Performance

Report

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| Name of service: | Uniting St Columba’s Lane Cove |
| Service address: | 15 Figtree Street LANE COVE NSW 2066 |
| Commission ID: | 0445 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Site Audit |
| Activity date: | 6 June 2023 to 8 June 2023 |
| Performance report date: | 12 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 St Columba’s Lane Cove (**the service**) has been prepared J Miaris, 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.

# 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers said they were treated with dignity and respect and feel accepted and valued at the service. Staff were familiar with consumers’ backgrounds and provided examples of how they ensure consumers feel valued. The service demonstrated that consumers were informed of their rights, including their right to have their dignity, culture and identity maintained and to be treated with respect. Care planning documents reflected consumers’ identity and culture.

Consumers said they felt safe, and the service catered to their cultural needs. Staff identified consumers with diverse backgrounds and described how they meet consumer’s individual needs adapting care that it culturally safe and respectful. The service had policies in place and care planning documentation which outlined consumers’ identity, culture, and diversity.

Consumers said they were supported to exercise choice and were supported to maintain their independence and relationships of their choice. Care planning documents reflected consultation and involvement of consumers and others important to them. Staff were observed asking consumers about their choices for participation in activities and described how they support consumers to exercise choice and independence. The service had a policy and procedure in place supporting consumer choice and decision making.

Consumers and representatives said consumers were supported to take risks. Staff said risk assessments were completed in consultation with a medical officer and consumers or their representative in line with the service’s risk management policies and procedures. Care planning documents demonstrated risk assessment forms were completed, with mitigation strategies implemented to support consumers’ choices that may involve risk. Staff said they encourage consumers to take risks to live their best lives and were observed supporting consumers in risk taking activities.

Consumers and representatives said they receive current, accurate and timely information. Management and staff described how information is communicated to consumers and representatives, which enables consumers to exercise choice. Information was observed to be displayed and available to consumers at the service, which included the monthly activity program calendar, daily program, menus, and brochures about services to support consumers that were available in a range of languages.

Consumers said their privacy and confidentiality is respected and described staff practices such as knocking on doors and waiting for a response prior to entry. Staff confirmed they maintain consumers’ confidential information is accessed from the service’s electronic care management system which is password protected. The service had policies and procedures that outlines how the service maintains and respects the privacy of personal and health information. Staff were observed knocking on consumers’ doors, waiting for a response before entering, and closing doors during provision of personal care.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Care planning documents demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals and preferences of consumers, including the identification of risks. Staff described how regular care assessments were completed to ensure safe and effective care is delivered.

Consumers and representatives said the service provides the opportunity to discuss consumers’ current care needs, goals, and preferences, including advance care planning and end of life care. Staff said end of life planning is discussed on admission if the consumer is comfortable to do so and during review processes. Care planning documents reflected end of life care wishes and advance care directives were in place for consumers.

Care planning documents reflected the involvement of consumers, representatives, organisations, service providers and other health professionals in the assessment and planning process. Staff described processes for partnering with consumers and representatives in care planning. Consumers and representatives said they were actively involved in the assessment, planning and review of consumers care and services.

Consumers and representatives said staff explain information about consumers care and services, and they can access a copy of the consumer’s care plan when they want to. Documentation evidenced regular staff communications with consumers and representatives regarding details of assessments and care planning and staff described how they effectively communicate outcomes of assessment and planning to consumers and their representatives.

Care planning documents evidenced staff communicate with consumers and representatives when the consumer’s circumstances change, or incidents occur which impact on their needs, goals, or preferences. Staff advised care planning documents were reviewed every 3 months, or when circumstances change. Consumers and representatives said staff regularly discuss consumers care needs with them and make changes to meet their current needs, goals, and preferences.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers said they received care that is safe and right for them and is consistent with their needs and preferences which supports their health and wellbeing. The service had processes in place to manage restrictive practices, skin integrity and pain management which are in line with best practice. Care planning documents reflected individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. For consumers subject to restrictive practices, care planning documents included restraint authorisation, informed consent and a behaviour support plan.

Consumers said that care provided for them is safe and right for them. They said that risks to their well-being such as falls, pressure areas, weight loss, and infection are assessed, explained, and managed well. Staff identify, assess, and manage high-impact or high prevalence risks to the safety, health, and well-being of each consumer. Policies and procedures, input from health professionals, and clinical protocols guide how the organisation manages high-impact or high-prevalence risks and clinical data is captured to inform continuous improvements.

Staff described how they were equipped to deliver end of life care to consumers in line with their needs, goals, and preferences and the service had policies and procedures to guide staff in the management of palliative and end of life care. Consumers and representatives expressed confidence that when consumers needed end of life care, or when their condition deteriorates, the service would support them to be as pain free as possible, with their wishes known to staff. Care planning documents identified consumers’ personal choices and preferences for end of life care, with advance care plans in place.

Consumers said staff knew them well and would recognise and respond to a change in their condition. Staff described how they identify and respond to deterioration or change in consumers’ condition. Care planning documents evidenced that deterioration of consumers’ condition is responded to in a timely manner and plans were in place when changes occur. The service had policies and procedures in place to guide staff in the management of deterioration.

Care planning documentation contained adequate information to support effective and safe sharing of consumer’s information in providing care, including communication with external providers. Staff described how changes in consumers’ care and services are documented and communicated within the organisation, such as, via staff handovers between each shift, and with others where clinical care is shared.

Consumers said referrals were appropriate, occur when required, and they have access to a range of health professionals. Staff described processes to refer clinical matters to other providers. Care planning documentation included input from other services and health professionals and reflected timely and appropriate referrals made to a range of allied health professionals.

