Performance

Report

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| Name of service: | Uniting Roberts Lodge Peakhurst |
| Service address: | 168 - 178 Boundary Road PEAKHURST NSW 2210 |
| Commission ID: | 0483 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Site Audit |
| Activity date: | 6 September 2022 to 8 September 2022 |
| Performance report date: | 24 October 2022 |

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

**This performance report**

This performance report for Uniting Roberts Lodge Peakhurst (**the service**) has been prepared by T Solomon, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 17 October 2022

# Assessment summary

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

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

**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

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

Staff were observed interacting with consumers respectfully and the service has policies that outlines what it means to treat consumers with dignity and respect. Consumers and/or representatives interviewed confirmed they felt consumers are respected and valued as individuals by staff and this was observed during the Site Audit.

The organisation has a diversity and inclusion team. This team is responsible for overseeing the implementation of Uniting’s diversity and inclusion strategy and its alignment with the goals of their Aboriginal reconciliation action plan. Uniting has an appointed Aboriginal advocate.

The service demonstrated that care and services are culturally safe. Staff were able to identify cultural backgrounds and preferences of consumers that were reflected in their care plans. Care plans reviewed included information on consumers’ individual care and service preferences, relevant cultural and religious beliefs.

The service has a cultural diversity policy, and care staff were able to describe how the consumer’s culture influenced how staff deliver care and services to consumers in a culturally safe way. Consumers are able to decorate their rooms reflecting their individual taste and identity.

Consumers and representatives described how they are supported to exercise choice and independence and maintain relationships that are important to them, including being supported to stay in contact during the COVID-19 lockdowns.

Staff were able to describe how consumers are supported to make informed choices about their care and services, and staff recognise the importance to consumers to make their own decisions and that those decisions must be supported and respected. The organisation has policies on supporting consumers to maintain relationships of choice and to drive decision making, which staff were able to explain.

The service demonstrated that each consumer is supported to take risks to enable them to live the best life they can. Care planning documentation reviewed described areas in which consumers are supported to take risks in accordance with their preferences. Staff interviewed were able to provide examples where consumers are supported to take risks.

Dignity of risk forms are completed to document consumer preferences and risk-taking activities. Staff were able to outline the wishes and preferences of consumers engaging in activities that may be a potential risk and how they monitor and support them in these activities. Staff described how consumers are informed on the risks associated with their choice and the strategies used to enable this approach.

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

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

Consumers and/or representatives stated they receive information via newsletters, resident/relative meeting minutes, letters, emails and on noticeboards. Information is also posted around the service relating to meals, activities, events and COVID-19 management and updates.

The service demonstrated that each consumer’s privacy is respected, and personal information is kept confidential. Consumers and/or representatives confirmed that their privacy is respected. Staff were able to describe the practical ways they respect the personal privacy of consumers, including knocking and waiting for a response before entering their rooms.

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

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

# Standard 2

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

Findings

Review of care documentation showed overall risks to consumer’s health and well-being are addressed in consumer care plans. Care documentation identifies strategies or interventions to monitor and mitigate the risks to inform the delivery safe and effective care.

For consumers who recently entered the service, assessment and care planning addressed the consumer’s individual needs. The service has an assessment and planning procedure that supports staff to undertake assessment and planning for consumers. Management and registered nurses advised they follow a schedule to complete relevant assessments for new consumers that enter the service.

Care planning documentation identifies advance care planning and there is a palliative care domain for consumers. All consumers at the service have an advance care directive in place.

However, the Assessment Team identified for some consumers assessment and care planning documentation shows consumer care plans are not reflective of the consumer’s current conditions, including their current needs, goals and preferences. Some domains of care plans contain out-dated or incorrect information.

Management acknowledged the deficiencies identified with care planning documentation. Management provided information in relation to a continuous improvement item to improve the quality of care information, which was created on 11 July 2022 with the planned completion date being 30 September 2022.

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

The Approved Provider responded with a detailed Plan for Continuous Improvement detailing actions taken by the Approved Provider to address concerns raised by the Assessment Team.

The service demonstrated it partners with consumers and others who consumers wish to involve in the planning and assessment of care. Care planning documentation showed evidence of case conferences, and involvement of providers of other care and services, including medical officers, physiotherapists, dieticians, speech pathologists and geriatricians.

Most consumers and/or representatives were able to explain who is involved in consumers care and were satisfied with the consultation process at the service. Clinical staff described how they consult consumers and/or representatives on an ongoing basis, either through face-to-face or remotely.

