to demonstrate the assessment and care planning for some consumers informed the delivery of safe and effective care. Care and services planning, in particular behaviour support plans did not consistently provide adequate information on effectiveness of interventions trialled or implemented to manage various risks for some consumers.

The Approved Provider, in their response refuted the assessment team recommendations and provided comprehensive documented information to demonstrate compliance under this requirement. Additionally, the service has taken targeted actions in response to the Assessment Team report, including:

* provision of education to staff on new pain management policy and regarding behaviour support needs and planning,
* provision to staff of behaviour support resource material,
* draft, review, and implement pain management policy and procedure,
* ongoing planned clinical education by the Clinical Nurse Specialist with a focus on pain assessment and management.

I am persuaded by the Approved Provider’s response, commitment to improvement initiatives, and the measures taken by the service to ensure an effective behaviour support and pain management program is in place for consumers. Therefore, I find this requirement to be compliant.

Consumers and representatives expressed satisfaction with the planning of effective care and services that meets consumer’s needs, goals, and preferences. Care documentation demonstrated the involvement of other health care professionals in the assessment and planning processes with consumers. Staff were able to describe the needs and preferences of consumers and the assessment and care planning processes and how consultation occurs with the consumers and representatives.

Whilst the Assessment Team report noted, some policies were overdue for review or in draft form, the service had policies and procedures to guide staff in assessment and planning including on admission, via ongoing assessment of risk and the completion of clinical care documentation.

The service demonstrated assessment, and planning is based on a partnership with the consumer and representative and that it includes other organisations or individuals involved in the care of the consumer when required. Consumers and representatives consider consumers to be partners in the ongoing assessment and planning of consumers’ care and services, including consideration of consumers' wishes for end-of-life care. Consumers and representatives said staff have discussed care planning needs with them, reported being offered a copy of the care planning documentation and consider the consumer needs, goals and preferences are met.

Care documentation demonstrated the consumer’s involvement, those the consumer wishes to be involved, and the outcomes of assessments were documented within the care planning documentation.

The service uses an electronic care management system and daily handover sessions between staff. Staff said they have access to care planning information to deliver appropriate and safe care and services for the consumer. The service demonstrated care plans are reviewed regularly, at a minimum annually, when circumstances change, or when incidents occur. The organisation had policies and procedures related to assessment and planning to guide staff practice.

In coming to my decision of compliance with this requirement, I have considered the information included in the assessment team report under this and other standards, and the response of the Approved Provider. Based on the information summarised above I find this Standard is 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

Whilst the Assessment Team report provided information that the Service did not consistently adequately assess consumers and interventions were not always implemented to manage the consumers pain; consumers and representatives provided position feedback on care and reported consumers received safe and effective personal and clinical care. Staff were able to describe the personal and clinical needs of consumers and how those needs are met. Overall, consumer care documentation demonstrated individualised, effective assessment, management and evaluation of clinical care needs of consumers.

The Assessment Team report provided specific examples of how the service demonstrated effective processes and provision of clinical care including, nutrition and hydration/weight management, wound care, and falls management. However, the Assessment Team report raised areas for improvement regarding the inconsistent management of high-impact or high-prevalence risks in relation to behaviour management and incident reporting.

Restrictive practices are informed and managed via assessments, informed consent, and individualised behaviour support plans however the Assessment Team report raised areas of deficiency relating to restrictive practices specifically, the consistency of individualised behaviour support plans to guide staff to effectively support consumer needs.

The Approved Provider, in their response refuted the assessment team recommendations and provided comprehensive documented information to demonstrate compliance under requirements 3(3)(a) and 3(3)(b). Additionally, the service has taken targeted actions in response to the Assessment Team report, including:

* provision of education to staff on incident reporting including:
* Introduce staff to the Serious Incident Response Scheme
* Outline the reporting requirements and timeframes
* Ensure staff are aware of the definitions of a serious incident under the scheme.

Overall, the service has effective processes to manage high-impact or high-prevalence risks associated with the care of each consumer. Care documentation identified risks for each consumer, including falls management, skin integrity/ wound care, and weight management is monitored and effectively managed. Staff were able to describe individualised consumer care implemented to manage risks for individual consumers. The service has a suite of policies and procedures to guide care in the clinical management of high-risk and high-prevalence areas including skin integrity and wound care, hydration/weight management, falls management and other complex care needs.

