Performance

Report

**1800 951 822**

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| Name of service: | Uniting Springwood |
| Service address: | 2 Lewin Street SPRINGWOOD NSW 2777 |
| Commission ID: | 0151 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Site Audit |
| Activity date: | 15 November 2022 to 18 November 2022 |
| Performance report date: | 18 January 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 Springwood (**the service**) has been prepared by James Howard, 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 conducted from 15 November 2022 to 18 November 2022; 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 Approved Provider’s response to the Assessment Team’s report, received on 21 December 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 | Non-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 | **Non-compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 1(3)(f) - The service must ensure each consumer’s privacy is respected, and personal information is kept confidential.
* Requirement 7(3)(a) – The service must ensure 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.

# 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. | Non-compliant |

Findings

*Requirement 1(3)(f):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate each consumer’s privacy was respected and personal information was kept confidential.

The site audit report noted:

* A consumer provided feedback that staff knocked on their door but did not wait for permission to enter and the Assessment Team corroborated this through observations. The Assessment Team discussed this issue with management, and they stated a memo and further education would be provided to staff regarding consumers’ privacy.
* A staff member shared photos to the Assessment Team of consumers participating in activities within the service that were taken on their personal mobile phone. The Assessment Team raised this issue with management, and they stated a memo was sent to all staff reminding them of consumer privacy and to refrain from using their personal phones for work purposes.
* The Assessment Team observed a nursing station was unable to be secured when staff were not present. In addition, personal information was observed to be visible and accessible to passers-by. The Assessment Team informed management of this issue, who relocated all documents to a secure place, and circulated a memo to staff to ensure personal information was kept secure. However, The Assessment Team continued to observe that personal information was not kept confidential and was visible and accessible to passers-by.
* The service advised face-to face training on privacy and confidentiality commenced on 14 November 2022 and planned to provided training on 18 November 2022. The current staff completion rate for the privacy and confidentiality training was 20%.

In its response to the site audit report, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* Concerning the consumer’s feedback – the service indicated a consultation had occurred between the consumer, staff and management, an apology and reassurance was provided to the consumer. Staff were instructed to follow the appropriate privacy process for all consumers. A follow up conversation with the consumer was later held to evaluate whether the actions taken were effective, the consumer expressed staff were no longer walking in their room without permission, and thanked management for supporting their privacy.
* Concerning the use of personal mobile phones – The service advised the use of personal phones to take photos of consumers has ceased. Management reiterated this message at staff meetings, management daily huddles, governance meetings and through direct conversations with staff.
* Concerning the privacy and confidentiality of personal information – The service acknowledged the deficiencies regarding the nurses’ station not having working locks to restrict access by any unauthorised individuals and the accessibility of filing cabinets and the electronic care management systems. Maintenance ensured all nurse stations and filing cabinets have functioning locks in place. Staff were provided with education and communications regarding the service’s privacy and confidentiality policies and procedures.
* Concerning the completion of privacy and confidentiality training – the service advised they continue to educate staff on privacy and confidentiality with the view of achieving a completion rate of 100% and management is monitoring this through the service’s continuous improvement plan. The service also implemented an induction checklist for temporary care and clinical personnel which further outlines the code of conduct, with an emphasis on consumers’ dignity, choice, privacy and respect.

In reaching my conclusion, I considered the information presented by the Assessment Team and the Approved Provider. I acknowledge the actions taken by the Approved Provider to address the issues identified in the site audit report and consider these should result in improved consumer privacy. However, based on observations by the Assessment Team, I consider that at the time of the site audit, the service did not demonstrate each consumer’s privacy was respected and personal information is kept confidential. Therefore, I find the service is non-compliant with Requirement 1(3)(f).

*The other Requirements:*

Consumers and representatives confirmed staff treated them with dignity and respect and valued their identities, cultures and diversity. Staff spoke of consumers in a way that demonstrated respect and an understanding of their personal circumstances and life experience.

Care planning documentation captured information regarding consumers’ cultural needs and preferences. The service had a cultural and religious information folder, which contained information about different religions, cultural profiles and cue cards.

Consumers and representatives stated they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Staff described how consumers were supported to maintain relationships, such as regular families visiting and taking consumers on outings.

Staff described the support provided to consumers who chose to engage in activities that included an element of risk, and how consumers were supported to understand the benefits and potential harm when making decisions about risks. Consumers and representatives advised they were supported by staff to take risks and live the best lives possible.

The Assessment Team observed posters and flyers of upcoming activities on notice boards throughout the service and in consumers’ rooms. Staff advised newsletters were sent by email to all representatives and hard copies were available within the service.

# 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 and representatives indicated they received the care and services they needed and were involved in the care planning process. Staff described the care planning process and how it informed the delivery of care and services.

Consumers and representatives confirmed staff spoke to them regularly about their care needs and their end of life wishes. Care planning documentation identified and addressed consumers’ needs, goals and preferences, including advance care planning.

