Performance

Report

**1800 951 822**

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| Name of service: | Uniting Salamander Bay |
| Service address: | 4 Muller Street SALAMANDER BAY NSW 2317 |
| Commission ID: | 0551 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Site Audit |
| Activity date: | 27 June 2023 to 29 June 2023 |
| Performance report date: | 8 August 2023 |

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 Salamander Bay (**the service**) has been prepared by A. Douglas, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers said they were treated with dignity and respect. Staff were observed treating consumers with dignity and respect and demonstrated an awareness of consumers’ identities, diversity, and culture. Care documents reflected consumers’ culture and identity.

Consumers and representatives said the care provided was culturally safe and met consumers’ care preferences. Staff were knowledgeable of consumers’ cultural and religious preferences and explained how care and services were tailored to ensure their culture was valued. The Assessment Team reviewed policies and care documents which supported the cultural needs of consumers.

Consumers confirmed they were supported to make decisions about their own care, including when and how their care was delivered. Staff described how they delivered care that aligned with consumer choices. Care documents included evidence of consumers exercising choice and independence to maintain personal relationships and make decisions about their own care.

Consumers and representatives provided positive feedback regarding how the service supported them to take risks. Staff were familiar with strategies implemented to minimise risks to consumers. Care documents evidenced consultation, assessment, and consumer consent to engage with risk.

Consumers said the service provided them with information in a way they could understand. Staff could describe the ways in which information was provided to consumers in an easy and accessible way. The Assessment Team observed the service communicated through printed information, verbal reminders, consumer meetings, and email correspondence.

Consumers said the service protected their privacy and confidentiality. Staff described the practical ways in which they maintained consumers’ privacy when providing care. The Assessment Team observed staff conducting their roles in a way that protected consumers’ privacy.

# Standard 2

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

Findings

Consumers confirmed they were involved in the care planning process, including the consideration and assessment of risks. Staff were knowledgeable of the assessment and planning process. Care documents evidenced a suite of assessment tools were used to identify, mitigate and assess risks to consumers.

Consumers and representatives confirmed their involvement in conversations regarding advance care planning. Staff said advance care planning and end of life (EOL) care was discussed with consumers and representatives on admission, or as care needs changed. Care documents contained an advance care plan for sampled consumers, including EOL care if applicable.

Consumers and representatives reported they were involved in assessment and planning on an ongoing basis. Relevant staff could explain their roles in relation to care planning and assessments. Care documents showed evidence of involvement from a range of services, including medical officers (MO) and allied health professionals.

Consumers and representatives said they understood what was included in their care and services plan, and confirmed it met their needs, goals, and preferences. Staff detailed processes whereby they informed consumers and representatives of the outcomes of care planning and assessments. The Assessment Team observed the service used an electronic care management system (ECMS) to record all care planning and progress notes and care plans were readily available if requested.

Consumers and representatives said care and services were regularly reviewed and staff provide updates following incidents or changes in care needs. The Assessment Team confirmed care documents were reviewed every 3 months, or when care needs changed.

# Standard 3

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

Findings

Consumers said they received personal and clinical care tailored to their needs and preferences. Staff demonstrated they were familiar with the individual personal and clinical needs of consumers. Care plans contained tailored information that was safe, effective, and specific to each consumer.

Consumers and representatives expressed satisfaction with how the service managed high impact or high prevalence risks associated with care and services. Staff recognised high prevalence and high impact risks and were able to specify individual consumer risks and mitigation strategies which were in place. Care documents included the identification of risks, and strategies to manage these were recorded in assessment tools, care plans and progress notes.

Consumers and representatives confirmed advance care planning, including consumers’ EOL wishes, were discussed with them. Staff could describe how they adjusted care to support the needs and preferences of consumers receiving palliative and EOL care. Advanced Health Directives (AHD), or other EOL directives, were reflected on the consumer’s care plan.

Consumers and representatives said any deterioration or changes in a consumer was responded to promptly. Staff described the processes involved in escalating care for consumers who had deteriorated. Care documents confirmed changes in condition or deterioration were responded to in a timely manner.

Consumers and representatives said they were satisfied that their care needs and preferences were documented and communicated between staff. Staff described how information was shared and communicated throughout the service. Care documents included input from MO and allied health professionals. Care plans and handover reports provided adequate information to support effective and safe care.

Consumers confirmed the service had referred them to appropriate providers, organisations, or individuals to meet their needs. Staff were able to describe referral processes both internally and externally in consultation with consumers and representatives. Care documents included timely referrals to various health professionals when required.

Consumers and representatives expressed satisfaction with infection control practices at the service, particularly during COVID-19. Staff understood the service’s approach to minimising the use of antibiotics, including initiating non-pharmacological strategies. The service had policies and procedures which underpinned their infection, prevention and control processes related to antimicrobial stewardship (AMS) and infection control management.

# 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 confirmed they were engaged in activities that met their needs and preferences. Staff described how they supported consumers to maintain a good quality of life in alignment with their preferences. Care documents included information about consumers’ lifestyle interests, preferences, and goals.