I am persuaded by the Approved Provider’s response and the measures taken by the service that clinical and personal care reflects the needs of consumers, and the service effectively manages high impact or high prevalence risks through effective behaviour support and pain management programs for consumers.

Staff were able to describe the ways they recognise and respond to deterioration or change in the consumer’s condition. Clinical pathways are available to guide staff in identifying and responding to a change or deterioration in consumers’ conditions, including in relation to the provision of palliative and end of life care. Care documentation recorded consumers’ end-of-life care needs, and preferences for those who wish to engage is such planning. Consumers and representatives said consumers receive the care they need and that the service is responsive to changes identified to consumers’ health and wellbeing.

Consumers and representatives were confident that consumers’ needs, and preferences are effectively communicated between staff. Staff described the ways in which information was shared amongst staff, including verbally and within the electronic care management system.

Consumers and representatives advised consumers have access to relevant health professionals and expressed satisfaction with the referral process. The service demonstrated, and staff described established referral pathways to various support and specialist services to meet the care needs of consumers.

The service has documented policies, procedures, and an outbreak management plan to guide staff practise in relation to antimicrobial stewardship, and infection control. The service was able to demonstrate the minimising of infection-related risks through antimicrobial stewardship, the implementation of screening processes, staff education and through standard transmission-based precautions to prevent and control infection. The service has an onsite infection prevention control lead to support and guide staff practise.

In coming to my decision of compliance with this requirement, I have considered the information included in the assessment team report under this and other standards, and the response of the Approved Provider. Based on the information summarised above I find this Standard is 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 representatives said the service supports consumers to maintain their independence, wellbeing, and quality of life. The service has systems in place to identify and facilitate the goals and preferences of consumers. Staff demonstrated knowledge of consumers’ needs, goals and preferences and the strategies used to support consumers to optimise their quality of life. Care documentation reflected consumer lifestyle preferences and how staff support consumers to attend activities.

Consumers described how the services, supports, and activities provided promote their emotional, spiritual, and psychological wellbeing.

Care documentation demonstrated lifestyle planning and spiritual assessments are undertaken and used in developing individual care plans for consumers. The service has access to Pastoral Care support for emotional and psychological support for consumers. Consumers were supported to take part in community activities outside the service, and to engage in social relationships within the service. The lifestyle program offers a weekly schedule of group activities including exercises, art and craft, church services, and occasional bus outings. Consumers are supported to engage in their preferred individual, group, or community activities.

The service demonstrated systems to ensure information on the consumer’s condition, needs and preferences are communicated, including information in relation to consumers’ spiritual, emotional, lifestyle needs and food service. Staff were aware of consumers’ needs and preferences in relation to services and supports for daily living.

Staff described how consumer information was accessed and shared and demonstrated knowledge of consumers’ individual preferences and others involved in their care.

The service demonstrated timely and appropriate referrals occurred to other individuals, organisation, or other service providers to meet the needs of consumers, including services such as pastoral care support during palliative care.

Consumers and representatives provided positive feedback regarding the suitability, quality, and quantity of food service, with additional options available and consumers reported not feeling rushed during meal service. Staff described food services and options offered in line with consumer specific diet requirements. The service has processes and systems to monitor consumer satisfaction including a food focus group meeting.

Consumers expressed satisfaction with the equipment provided by the service. The service demonstrated it has effective systems and processes in place to ensure equipment is clean, well maintained and fit for purpose, inclusive of vehicles used to transport consumers to appointments. Staff described how maintenance issues are identified and rectified promptly.

# 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 provides a welcoming environment that is easy to navigate and supports consumers’ sense of belonging, independence, interaction, and function. Consumers and representatives advised the service environment to be welcoming, and easy for consumers to find their way around. Consumers are able to decorate their rooms with personal belongings and furniture of their choosing. The service has a Café for consumers, their family, and friends to meet.

Consumers were observed to be moving freely throughout the service which was clean and in a well-maintained condition. The service has systems in place to ensure adequate and suitable cleaning services to meet consumers’ care and service’s needs.

The service has a preventative and reactive maintenance program for equipment supported by an electronic management system to log, action, monitor and review maintenance matters. The service demonstrated effective processes and scheduling to ensure that furniture, fixtures, and equipment were 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

Consumers and representatives reported being comfortable to provide feedback or make a complaint and that the service responds in a timely and satisfactory manner. The service had systems in place to encourage feedback and complaints and staff described processes in place to encourage and support the provision of feedback and complaints by consumers and representatives. Feedback is provided and sought in various ways, including during consumer meetings, verbally and via feedback forms.