Care planning documentation demonstrated consumers and representatives were consulted throughout the assessment and care planning process and, when required, staff sought input from health professionals. Consumers and representatives advised they felt like partners in the planning of their care and services.

Staff advised they communicated outcomes of assessments to consumers and their representatives and explained the processes for accessing care plan information on the service’s electronic care management system. Consumers and representatives indicated the outcomes of assessment and planning were communicated to them.

Care planning documentation confirmed care plans were reviewed on a regular basis, when consumers’ circumstances changed, or incidents occurred. Staff indicated care plans were reviewed every three months, or when changes or incidents occurred.

# 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

The service demonstrated consumers received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. Staff had sound knowledge of consumers’ needs, goals and preferences, and what was best practice when attending to consumers’ personal care.

Staff demonstrated how they identified, assessed and managed high impact or high prevalence risks for the safety and well-being of each consumer. Consumers and representatives felt staff explained the risks to consumers’ health and well-being and indicated consumers had input into the management of these risks.

Management advised families were encouraged to be present and welcomed throughout end-of-life care for consumers. The service had policies and procedures to direct the management of end-of-life care, including pain management and comfort care.

Staff confirmed they were guided by policies and procedures that supported them to recognise and respond to deteriorations or changes in consumers’ conditions. Staff recognised and responded to deterioration or changes to consumers’ health in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team.

Consumers and representatives were satisfied with the communication they received from the service regarding changes to consumers’ conditions. Staff described how changes in consumers’ care and services were communicated through verbal handover processes, meetings, accessing care plans and electronic notifications.

Consumers and representatives were satisfied with the referral process and confirmed they had access to the health care supports they required. The service had procedures for making referrals to health professionals outside of the service through electronic messages and telephone communications.

Consumers and representatives expressed positive feedback regarding the service’s precautions in place to manage infections outbreaks, including COVID-19. Staff demonstrated an understanding of hand hygiene, donning and doffing of personal protective equipment and confirmed this training was mandatory for all staff and a part of their induction to the service.

# 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

The Assessment Team observed consumers engaging in a variety of group and independent activities. Care planning documentation identified the needs, goals and preferences of each consumer.

Consumers advised the service provided supports for daily living which promoted consumers’ emotional, spiritual and psychological well-being. Care planning documentation identified information regarding the emotional, spiritual and psychological needs and preferences of consumers and described how staff could assist them.

Consumers felt the service assisted them to participate in their community, within and outside of the organisation’s service environment, to have social and personal relationships and to do things of interest to them. Care planning documentation aligned with information provided by consumers, representatives and staff regarding their continued involvement in their community and maintaining personal and social relationships.

Consumers and representatives stated information about their conditions were effectively communicated, and staff understood their needs. Staff described how they shared information, and how changes in a consumer’s needs were shared within the service.

The service demonstrated timely and appropriate referrals of consumers to other organisations, individuals and providers of other care and services. Care planning documentation contained information about external services that had been involved in supporting consumers.

Consumers and representatives indicated the service provided meals which were varied and of suitable quality and quantity. Care planning documentation identified consumers’ dietary requirements, preferences and allergies.

Staff advised shared equipment was cleaned with disinfectant wipes after use and described the process for reporting maintenance issues when equipment was identified as being fault or defective. Consumers and representatives stated the equipment provided was safe, suitable, clean and well maintained.

# Standard 5

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

Findings

Consumers and representatives indicated the service environment was open and welcoming, and easy to navigate. Management explained how all new consumers to the service received a detailed orientation and welcome during their transition to the service.

The Assessment Team observed consumers leaving the service for appointments and lifestyle activities, including walks and bus trips. Staff described how they could raise any concerns about the environment or safety, including hazards via the service’s internal system.

The service evidenced a schedule for preventative maintenance which identified there was a process for daily logging requirements for corrective maintenance. Consumers and representatives advised the service’s furniture, fittings and equipment was safe, clean, well maintained and suitable for them.

# 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 stated they felt comfortable and understood how to provide feedback or make complaints. Management and staff described the processes in place to encourage and support feedback and complaints.

The Assessment Team observed information on display regarding advocacy services. Management and staff outlined the external resources available and explained information on accessing advocacy or interpreter services was available around the service and included in the consumer handbook.

Consumers, representatives and staff provided examples of adverse incidents, how they applied an open disclosure process and how the service responded to incidents in a timely manner and maintained communication. The service had policies and procedures in place to direct the management of open disclosure.

Management demonstrated how feedback and complaints were used to improve the care and services available to consumers. Consumers and representatives provided examples of improvements made as a result of feedback and complaints.

# 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. | Non-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

*Requirement 7(3)(a):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate the workforce was planned to enable, and the number and mix of members of the workforce deployed enabled, the delivery and management of safe and quality care and services.

