Performance

Report

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| Name of service: | Performance report date: |
| Uniting Quong Tart Ashfield | 2 September 2022 |
| Commission ID: | Activity type: |
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| Approved provider: | Activity date: |
| The Uniting Church in Australia Property Trust (NSW) | 27 July 2022 to 29 July 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 Quong Tart Ashfield (**the service**) has been considered by Alice Redden, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 18 August 2022.
* other information and intelligence held by the Commission in relation to this 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 improvemen in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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 and representatives confirmed consumers were treated with dignity and respect, and supported to maintain their identity, culture, and diversity. Staff demonstrated knowledge of consumers’ cultural, religious, and personal preferences and described how the service supported consumers, for example through religious services.

Consumers reflected they were supported to make decisions about their care, how care should be delivered, and who should be involved. Staff and consumer feedback demonstrated the service supported consumers to maintain relationships of choice within and outside the service.

Care plans confirmed risk was considered through a collaborative, multidisciplinary approach, using clinical and non-clinical information to inform care and services.

Consumers reflected information was provided to them in timely, easy to understand manner that enabled them to make informed decisions. Staff explained in practical terms how they supported consumers to understand information, such as having information translated into other languages, newsletters, noticeboards, and meetings.

Staff described how they upheld consumers privacy, for example, by knocking on consumers’ doors before entering. Consumers confirmed their personal privacy was respected by the service. Staff said, and observations confirmed, consumers’ personal information was kept confidential through a password protected electronic care management system and storing hard copy information in locked offices, accessible to authorised staff. Staff explained they did not discuss consumers’ personal information in public settings to maintain confidentiality.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 they were involved in the ongoing assessment and planning of their care and services, to optimise their health and well-being. Care plans demonstrated risk was considered against consumers health and well-being, to inform the delivery of safe and effective care and services. Consumers were supported by a multidisciplinary team of medical professionals and other providers of care and services to best support their needs, as confirmed by care plans, consumer, and staff feedback.

Staff explained advance care directives and end of life wishes were discussed upon admission to the service, and as needs changed. Representatives said, and care plans confirmed consumers’ end of life care preferences were supported by the service.

Consumers reflected they were involved in the ongoing assessment and planning of their care and services. Care plans confirmed ongoing consumer involvement in the assessment and planning of care and services, and inclusion of other organisations, individuals, and providers of other care and services.

Most consumers and representatives said they had a copy of the care plan or knew how to request one. Staff said they explained the outcomes of care planning in an open manner, through various ways such as face to face meetings and telephone calls.

Care planning documentation, inclusive of progress notes and assessments, confirmed the service regularly reviewed consumers’ care and services for effectiveness every 3 months, or when consumer needs or circumstances changed.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 confirmed they received personal and clinical care which was safe and right for their needs. Care planning documentation demonstrated personal and clinical care was tailored to individual needs, and optimised consumers’ health and well-being. Staff said, and care plans demonstrated clinical risks associated with the care for each consumer such as falls, skin integrity, pain, and restrictive practices were effectively managed through evidence-based assessment and planning. Staff explained in practical terms how care and services changed for consumers nearing end of life, to support consumers’ comfort and dignity. Representatives confirmed the service adhered to consumers’ advance care and end of life preferences to ensure consumers were comfortable and supported.

Staff explained how they identified changes or deterioration to consumers’ condition. For example, staff said they would look out for non-verbal cues from consumers such as: poor appetite, weight loss, changed behaviours, and mobility changes. Staff described processes for responding to deterioration or changes to consumers’ condition, such as assessments and referrals to specialists such as the medical officer, hospital, or specialist health services. Care plans confirmed changes to consumers’ conditions were identified and responded to in a timely and appropriate manner.

Staff said, and care planning documentation confirmed changes to consumers’ needs or conditions was shared with staff and other providers of care through case conferences, progress notes, verbal handover, referrals, and other notifications. Care plans confirmed consumer referrals were completed in a timely and appropriate manner to various allied health professionals and medical specialists.

Consumers said, and observations confirmed the service followed measures to prevent and control infection, such as staff washing their hands and wearing personal protective equipment. Staff explained the various methods they used to promote appropriate antibiotic prescribing, such as, obtaining pathology test results to determine if antibiotics were required.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 they received safe and effective services and supports for daily living, which was important for their health and well-being, and enabled them to do the things they wanted to do. Staff advised they partnered with consumers, representatives, and other providers of care and services to support each consumer’s lifestyle needs and preferences, in a safe and effective manner, tailored to individual needs. Staff said they supported consumers emotional and spiritual well-being through various ways, for example, organising activities and services aligned to consumers spiritual and emotional well-being, such as tai chi and pastoral visits. Staff explained, if they identified consumers experiencing low mood, they would engage them in conversation, to identify why and how they could support them. Consumers said, and observations confirmed consumers’ emotional, spiritual and psychological needs were supported by the service.

Consumers reflected they were supported to make and maintain social and personal relationships within and outside the service environment and do things of interest to them. Care planning documentation and staff feedback confirmed consumers were supported to participate in activities within and outside the service environment, such as: bus trips, yum cha dining experiences, and morning exercise sessions.