Information was available to consumers and representatives on advocacy services, language services and external methods of resolving complaints. Consumers described knowledge of external support systems available to them. Staff demonstrated a shared understanding of the internal and external complaints and feedback avenues, advocacy, and language services available for consumers and representatives.

The service demonstrated appropriate action is taken in response to complaints and open disclosure principles are used and documented when things go wrong. Staff demonstrated an understanding of the principles of open disclosure, and how it is applied within their role and described the process of responding to and recording complaint information.

Consumers and representatives advised that management address and resolve concerns raised and reported that appropriate action is taken in response to feedback and complaints, including the provision of an apology and by implementing changes based on their input. The service demonstrated feedback, and complaints are recorded and used to enhance the quality of care and services provided to consumers. Organisational policies and procedures relating to consumer complaints and compliments and open disclosure are available to guide staff practice.

# 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 service demonstrated the workforce is planned to meet the needs of consumers. The service has systems and processes in place to ensure there is sufficient staff rostered across all shifts. Consumers and representatives reported staff respond to calls for assistance and provide care and services in a timely manner. Staff considered there were sufficient staff to deliver care and services in accordance with the consumers’ needs and preferences. Calls for assistance responsiveness are monitored, reviewed, and investigated by management.

Consumers and representatives consider consumer’s received quality care and services when they need them from people who were knowledgeable, kind, and caring. Staff interactions with consumers was observed to be respectful.

Staff had a shared understanding of consumers and what was important to them. Staff described how they are provided with the support and training needed to perform their roles, and the organisation monitors staff compliance with specific aged care relevant competencies, professional registrations, and specific legislative requirements.

Management described how the workforce is recruited, trained, and equipped to deliver the outcomes required by the Quality Standards. Systems and processes were in place to identify training needs, provide education to staff, and monitor staff performance.

The service demonstrated how staff competency is monitored for their specific roles, including onboarding, and consumer feedback, to ensure the quality of care and services provided to consumers.

# 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 organisation has effective systems to engage and support consumers in the development, delivery and evaluation of care and services. Consumers and representatives reported they are involved in the development, delivery and evaluation of care and services and expressed satisfaction with the care and services provided to consumers.

The service demonstrated an organisational governance structure with a consumer advisory body and a governance board.

The organisation’s governing body promotes a culture of safe, inclusive, and quality care and services, informed by various meetings and reports by the service. The organisation provides updated information to consumers, representatives, and staff regarding changes to policies, procedures, and legislation. The service has established governance frameworks, policies and procedures that support the provision of care of consumers.

Staff advised they were able to access the information they needed to perform their roles, and the service demonstrated an effective electronic information system.

Continuous improvement was demonstrated at a service level through the governance structure, utilisation of feedback and monitoring systems, and the compilation of plans for continuous improvement.

The service demonstrated financial governance systems and processes and how expenditure is managed to purchase equipment in response to consumers’ needs.

The service demonstrated systems are in place to monitor workforce competency and ensure the workforce is appropriately planned to facilitate the delivery of safe and effective consumer care. The organisation has a range of documentation, policies and procedures with established roles, responsibilities, and accountability for the monitoring of staff conduct and performance.

The organisation monitored changes to legislative requirements through committee structures and processes monitoring regulatory changes and ensuring the service is provided with information and resources to guide effective implementation and compliance.

The service has a risk management system which incorporates feedback and complaints. The service has systems in place to manage feedback and complaints and to ensure appropriate and proportionate action is taken. The service is guided by policies and procedures relating to feedback and complaints. Evidence of open disclosure was observed within staff practices and how consumer feedback and complaints positively contribute to improvement initiatives and outcomes.

The service demonstrated established governance frameworks, policies, and procedures to support the management of risk associated with the care of consumers. The service has an effective incident management system to identify, record, manage, resolve, and report incidents. Staff demonstrated an understanding of high-impact and high-prevalence risks at the service and explained how they implement their legislative responsibilities in relation to the serious incident response scheme.

The organisation has a clinical governance framework with policies and procedures relating to antimicrobial stewardship, open disclosure and minimising the use of restraint. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how they are implemented within their daily practise.

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)