Performance

Report

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| Name of service: | Uniting Pacifica Nambucca Heads |
| Service address: | 11 Short Street Nambucca Heads NSW 2448 |
| Commission ID: | 0972 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Site Audit |
| Activity date: | 11 October 2022 to 13 October 2022 |
| Performance report date: | 4 November 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 Pacifica Nambucca Heads (**the service**) has been prepared by D. McDonald, 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.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers said they are treated with dignity and respect and their identity, culture and diversity were valued. Staff described the identity and culture of consumers and gave examples of how they treat consumers with respect by using their preferred name, acknowledging their choices, and knocking before they enter their room. The activities program included events and celebrations acknowledging cultural diversity and enabling participation by consumers with diverse abilities.

Consumers said their cultural practices and identity were respected which made them feel safe. Staff described the cultural background of individual consumers and were observed to provide care and services in line with their documented needs. A cultural register was maintained and was used to inform conversations and events.

Consumers said they were able to make decisions about the people involved in their care, the way care and services were delivered, and they were supported to maintain relationships as staff assisted them to call their family members. Staff described strategies for supporting consumers to exercise their independence and make choices when care planning and on a day-to-day basis. Staff were observed to offer choices to consumers prior to providing care and services.

Staff knew the risks taken by consumers, and confirmed they support the consumers’ wishes to take risks to live the life they choose. Consumers described how the service supports them to take risks as they get information about risks, the possible outcomes, and making decisions which involve balancing risk and their quality of life. Risk assessments had been completed and signed by the consumer, their representative and staff.

Consumers said they get information which was easy to understand and kept them informed, such as menus, activity programs, COVID-19 updates, and visitor requirements. Staff described different strategies for communicating information to consumers, including those with diverse cognitive ability. Information in relation to the services provided and other aged care services was displayed throughout the service and was updated daily where required.

Consumers said their privacy is respected. Staff described strategies for respecting privacy and ensuring the confidentiality of personal information in line with organisational policy and procedure. Staff were seen to be respecting the privacy of consumers by knocking on doors and awaiting a response before entering and closing doors when providing personal care. The service has policy and procedures to guide staff in the provision of privacy and maintain confidentiality.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers confirmed, on entry to the service, they worked with staff in the development of their care plan. Staff had sound knowledge of the assessment and care planning systems and processes, including the consideration of risks to consumers health and wellbeing. Consumer files reviewed identified the risks of individual consumers and care was planned to meet their needs, goals and preferences. An electronic care management system schedules the assessment and planning process to inform safe and effective care.

Consumers said their care plans identify their goals and preferences for clinical care, personal hygiene, oral health nutrition and lifestyle choices; and they are supported to complete advance health directives, confirming the service is aware of their wishes. Consumer files reviewed contained an advance care directive for the majority of consumers and care plans reflected the current needs, goals, and preferences of consumers.

Consumers say they are actively involved in the assessment and care planning processes which are coordinated, and the right people are involved. Staff described the processes in place to ensure the service partners with consumers to assess, plan, and review care and services. Care documentation for consumers evidenced integrated and coordinated assessment and planning involving all relevant organisations, individuals, and service providers.

Consumers and representatives said outcomes of assessment and planning are effectively communicated and documented in a care and services plan which is provided to them. Care planning documentation evidenced outcomes of assessment and care planning were communicated to consumers. Staff confirmed consumers and representatives are always offered a copy of the consumer’s care and service plan and they will provide a copy in accordance with the consumer and representative’s preference.

Consumers confirmed their care is reviewed regularly and when their care needs change. Staff describe the regular review processes which includes a monthly ‘Resident of the Day’ and scheduled 3 monthly reviews. An electronic care management system includes automated prompts for care plan reviews. Care documentation supported reviews were completed 3 monthly or more frequently if a change in consumers condition or an incident occurs, and the effectiveness of planned care strategies is assessed.

# Standard 3

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

Findings

Consumers say they are confident they are getting care safe and right for them, their care is consistent with their needs and preferences, and the care provided supports their health and well-being. The service has policies, procedures, and systems for safe and effective care, and delivers care according to consumers’ needs, goals, and preferences. The workforce is well trained, and staff described how the organisation supports them to deliver personal and clinical care best practice and meets the needs of each consumer. Care documentation demonstrated consumers were receiving care which was tailored to their needs.

Consumers said risks to their well-being, such as falls, pressure areas, weight loss, and infection, are assessed, explained, and managed to reduce risk. Staff described how they identify, assess, and manage high-impact or high-prevalence risks to the safety, health, and well-being of each consumer. Policies, procedures, and clinical protocols guide how the organisation manages high-impact or high-prevalence risks.