Staff explained information about consumers’ needs was communicated through verbal and documented handover processes, recording information in the service’s electronic records management system, and through referrals. Care planning documentation confirmed referrals for daily living supports and services were completed in a timely and appropriate manner.

Overall, consumers reflected the quantity of meals provided was suitable, however, indicated some dissatisfaction with the consistency of meal quality. Management advised they identified meal quality as an area of improvement, and had put strategies in place to improve meals, such as hiring an external contractor to provide textured modified meals in different flavours, colours and shapes. Staff and consumer feedback indicated equipment for daily living activities was safe, clean and well maintained for consumers. Staff explained preventative equipment maintenance was completed every 6 months and other times as required, as confirmed by the service’s maintenance documentation.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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

Consumers and representatives said the service environment felt welcoming, safe, comfortable, and easy to understand and navigate. The service environment was observed to be safe, clean, well maintained, which aligned with feedback from consumers, representatives and review of the service’s preventative maintenance and faults documentation. The service environment was observed to be free from obstructions and hazards, with consumers moving freely between indoor and outdoor areas.

Consumers reflected furniture, fittings, and equipment were safe, clean, and suitable for their needs. Staff explained they cleaned shared equipment between use, and regularly serviced equipment to ensure it was fit for use, as confirmed by maintenance documentation.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 advised they felt supported to provide feedback and complaints and were engaged in processes to ensure appropriate action was taken. Staff explained consumers and representatives could provide feedback or complaints through various ways, such as providing direct feedback to staff, feedback forms, surveys, meetings, and through external advocacy and languages services. Information about complaints and feedback processes, external advocacy and language services was observed to be available in other languages to support the diverse needs of consumers. Staff explained in practical terms how they supported consumers with communication barriers to provide feedback and complaints, such as using flash cards, note pads, verbal and non-verbal cues.

Staff demonstrated knowledge of the open disclosure process and how to apply it when resolving complaints or feedback, as confirmed by the service’s complaints and feedback documentation. Management explained they recorded all complaints and feedback, graded, assessed, escalated matters accordingly to the board. Management said, and documentation confirmed consumers and representatives were involved in complaints resolution and feedback processes, in an open and transparent manner. Management explained information about complaints and feedback were used to inform changes to the delivery of care and services, as confirmed by the service’s continuous improvement plan.

**Standard 7**

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| Human resources | | Compliant |
| 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 said they received care and services from staff who were knowledgeable, capable and caring, and felt confident the workforce was appropriately staffed. Staff explained due to COVID-19 there were some staff shortages, however, with no impact to the level and quality of care provided for consumers. Overall, staff reflected they were appropriately staffed, with the right number and mix of staff available.

Consumers said, and observations confirmed consumers were treated in a kind and caring manner, with respect to each consumer’s identity, culture and diversity. Management explained staff were recruited to ensure they had the right skills, experience, and qualifications to perform the duties as set out in position descriptions. The service provided up to date evidence which confirmed they monitored and tracked professional qualifications and registrations required by staff in their role. Management explained they ensured staff were competent and capable in their role through on the job feedback, ongoing training, competency sessions, and performance appraisals. Staff advised if they identified any training needs, they were able to raise it with management. Training records confirmed all staff training was up to date and completed.

Management explained staff performance was reviewed through regular assessment and feedback provided by management, clinical staff, the workplace coach, or educators. Management advised staff performance was also reviewed through feedback from consumers and representatives, input from other staff members, annual performance appraisals, and direct self-reflection input from staff members. Human resource documentation confirmed staff had up to date performance appraisals.

**Standard 8**

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| Organisational governance | | Compliant |
| 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 considered the service was well run, and their input was used in the development and delivery of care and services. The governing body promoted a culture of safe, inclusive, quality and care services, accountable for delivery as substantiated from management and staff feedback, policies, and frameworks.

Management feedback, policies, and reports demonstrated the service had effective organisation wide governance systems relating to: information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints.

The service demonstrated through its policies and procedures that it had effective risk management systems in place for: the management of high impact risks associated with care, response to abuse and neglect, support for consumers to live their best life, and management and prevention of incidents. Staff were guided to understand risk and what their responsibilities were in the event of a critical incident, through policies and procedures. Staff were able to explain in practical terms how they identified, reported, and managed risk in line with the service’s policies. Management explained they analysed data from incidents and clinical indicators to monitor and address high impact or high prevalence risk at the service and presented findings to the governing body.

The service’s documented clinical governance framework included policies relating to: antimicrobial stewardship, minimising the use of restraint, and open disclosure. The clinical governance framework was implemented in the day to day delivery of care and services, such as:

* Staff explained ways to minimise infection related risks, such as appropriate use of personal protective equipment and frequent handwashing.
* Staff demonstrated knowledge of antimicrobial resistance and described strategies to minimise the use of antibiotics in keeping with policy.
* Staff provided examples of how they trialled alternative interventions to restrictive practices.
* The service’s incident, feedback and complaints registers demonstrated the service used an open disclosure process in resolving mattes, in line with the service’s policy.

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-2)