Performance

Report

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| Name of service: | Performance report date: |
| Uniting Ronald Coleman Lodge Woollahra | 9 August 2022 |
| Commission ID: | Activity type: |
| 0475 | Site Audit |
| Approved provider: | Activity date: |
| The Uniting Church in Australia Property Trust (NSW) | 28 June 2022 to 30 June 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 Ronald Coleman Lodge Woollahra (**the service**) has been considered by Melissa Frost, 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 25 July 2022.
* 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 | | 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

Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers and representatives agreed consumers live their lives as they want. Staff make consumers feel respected and recognise the consumers’ individual needs and choices. Staff are familiar with consumers’ backgrounds and described ways they support consumers’ lifestyle choices and preferences on a day-to-day basis.

Staff described how consumers’ culture influences how they deliver care and services. Consumers said their cultural identity is respected in the areas for which they have indicated are important to them. The service supports consumers to live in a safe and supportive environment, and care plans contain consumers’ religious, spiritual, and cultural needs and personal preferences.

Consumers said they are supported to maintain their independent lifestyle choices and preferences. They can make decisions about when family, friends and others should be involved in their care, and maintain relationships of significance to them. Staff helped consumers maintain contact with people important to them throughout Covid-19 lockdowns.

Consumers are supported to take risks which enables them to live their best lives. Staff described the risk assessment process and had knowledge of the consumers who wish to partake in risk activities, as reflected in care planning documents.

Timely information that is accurate, current and easy to understand is provided to consumers to make choices, including for meals and activities. Staff described how information is provided to consumers and their representatives, including strategies applied for consumers who have difficulty communicating or living with cognitive impairments.

Consumers reported their privacy and confidentiality is respected. Staff knock prior to entry and close the door during provision of personal care.

# 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

Care documents reflected a comprehensive assessment and care planning process is undertaken when consumers enter the service to identify their needs, goals and preferences. Advance care and end of life planning are included in care plans, if the consumer wishes. Consumers and representatives confirmed involvement in the process, and other health professionals are involved when relevant. Staff said the outcomes of assessments are documented in care plans and discussed with the consumer and their representative. Risk assessment tools are used to evaluate risks and determine interventions to manage risks.

Consumers and their representatives said staff explain information about consumers’ care and services. Care plans are available to consumers, representatives and other health professionals.

Care plans are reviewed at 3 monthly case conferences and annual comprehensive reviews occur with consumers and their representatives. Updates are made when circumstances change or following incidents.

# 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 receive tailored personal and clinical care to optimise their health and wellbeing, including for management of skin integrity, pain and use of psychotropic medication. This was reflected in care planning documents and aligned with feedback from consumers and representatives. Staff demonstrated an understanding of consumers’ care needs in line with care plans.

The service demonstrated the effective management of high impact or high prevalence risks associated with the care of each consumer. Care documentation reflected risks associated with clinical and personal care had been identified and are effectively managed, and risk mitigation strategies were observed to be in place.

Care planning documentation for consumers who were nearing end of life showed their needs, goals and preferences are recognised, and their comfort maximised. Staff described the way care delivery changes for consumers nearing end of life.

Staff described action taken to recognise and respond to deterioration or changes in consumers’ condition, including communicating within the service. Care planning documents reflect staff conduct assessments, observations and make referrals to other relevant providers.

Consumers and their representatives said information about consumers’ condition and preferences is adequately communicated. Staff described their responsibility to report any changes in a consumer’s condition, if there is a clinical incident, or a change in medication. Staff said information is documented in progress notes and shared with representatives and other health professionals as relevant. Input from other health professionals is used to direct care.

Staff described training received for infection control principles and the promotion of antimicrobial stewardship, and how they apply this when delivering care.

# 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 receive supports to optimise their independence and quality of life, and meet their goals and preferences. Staff said consumers are involved with setting the activities program, and participate in outings, cultural events and games.

Consumers said they are able to access services and supports that promote their emotional, spiritual and psychological well-being. The service engages volunteers and religious services, holds workshops to promote mental health and conducts memorial services to honour consumers who have passed away.

Consumers said they are supported to maintain connections, participate in the community and engage in activities of interest. Consumers’ rooms are set up to accommodate their preferred activities. Staff are familiar with consumers’ interests and preferences, which are reflected in care planning documents.

Most consumers in the service prefer their own personal privacy in organising their own referrals for care and services. Staff provide information to consumers to enable them to make their own choices.