There were no consumers receiving active palliative or end of life care at the time of the audit. Consumers and their representatives said symptoms such as pain are managed well and if their condition deteriorates, their end-of-life wishes are known, and staff know what to do. Representatives said they can visit, support their loved ones, are involved in palliative care decisions, and staff are skilled in providing any care needed. Consumer files included an advance care directive and care plans reflected changes in care and services, in line with the consumer’s end of life care needs, goals, and preferences. Staff are equipped to provide end of life care, registered nurses are available to support care staff, and a palliative care service is available to support the team.

Consumers said the staff know them and would pick up a change in their condition, would listen and act on any concerns they have about their health, and would respond with appropriate actions and care when needed. The service has policies, procedures, and clinical protocols to guide staff in the management of deterioration. Care planning documentation, clinical protocols, and observations during the site audit, demonstrated deterioration is recognised and responded to quickly, and plans are in place for when changes occur.

Consumers said those who need information to deliver their care are well informed and trained to deliver care, and care is well coordinated. Consumer representatives said care coordination is good, care is constant and reliable, and information is communicated well. Staff and others who share the care of consumers have access to the information and clinical systems according to their role. Clinical management systems use is intuitive with alerts, and reports facilitate care and handover.

Consumers and representatives said the service is clean and staff practice good hand hygiene and help consumers stay safe. The service has an infection prevention and control program which includes a staff training program on standard precautions and clinical precautions. Care planning documents identify consumer infections and incident reports are completed to track and report infections. An antimicrobial stewardship policy and supporting processes help to ensure appropriate administration of minimise the need for antibiotics.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers said services and supports for daily living met their needs, goals, preferences and described how the care and services they receive optimises their independence, contributing to their health, well-being, and quality of life. Care planning documentation identified the individual services and supports consumers need to do the things they want to do. Staff explained what is important to consumers and what they like to do, and this aligned with the information in the consumer’s care plan.

Consumers described services and supports available to provide emotional, spiritual, and psychological well-being, including being engaged in activities satisfying to them. Staff advised they recognise when consumers are feeling low and provided examples of how they support consumers in their emotional and psychological well-being by taking the time to sit and talk to them, offering to contact their family, and notifying clinical and lifestyle staff. Care planning documents recorded consumers’ individual emotional support strategies and how these are implemented.

Consumers felt supported to participate in activities both within and outside the service as they choose and confirmed the service supported them to maintain important social and personal connections. Staff gave examples of support provided to consumers to engage in the community, have social and personal relationships, and to do things of interest to them. Care planning documentation identified the people important to individual consumers and the activities of interest to the consumer. The activities program includes internal group and individual activities, visiting art group leaders and music therapy leaders.

Consumers said staff are aware of their needs and preferences and they do not have to repeat their preferences to multiple staff members. Staff described ways in which they share information and are kept informed of the changing conditions, needs, and preferences of each consumer. Care planning documentation for consumers provided adequate information to support safe and effective care as it relates to services and supports for daily living.

Consumers’ care planning documentation showed the service collaborates with external providers to support the diverse needs of consumers. Consumers and staff provided examples of referrals to external providers of care and services. Consumer were observed accessing the onsite hairdresser.

Consumers said the service provides meals which are varied, of suitable quality and quantity. The service has processes in place to include consumers in the development of the menu and to provide feedback on the quality of the food provided. Consumers are offered other options where the daily menu is not to their liking and snacks are available. Staff described how individual consumers’ dietary needs and preferences are recorded and were observed supporting consumers who required assistance during meal service.

Consumers said they felt safe when using the service’s equipment and staff were skilled in using the equipment, such as lifters. Staff said they had easy access to equipment which was regularly maintained and described processes for reporting faults and issues. Equipment used for activities of daily living was observed to be clean and safe, suitable, and well maintained.

# 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 was observed to have a welcoming environment and consumers were moving around the service using mobility assistive equipment, including wheeled walkers. Consumers said they could make their way easily around the service, they felt comfortable and at home Staff described aspects of the environment which assist consumers to find their way, such as directional signage and clearly displayed room numbers. The service environment includes a mix of small, comfortable sitting rooms and larger community rooms with access to books, activities, games, tea and coffee, and audio-visual equipment. Outdoor areas are attractive, well-maintained, and easy to move around.

Consumers said the service environment was clean, comfortable and maintenance was attended in a timely manner. Cleaning staff described and provided schedules to ensure efficient and thorough cleaning of consumer rooms and communal areas. Maintenance staff keep preventative maintenance schedules and processes for reactionary maintenance and documentation confirmed all maintenance was up to date. Consumers were observed to be enjoying a variety of areas across the service.

Consumers described the furniture and equipment as clean, well maintained, and comfortable. Staff said they had access to safe and well-maintained equipment to support consumer needs. They described procedures for reporting maintenance issues in line with service policy. Maintenance, cleaning, laundry, and hospitality staff demonstrated both preventative and reactive maintenance logs for their respective areas. Furniture and equipment were observed to be clean, in good repair and additional stock was available to meet changing consumer needs.