Management stated every consumer has an annual case conference, and that consumers and/or representatives get consulted on an ongoing basis as part of the three-monthly care plan review. Review of the case conference schedule showed all consumers have had a case conference at least annually.

Consumers and/or representatives provided feedback that supported they are aware of the consumer’s care plan, have either signed the care plan or can request staff for a copy of the care plan. Consumer representatives stated they are regularly contacted about the consumer’s condition and they can always consult with staff if they have any questions in relation to the care planning documentation or care delivery.

Clinical staff stated they communicate with consumers and/or representatives about changes in consumer health and well-being. The service has a summary care plan and extended care plan on the electronic documentation system, and summary care plans are printed and given to the consumers and/or representatives.

Overall care planning documentation demonstrated evidence of review on a regular basis and when circumstances changed, such as consumer deterioration or following an incident such as falls, wounds and infections. Management and staff were able to describe that consumer care plans are reviewed every three months or when there is a change in a consumer’s condition. Consumers and their representative interviewed stated clinical staff regularly discuss their care needs with them and any changes requested are addressed in a timely manner.

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

# Standard 3

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

Findings

Overall, the service was able to demonstrate that consumers were receiving best practice care that is tailored to their needs and optimises their health and well-being. The Assessment Team notes that no deficits were identified in restrictive practice, psychotropic medications or pain management at the service.

However, the Assessment Team identified some deficiencies with skin integrity management for consumers. The Assessment Team identified incorrect identification and classification of a pressure injury and some inconsistencies related to pressure area care.

Although deficiencies were identified by the Assessment Team, the impact on consumers were minimal. The Approved Provider responded with a detailed Plan for Continuous Improvement detailing actions taken by the Approved Provider to address concerns raised by the Assessment Team.

The service identified falls, wounds and weight loss as their high impact or high prevalence risks. While consumer and/or representative feedback was mostly positive, care documentation reviewed did not always demonstrate effective management of high impact or high prevalence risks, especially in the areas of falls and weight loss management.

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

The Approved Provider responded with a detailed Plan for Continuous Improvement detailing actions taken by the Approved Provider to address concerns raised by the Assessment Team.

The service has policies and procedures in place to guide staff on end of life care provision. Clinical files of consumers who had recently passed away at the service were reviewed by the Assessment Team and recorded their needs, goals and preferences regarding end of life care and services.

Staff were able to describe a range of signs related to deterioration, including changes in mood, mobility, appetite and behaviours. Clinical staff stated they request for a medical officer review or transfer consumers to hospital if needed. Care staff stated they report any changes in a consumer’s condition to a registered nurse who then assess the consumer and direct care delivery.

The Assessment Team reviewed end of life care pathway records, including comfort care charts for symptom management, such as pain and agitation, routine comfort measures and psychosocial measures, such as identified spiritual, religious and cultural needs being attended to.

Care documentation for most consumers supported that deterioration or change in a consumer’s condition is recognised and responded to in a timely manner. Clinical staff stated they refer to clinical guidelines for a deteriorating consumer and deterioration is also discussed during handover meetings

The service was able to demonstrate that sharing of information about consumer’s care occurs with those involved in the care of consumers. A review of care documentation demonstrated assessments, progress notes, charts and care plans overall provide adequate information to support effective and safe sharing of the consumer’s information to support care. Consumers and/or representatives reported the consumer’s care needs and preferences are effectively communicated between staff.

Care and clinical staff were able to describe how information is shared when changes occur through handover meetings, handover messages and progress notes. The Assessment Team observed handover during the Site Audit and observed that information about the care of consumers was adequately communicated.

The service was able to demonstrate referrals to other providers or organisations is timely and appropriate. Care planning documentation and progress notes confirmed the input of other providers and referrals where needed. Consumers and/or representatives confirmed that referrals occur when needed and consumers have access to a range of health professionals, including allied health professionals and medical specialists. Clinical staff described the process of referring consumers to different professionals and advised that the service is supported by a physiotherapist.

The service has standard and transmission-based infection control systems in place to manage an outbreak and minimise infection related risks. It has practices in place to minimise the spread of infection and promote appropriate prescribing and usage of antibiotics.