Consumers said the meals provided at the service are of good quality and variety, and they are satisfied with portion sizes. Consumers who prefer to prepare meals and snacks are supported. Care planning documents included information on dietary needs or preferences, and changes in consumer’s condition or needs are recorded at handover and supplied to the hospitality staff. The kitchen was observed to be well-organised, clean and tidy. Staff were following safety and infection control protocols.

Equipment which supports consumers to engage in lifestyle activities was observed to be suitable, clean and well maintained. Maintenance records demonstrated regular servicing and repair occurs.

# 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 considered they feel at home at the service and are able to have furniture and artwork that meets their preferences. Consumers are supported to do their own daily living tasks including laundry and gardening if they wish. The service has undergone refurbishment and consumers may control the temperature of air-conditioning within their rooms.

All areas of the service were observed to be safe, clean, well serviced, and maintained. Consumers were satisfied with cleanliness of their rooms and common areas. Regularly scheduled maintenance occurs and staff described the process for requesting and conducting maintenance.

Furniture, fittings, and equipment were observed to be safe, clean, and suitable. Consumers and staff confirmed sufficient equipment is available. Staff described how shared equipment is cleaned and maintained.

**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 their representatives said they are encouraged to provide feedback, are comfortable to raise any concerns with management or staff, and feel safe doing this. Staff described the process they follow should an issue be raised with them directly by addressing it, escalating it or assisting consumers to complete and submit a feedback form. Staff described how they would identify concerns of consumers with a cognitive or sensory impairment.

Information is available to consumers in languages other than English and complaints can be made anonymously. Though no consumers required language or advocacy services to resolve complaints, consumers and staff were aware of these services. Posters are displayed and brochures are available regarding complaints, language and advocacy services.

Consumers and representatives said they were satisfied with the service’s response when concerns were raised. Staff described action taken in response to complaints, such as further staff training and additional equipment installed. Staff follow policies to apply open disclosure.

Feedback and complaints are logged and used to improve the quality of care and services provided, including through items being added to the service’s plan for continuous improvement. Trends in complaints are analysed monthly and discussed at staff meetings and consumer meetings.

**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 and their representatives considered staffing levels were adequate and call bells were answered quickly. Staff inform consumers in the event of any delays. The service has effective rostering processes to deploy sufficient staff and replace absences. Consumer feedback, clinical indictor and incident analysis, and call bell data are used to evaluate staffing needs.

Consumers and representatives said staff engage with consumers in a respectful, kind and caring manner, and are gentle when providing care. Throughout the Site Audit staff were observed to be kind, caring and respectful to consumers.

Consumers and representatives considered staff perform their duties effectively, they are confident staff are trained appropriately, and are skilled to meet their care needs. Position descriptions set out the expectations for each role and recruitment processes include verification of minimum qualification and registration requirements. Staff expressed satisfaction with the support that other staff and management provide to them.

Staff are supported in their induction and onboarding process and have access to training they need to perform their duties. Management described regular toolbox training, workplace assessments and other individualised training delivered to staff. Training needs are identified through analysis of incidents and consumer feedback. Training records reflected staff have completed mandatory training.

Management outlined how the performance of staff is monitored through formal performance appraisals and informal monitoring and review. Staff described the performance appraisal process, confirmed they occur annually and said they are supported to access additional training as part of the process.

**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 and staff provided examples of how the service supports consumers to engage in the development, delivery and evaluation of care and services. This occurs through regular care and service plan reviews, feedback and complaints, surveys and consumer meetings.

The service’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The organisation monitors the service’s performance against the Quality Standards through review of regular monthly reporting and internal site audits. Staff are trained to promote inclusivity and respect diversity.

The service has effective governance systems relating to financial and workforce governance, and regulatory compliance. Staff said they have access to information they need to perform their roles. Management utilises the plan for continuous improvement to drive improvement initiatives, which are identified through feedback and complaints and analysis of incidents.

Effective risk management systems and practices are in place to identify and manage risks to the safety and wellbeing of consumers. Risk assessments are conducted to identify high impact and high prevalence risks and care planning processes help to develop risk minimisation strategies. Staff demonstrated awareness of the service’s risk management systems and practices by providing examples of how it applied to their day to day work, such as incident reporting.

The service demonstrated a clinical governance framework that included policies promoting antimicrobial stewardship, minimising use of restrictive practices and using open disclosure. Staff said they had been educated in these areas and were able to provide examples of how it applied to their work.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)