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: | Assessment Contact - Site |
| Activity date: | 16 May 2023 |
| Performance report date: | 3 July 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 Katrina Platt, 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the Performance Report dated 18 January 2023 following the Site Audit undertaken from 15 November 2022 to 18 November 2022.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

The Quality Standards were not fully assessed, and therefore have not received a compliance rating. A detailed assessment is provided later in this report for each assessed Requirement.

# 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)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Requirement 1(3)(f) was found non-compliant at a Site Audit conducted from 15 November 2022 to 18 November 2022. An Assessment Contact occurred on 16 May 2023, and I acknowledge there have been some continuous improvement actions undertaken by the Approved Provider following the Site Audit to address the non-compliance.

Consumers and consumer representatives interviewed described how staff respected their privacy by seeking permission to enter their rooms. Staff interviewed were familiar with consumer privacy preferences and acknowledged the importance of maintaining consumer privacy. The Assessment Team observed clinical handover occurred in a private setting, and access to confidential consumer clinical care information and records, both written and electronic, was restricted.

Review of training records confirmed mandatory privacy and confidentiality education and training was completed by staff, which included staff orientation competencies. Bimonthly training occurred for maintaining privacy and dignity in the provision of consumer personal care, and associated modules connected to consumer privacy which included consumer identity, dignity and choice, and code of conduct for aged care.

# 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 |

Findings

Requirement 7(3)(a) was found non-compliant at a Site Audit conducted from 15 November 2022 to 18 November 2022. An Assessment Contact occurred on 16 May 2023, and I acknowledge there have been some continuous improvement actions undertaken by the Approved Provider following the Site Audit to address the non-compliance.

Consumers and consumer representatives interviewed indicated staff were responsive to call bells and they were not waiting long periods for care and services provision. Some consumers commented about new staff, and one consumer discussed how unfamiliar staff were regularly rostered on weekends which caused unease about what level of care would be provided.

Staff recruitment had occurred, with traineeships offered for care staff and on-the-job training available for staff to obtain Certificate III qualifications. Agency staff were utilised and impacts on consumers minimised where possible, with regular staff members on shift in each area for familiarity purposes. Call bell response times in excess of 10 minutes were reviewed by management, with consumers consulted to provide feedback on any concerns.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)