Consumers and representatives said they were provided with effective supports that benefited consumers’ emotional, spiritual, and psychological well-being. Staff described strategies they used to support consumers’ emotional and psychological well-being. Care documents identified emotional and spiritual well-being needs.

Consumers confirmed they participated in activities within and outside of the service. Staff were able to describe how they promoted a sense of community within the service and supported consumers to participate in the community. Care documents contained information about consumer interests and personal relationships.

Consumers confirmed staff were aware of their needs and preferences. Staff explained how they stayed informed about changing consumer needs and preferences and identified where they could access up to date information about consumers.

Staff demonstrated an understanding of how they worked with other individuals, organisations, and providers of other care and services. Consumers advised they were supported by other organisations and support service where required. Care documents identified engagement with other organisations and services.

Consumers gave positive feedback regarding the variety, quality and quantity of meals provided by the service. Meal service was observed to be comfortable, and staff assisted consumers as required. Consumers at the service with dietary needs were accommodated and all staff were knowledgeable regarding their needs. Feedback mechanisms were available to ensure consumer satisfaction.

Consumers said they found the equipment at the service to be suitable, safe, and well maintained for use. Staff confirmed they had a good quantity of clinical and lifestyle equipment to deliver quality care. The Assessment Team observed equipment was clean, safe, and suitable for use.

# 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

Consumers and representatives said the service environment was welcoming and they felt at home. Staff described how the service supported consumers to maintain independence through directional signage. The service environment included various communal spaces to promote interaction between consumers and their visitors.

Consumers and representatives said the service was clean and well-maintained and they had access to both indoor and outdoor areas. Staff provided the Assessment Team with an overview of the service’s cleaning systems and processes which ensured the service was safe, clean, and well-maintained.

Consumers and representatives advised the furniture, fittings and equipment were safe, clean, well maintained, and suitable for use. The Assessment Team confirmed the service had effective processes in place for preventative and reactive maintenance. Maintenance documentation identified scheduled and preventative maintenance was mostly up to date.

# Standard 6

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

Findings

Consumers and representatives said they were comfortable providing feedback or making a complaint. Management and staff confirmed they supported consumer feedback and complaints through direct discussion, email, and feedback forms. Meeting minutes and survey results showed consumers were encouraged to provide feedback and provided with information to do so.

Consumers demonstrated an awareness of different options for raising complaints, including advocacy services and external complaint mechanisms. Staff could describe how they accessed language and advocacy services on behalf of the consumer. The Assessment Team observed information displayed throughout the service relating to advocacy services, language services, and external complaints avenues.

Consumers and representatives said management promptly responded to and sought to resolve their concerns after they made a complaint. Staff demonstrated an understanding of open disclosure and complaint management processes. Review of the complaints data from the past demonstrated the service took appropriate and timely action in response to complaints.

Consumers and representatives said their feedback was used to improve the quality of care and services. Consumer meeting minutes and the plan for continuous improvement (PCI) demonstrated complaints, feedback and suggestions are generally documented and changes at the service are communicated with consumers.

# Standard 7

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

Findings

Consumers and representatives provided positive feedback regarding staffing numbers and confirmed their care needs were met. Staff said the service had the right number and combination of staff to deliver quality care. Rostering documentation evidenced workforce planning processes were used to allocate sufficient staff.

Consumers and representatives said consumers were treated with respect and kindness. Observations of staff practice were consistent with consumer interviews and demonstrated kindness and familiarity with consumer care needs and preferences.

Consumers and representatives stated staff were sufficiently skilled to meet their needs and performed their duties effectively. Position descriptions outlined the competencies and qualifications needed for each role and management described how the competency of staff was assessed. Personnel records evidenced competency, registration and security clearances were verified.

Staff confirmed they were required to complete mandatory and supplementary training. Management said mandatory training included elements of the Quality Standards and additional training was scheduled in response to adverse care trends being identified within the service. Education records evidenced staff had completed mandatory training as required.

Personnel documentation evidenced and staff confirmed, performance appraisals were scheduled and conducted each year. Management described other methods for monitoring and reviewing performance of the workforce, and actions taken if performance was outside of behaviours expected by the organisation.

# Standard 8

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

Findings

Consumers said they felt involved in the design, delivery, and evaluation of services. Management advised that all feedback or suggestions made by consumers and representatives were included in the service’s PCI. Documentation review showed consumers were meaningfully engaged in the evaluation of services through consumer meetings, feedback mechanisms, and surveys.

The organisation’s governing body promoted a culture of safe and inclusive care. The service submitted data to the governing body from consolidated reports to identify the service’s compliance with the Quality Standards and initiate improvement actions.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service had an effective communication management system, continuous improvement framework and PCI, established financial governance arrangements, and processes for workforce governance, feedback, and complaints.

Staff confirmed they analysed incidents to identify issues and trends, and these were reported at governance committee meetings. The service had a wide range of frameworks, policies, and procedures to support the management of risks and incidents. In addition to reporting incidents falling under the Serious Incident Response Scheme (SIRS), the service maintained an incident register.

Staff demonstrated an awareness of antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure. The service demonstrated there was a clinical governance framework in place, including antimicrobial stewardship, minimising the use of restraint, and open disclosure.

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)