The service has documented policies and procedures on infection prevention and control principles, the promotion of antimicrobial stewardship, and a COVID-19 outbreak management plan. The plan includes local roles and responsibilities and contact details, and the recent guidelines regarding antiviral administration. Staff demonstrated an understanding of how they minimise the spread of infection and ensure antibiotics are used appropriately.

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

# Standard 4

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

Findings

Consumers and/or representatives stated they receive safe and effective services, which support their individual preferences, and enables them to maintain their independence, quality of life and well-being.

Care staff demonstrated knowledge of consumers relating to their individual preferences and how they support the consumers to meet their needs, goals and preferences. Lifestyle staff outlined how activities programs are developed in consultation with consumers to ensure they are able to do the things they want to do.

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

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

Staff provided examples of supporting consumers for their emotional and psychological well-being when they are feeling low. Care plans reviewed reflected strategies for provision of each consumer’s individual emotional, psychological and spiritual supports and how they can be implemented.

The pastoral practitioner described how he provides support to individual consumers in both a religious and non-religious context. He stated chapel services are held regularly, including provision of holy communion and a memorial service to remember those living at the service who have passed away which is held monthly. Spiritual care plans are developed for consumers outlining the things that can assist the staff in supporting consumer’s emotional and psychological well-being.

Consumers and/or representatives confirmed consumers are assisted to keep in touch with those important to them. Care plans reviewed contained information about each consumer’s individual interests and preferences which enable staff to facilitate engagement within or outside the service. The lifestyle staff stated should consumers wish to participate in activities outside the service this would be facilitated although currently there are no consumers regularly participating in external activities.

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

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

The service has established processes to assist in the identification and documentation of each consumer’s individual needs, goals and preferences, including changes to these as they occur.

Leisure and lifestyle staff were able to offer examples of external providers who regularly attend the service to provide activities and lifestyle support. The leisure and lifestyle staff stated all consumer requests are possible and stated there is no limit to what consumers can be supported to do.

Information recorded in consumer progress notes and care plans as well as on handover sheets and activity calendars remind staff of involvement from external service providers. This includes scheduled concerts and performances, resident meetings and appointments when they are scheduled.

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

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

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

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

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The service environment was observed to be welcoming and easy to understand and incorporated key principles of dementia enabling design. It optimises each consumer’s sense of belonging, independence, interaction and function.

Consumers’ rooms have memory boxes next to their doors with memorabilia to assist room recognition. Consumers’ rooms were personalised with photos, ‘keepsakes’ and their own decorations.

The Assessment Team observed consumers sitting in open plan kitchen area socialising and interviewed consumers and/or representatives confirmed they were comfortable in the service environment.

On balance, the service demonstrated its environment is safe, clean and well maintained. Consumer rooms were observed to be clean and tidy, and all consumers and/or representatives interviewed stated they felt the service was clean. Cleaning tracking sheets showed daily room cleans and monthly deep cleans of consumers’ rooms were completed.

The Assessment Team observed the service furniture, fittings, and equipment are safe, clean, well maintained and suitable for consumers. Furniture in the households and front foyer is comfortable and attractive.

Reactive and preventive maintenance schedules were observed to be up to date. Reactive maintenance tasks are logged in an electronic system. Equipment including wheelchairs, lifting hoists and tub chairs were observed to be generally clean and in working order. Kitchen areas were observed to be clean, and staff were wearing Personal Protective Equipment correctly. Consumers and/or representatives reported the furniture and equipment were clean and well maintained.

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

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

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

Consumers and/or representatives were able to describe ways in which they provide feedback on the care and services delivered. Including, Have Your Say forms, resident and relative meetings, verbal feedback to staff and consumer surveys. Management stated, and meeting minutes confirmed that consumer and/or representative feedback during meetings is noted and considered.

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

Consumers and/or representatives are provided with the Aged Care Advocacy newsletter which includes details of the senior’s rights service and Older Persons Advocacy Network and highlights consumers rights.

Advocacy and empowering older people education was provided to all staff in August 2022, which included familiarising staff with advocacy services such as Older Persons Advocacy Network and the senior rights service.

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

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

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

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

# Standard 7

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

Findings

Most consumers and/or representatives interviewed stated there are sufficient staff, and they do not have to wait long for assistance when using their call bell. One consumer interviewed stated they did not think there is sufficient staff, however, did not identify any impacts to care and services as a result.

Review of staff rosters demonstrated the service fills vacant shifts or unplanned leave with permanent staff, casual staff, or by extending shifts. Documentation reviewed demonstrated no unfilled shifts in the fortnight prior to the Site Audit, and limited use of agency staff.