# 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 confirmed they are encouraged and supported to make complaints and provide feedback and said they would have no issues talking with staff or management should they have a concern. Information on how to lodge feedback and complaints was provided to consumers through posters displayed or other written materials such as handbooks. Staff confirmed consumers are able to raise feedback through meetings, feedback forms, by speaking directly to staff or management. Feedback forms and lodgement boxes were observed to be readily available.

Consumers and representatives said they are aware of other avenues for raising a complaint, such as through the Commission, or an advocacy service, however, they are comfortable raising concerns with management and staff and would escalate their complaint accordingly if it is not resolved to their satisfaction. Staff have a shared understanding of the available internal and external complaints and feedback avenues, advocacy, and translation services. Staff described how they assist consumers who have a cognitive impairment or difficulty communicating to raise a complaint or provide feedback.

Consumers said management promptly apologised, addressed, and resolved their concerns following the making of a complaint, or when an incident has occurred. Staff have received education regarding open disclosure, the management of complaints and described the process which is followed when feedback or a complaint is received including escalating all complaints to senior personnel and management for investigation and follow-up.

Consumers and their representatives have several ways to provide feedback or make a complaint and documentation supported all complaints are logged and recorded. Staff described how feedback and complaints are linked to the continuous improvement plan and gave examples of improvements made in response to consumer feedback.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers confirmed they have no concerns relating to delays in staff responding to their calls for assistance and staff were available to meet their needs. A roster is developed and published every fortnight based on the needs of consumers, containing a mix of staff, including registered nurses, personal carers, and hospitality services staff. Documentation reviewed demonstrated all shifts had been filled and staff were reallocated in response to unplanned leave.

Staff were observed interacting with consumers in a kind, caring, and respectful manner, including addressing consumers by their preferred namesand staff were taking time to speak and interact with consumers during care and services delivery. Staff were aware of consumers’ cultural and personal backgrounds and said they conduct activities to acknowledge consumers’ cultural heritage. Consumers advised staff know their individual preferences and treat them with respect.

The service maintains an up-to-date register of staff qualifications and reviews this register regularly. staff were observed interacting with the personal care and hospitality staff and providing them with guidance and support. Consumers said staff are well trained and have the knowledge to meet their needs in a friendly and helpful manner.

Consumers and representatives said staff know what they are doing, and they are well trained. Management said staff are recruited using a formal recruitment process including interviews, referee checks and qualification checks. Management said ongoing training and development is provided for all staff and their participation in the training programs is logged and recorded. Management described the organisation’s training program and relevant processes for identifying staff training needs and described how this informs the training schedule. Staff said they received training in Quality Standards as part of the orientation and also receive informal training on the job and during handover meetings.

Management advised and staff confirmed their performance is formally reviewed at least once a year using a formal performance appraisal process which included discussions of their performance and areas where they would like to develop their skills and knowledge. Documentation reviewed outlined a staff performance framework and procedures including annual performance appraisals and mandatory education. Review of relevant documentation identifies performance appraisals, mandatory training, and competency assessments are scheduled to be completed annually.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and representatives said they provide ongoing input into how consumers’ care and services are delivered and confirmed the service has sought their input in a variety of ways, through meetings, regular surveys, and face-to-face discussions. They confirmed they feel included in the discussions around care planning and management. Staff advised all feedback or suggestions made by consumers and representatives are included in the service’s improvement register for investigation and actioning. Minutes of resident meetings evidenced consumer input and evaluation of services, such as the hospitality services and the activity program.

The service has a governing body which promotes a culture of safe, inclusive care. The Board and sub-committees use information from consolidated reports to identify the service’s compliance with the Quality Standards; initiate improvement actions to enhance performance; and to monitor care and service delivery.

The service has an effective organisation-wide governance system in place, which guides information management; continuous improvement; financial governance; workforce, regulatory and legislative compliance; and feedback and complaints. Staff explained a key initiative to drive practice and clinical improvement is the identification and measurement of key result areas for safe and effective care. The organisation’s management systems include risk, incident and complaints registers and information trended from these registers drive improvement activities. The organisation uses an electronic care management system (that includes information on risk and incidents) and a call bell management system allowing for reporting on performance indicators.

The service has an effective risk management system in place to identify and manage risks for the safety and wellbeing of consumers. The Audit, Risk and Treasury Committee is responsible for oversight of risk processes and frameworks across all risk domains. Risk taking is managed through using the policies and protocols available. Management described how incidents are analysed, used to identify risks to consumers, and inform improvement actions. The organisation uses the electronic clinical management system to collect and report incident data. The monthly staff and bimonthly governing body meetings are used to share information on performance and to improve service compliance and to promote best practice.

The service’s clinical governance model is based on the National Framework for Quality and Safety. This framework is made up of four domains including governance, leadership, and culture; safety and quality improvement systems; clinical performance and effectiveness; and safe environment for delivery of care. The framework ensures the quality and safety of clinical care, and promotes antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process. The leadership team receives notifications of all incidents and ensures the correct process is followed.

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)