The site audit report noted:

* A consumer indicated there were significant delays in call bell response times which has impacted their care. For example, the consumer advised they required staff assistance to reposition themselves in bed; however, as they do not receive timely assistance, the consumer indicated they must sleep in an electronic armchair which allowed the consumer to reposition themselves when required. A review of the consumer’s call bell report from 15 October-15 November 2022 showed 5 instances of call bell response times of over 20 minutes.
* The representative for a consumer indicated they were dissatisfied with the service’s falls prevention and management, which the representative indicated caused the consumer to be injured. The representative further expressed there is insufficient staffing which causes delays in answering the sensor alarms.
* Staff provided feedback that there were delays in answering call bells as they were attending to other consumers, and there was nobody available to answer the call bells. Staff advised they felt rushed to provide care and one-to-one supports.
* A review of the roster sufficiency report showed the service was unable to fill four registered nurse shifts and twelve care staff shifts from 24 October – 6 November 2022. Management indicated, and staff confirmed, they attempted to fill vacant shifts with casual staff, extending hours, offering flexible hours and with agency staff. The Assessment Team sighted job advertisements posted online outlining the duties as per position descriptions for planned recruitments of 25 new staff. Management stated 8 new staff have already commenced at the service.
* A review of the audit file of call bell reports demonstrated not all call bell responses exceeding 10 minutes were investigated; rather, investigations were completed at random.

In its response, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* Concerning the consumer’s feedback regarding call bell response times and staff assistance – the service advised the consumer’s care plan was discussed with them on 29 October 2022, the consumer advised they preferred to sleep on the recliner chair overnight; however, staff checked on the consumer during the night to encourage them to sleep on the bed. The consumer often refused to sleep on the bed and were very particular about their repositioning. Management further advised they regularly reviewed the consumer’s care needs to ensure staff were aware of the consumer’s individual preferences. Regarding the call bell response times, staff were now aware they needed to inform agency staff to attend to the consumer when they pressed the buzzer, with assistance from regular staff. The consumer confirmed at a case conference on 16 December 2022 they were happy with staff responding to call bells in a timely manner and did not have further concerns.
* Concerning the representative’s feedback regarding falls prevention and management – the service outlined a case conference was held with the consumer and representative, following the consumer’s fall. Pain and wound management were discussed in detail and it was agreed the consumer’s current plan was effective and to be continued. Management formed a falls management committee where the physiotherapist discussed recurrent falls and individualised strategies with staff, with the view of evaluating the strategies being effective.
* Concerning a review of the roster sufficiency report – the service outlined the staffing challenges in the aged care sector which continued to impact their ability to attract and retain a residential care workforce. The service increased its recruitment efforts to ensure sufficient staffing levels, and documented a newly created position and a number of new staff who started in recent months.
* Concerning the audit file of call bell reports – the service advised it circulated a memo to staff regarding the expected time frame within which the buzzers are expected to be answered. Management have taken steps to enhance the frequency in monitoring the buzzer system and its pro-active follow-up.

In reaching my conclusion, I considered the information presented by the Assessment Team and the Approved Provider. I acknowledge the actions taken by the Approved Provider to address the identified issues. However, based on documents reviewed by the Assessment Team and feedback from consumers, representatives and staff, I consider that at the time of the site audit, the service did not demonstrate the workforce was planned to enable, and the number and mix of members of the workforce deployed enabled, the delivery and management of safe and quality care and services. Therefore, I decided the service is non-compliant with Requirement 7(3)(a).

*The other Requirements:*

Consumers and representatives reported staff were kind, gentle and caring when providing care. Management stated that the service had a range of documented policies and procedures to guide staff practice, and which outlined care and services were to be delivered in a respectful, kind and person-centred manner.

The service demonstrated members of the workforce had the qualifications and knowledge needed to effectively perform their roles. Staff received orientation training and the staff handbook outlined their roles and responsibilities.

The service demonstrated staff were recruited, trained, and equipped to support and deliver care and services in line with the Quality Standards. Staff interviewed confirmed receiving orientation education including annual mandatory training and felt comfortable requesting additional training, to enhance their performance.

Staff confirmed they received they regularly received performance appraisals which involved a self-assessment and grading, and was in consultation with management. Management described the performance review process and provided examples of the performance review completed with staff.

# Standard 8

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

Findings

Consumers and representatives considered they were engaged in the development, delivery and evaluation of care and services. Management demonstrated the organisation had effective systems for engaging with and supporting consumers to be involved in the decision-making aspect of their care and services.

Consumers and representatives felt safe at the service, and indicated they received regular updates in relation to outcomes of care and services. Management and staff described the involvement of the governing body in the promotion of a culture of safe, inclusive services and described the ways the Board was kept informed by the service.

There were organisation wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. A review of the feedback and complaints process showed consumers and representatives had access to complaint systems and felt supported to raise complaints.

The service had risk management systems in place which enabled it to monitor and assess high impact or high prevalence risks associated with the care of consumers and supported consumers to live the best lives possible. Staff described the process for reporting incidents to the clinical staff, and the process of documenting incidents in the electronic care management system.

The service demonstrated it had a clinical governance framework and supporting policies in place which addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of these policies and their application in a practical setting.

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)