Management monitors call bell response times and investigates any extended wait times. Review of call bell data for the month prior to the Site Audit demonstrated call bells were generally attended to in a timely manner, with an average response time of approximately six minutes.

Most consumers and representatives interviewed stated that staff interactions are kind, caring and respectful. Workforce interactions observed by the Assessment Team were kind, caring and respectful.

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

There are service-level and organisational systems in place to monitor completion of required competencies, police checks, and professional registrations. The service has a workplace educator who monitors staff competency and training completion and observes staff practices on the floor to ensure staff are effectively performing their roles.

The organisation has a comprehensive orientation process that includes information on the Quality Standards, elder abuse and mandatory reporting, the Serious Incident Response Scheme, incident and hazard reporting, restrictive practices, dignity of risk, infection control and antimicrobial stewardship.

New staff complete at least two buddy shifts, with more offered if required. A homemaker who recently commenced at the service reported their orientation was good, and they were supported by the workplace educator to get to know the consumers and their needs.

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

The service completed an education needs analysis in June 2022 to gather staff feedback to inform training topics. Some training have been delivered in different languages for staff who has English as a second language to improve comprehension.

The organisation’s performance management framework is implemented at the service to ensure regular monitoring and review of the workforce. Staff have continuous conversations with management at least annually to identify weaknesses, strengths, education and training requirements and implement action in response. Management set out a schedule for the year and track completion. The service’s register showed that most staff has completed their performance review within the previous twelve months, other than staff on leave or new staff.

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

# Standard 8

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

Findings

The service demonstrated consumers are engaged in the development, delivery and evaluation of care and services, at the service and organisational level. The organisation has a consumer engagement framework that outlines engagement strategies at the individual, staff, service, organisation and sector levels.

Posters with the regional manager and director of senior’s services’ email and phone number were observed throughout the service, encouraging consumers and representatives to engage with any feedback or issues.

Management provided examples where consumers have been supported to provide input into service-level care and service delivery. For example, consumers have been invited to be involved in interviews for new staff and provide feedback to inform recent renovations.

The governing body has various avenues to ensure they are informed and accountable for the delivery of safe and quality care and services. The Uniting ACT/NSW Board meets up to ten times a year and regularly receives reports on consumer safety, consumer quality outcomes, the implementation of the strategic plan, key policy decisions, stakeholder engagement, and research activities and outcomes.

The governing body receives information from the service about COVID-19 outbreaks, serious incidents including Serious Incident Response Scheme notifications, and complaints. The organisation has a care and safety committee who assists the board with oversight and monitoring responsibilities in relation to the care, safety and well-being of consumers, employees and volunteers.

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

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

While all staff have access to these systems, monitoring of staff practices identified that not all staff were competent in using and navigating these systems. This was explored in the education needs analysis conducted in June 2022, to inform training and education on these systems.

The service’s continuous improvement plan demonstrates the service identifies and actions areas for improvement on an ongoing basis, and areas for improvement are identified from a variety of sources. This includes feedback from staff, consumer surveys, internal audits, the organisation’s quality team, consumer reviews, complaints and incidents.

The service has monthly finance meetings to track budget and spending. This is also monitored at the regional quality level. The Head of Residential Operations has delegation to approve additional expenditure to support the needs of consumers.

The organisation’s financial governance systems have been effective in approving funding for renovations of consumer rooms, increased cleaning staff hours, and if required for registered nurses rostered overnight in response to increased need for consumer clinical oversight.

Workforce governance is effectively monitored by the organisation at the regional quality level. This includes monitoring of staffing numbers by set targets, agency staff use, overtime and staff turnover.

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

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

The organisation has a clinical governance policy to ensure all levels of the organisation are responsible and accountable for the prevision of quality care, the continual improvement of practice, and consumer safety within the context of identified and assessed risk.

The service has policies and procedures on open disclosure, antimicrobial stewardship, and restrictive practices. These areas are included in the organisation’s orientation process, and records reflected recent staff training had occurred on these topics.

The organisation’s escalation governance flow chart outlines the clinical governance monitoring and reporting processes at all levels. This includes from daily staff huddles, service-level governance meetings, residential quality leadership meetings, and area clinical governance meetings.

The workplace coach monitors staff practice on the floor to ensure practices are in line with policies and procedures, and to inform further education and training.

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

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)