The service had policies and procedures in place to guide staff in relation to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak. Consumers and representatives were satisfied with the service’s management of infection control practices. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers said they receive safe and effective services and supports for daily living that meets their needs, goals and preferences and optimises their independence, health, well-being and quality of life. Care planning documentation captured the consumers life story and identified consumers preferences and information in relation to supports for daily living that meet the consumer’s needs, goals, and preferences. The service’s activities calendar was observed to contain activities that promote independence, optimise health, well-being and quality of life for consumers.

Consumers said their emotional, spiritual, and psychological well-being were supported by the service. Staff described how they support consumers’ well-being and provided examples of cultural awareness in their everyday practice, including how they recognise different cultures to provide services that are meaningful to the consumer. Care planning documents included information on consumers’ emotional, spiritual and psychological well-being needs, goals and preferences.

Consumers said they were supported to maintain personal relationships and participate in community social activities that they choose. Staff described how they support consumers to follow their interests and maintain community connections by working with external organisations and communities. Care planning documents identified the activities individual consumers enjoy, their specific interests and who they wish to maintain relationships with. Staff described specific interests of consumers and identified who is important to them.

Staff described how communication of consumers’ needs and preferences occurs via shift handover, care planning documents, and dietary folders. Consumers said staff were aware of their needs and preferences and they don’t need to repeat their preferences to multiple staff members. Care planning documentation contained adequate information about consumers’ needs and preferences that are communicated with others included in the care delivery to support safe and effective care to consumers.

Care planning documents evidenced the service collaborates with external providers of other care and services to support the diverse needs of consumers. Staff described how they work with external organisations, or use volunteers, to help supplement the lifestyle activities offered within the service. Consumers said they have access to a range of services and supports to meet their care needs. Volunteers and providers of other care and services were observed interacting with consumers at the service.

Consumers were satisfied with the quality and quantity of food provided at the service, and there are multiple meal options to choose from. Staff said consumers were provided with a range of food options and consumers are actively involved in the development of the menu and consumer feedback is encouraged to evaluate consumers’ satisfaction with food. Staff were aware of consumers’ dietary needs and preferences which were reflected in care planning documents.

Equipment to assist consumers with their independence and mobility was observed to be safe, clean and well maintained, with enough equipment to meet consumers’ needs. Consumers said they feel safe when using equipment, that it suits their needs, and know how to report any concerns. Documentation evidenced the service performs risk and other assessments before equipment is provided to consumers for their 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

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers said the service environment made them feel comfortable and at home. The service environment was observed to be welcoming, free of clutter and hazards, communal seated areas indoors and outdoors, and balconies for consumers to socialise. Staff described how directional signage and consumers’ names were displayed on doors of different colours which aid consumers in navigating the service. Consumers’ rooms were observed to be personalised, with consumers choice of their own personalised furniture and decorations.

Consumers said the service environment is safe, clean and well maintained, and they can make their way easily around the service both indoors and outdoors. Staff described the process for cleaning, documenting, reporting, and attending to maintenance issues. Documentation demonstrated maintenance processes to ensure maintenance requests were completed in a timely manner.

Furniture and equipment throughout the service was observed to be clean, suitable for its purpose and mobility aids were accessible to consumers. Consumers said the equipment was clean, well-maintained, and confirmed that sufficient equipment is available to meet their needs. Maintenance documentation demonstrated maintenance checks were up to date and regular equipment checks were completed.

# 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

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they were comfortable and are supported to provide feedback or raise concerns with staff and management and were confident that the service would respond appropriately. Staff were aware of the process to follow when an issue is raised with them directly and the service had policies, processes, and systems in place to manage feedback and complaints. Feedback forms and a secure feedback box, brochures and posters for internal and external complaints services were observed displayed at the service, and easily accessible to consumers.

Consumers and representatives said they were aware of other ways of raising complaints, including advocacy services if required, however they felt comfortable raising concerns with management and staff in the first instance. Management and staff were aware of the process to engage advocacy and language services should a consumer require them. The service had feedback forms and brochures with advocacy and language services displayed on noticeboards throughout the service.

Consumers and representatives provided examples of when they have provided feedback or complaints through the service’s feedback mechanisms and were satisfied that appropriate action was taken by staff and management. Staff demonstrated that appropriate action is taken in response to feedback and complaints and an open disclosure process is used when things go wrong. The organisation had documented policies in relation to consumer feedback and open disclosure to guide staff practice.

Consumers and representatives reported their feedback is used to improve the service. Management and staff described processes in place to escalate complaints, and how they are used to improve the care and services. Documentation reflected that feedback and complaints were discussed at regular meetings with consumers to ensure trends were understood across the service and that complaints are used to inform improvements to the quality of care and services.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said there is enough staff to meet the needs of consumers and call bells were answered promptly. Observations indicated staff answer call bells quickly and staff were available when consumers need them. Management and staff described how they ensure there are enough staff to provide safe, quality care based on classification of staff and in accordance with consumers’ needs. Management explained how call bell data is monitored and any identified trends of concern are investigated.

Consumers and representatives said staff were kind, caring and gentle when delivering care and services and are respectful of consumers’ backgrounds. Staff interactions with consumers were observed as kind, caring and respectful to each consumer’s identity, culture and diversity with staff referring to consumers by their preferred name and engaging in friendly and familiar conversations. Staff said they access information about consumer’s cultural identities and preferences in their care plans to provide care accordingly.

Consumers said staff perform their duties effectively and were sufficiently skilled to meet their care needs. The service detailed processes for ensuring the workforce are competent and have the qualifications or knowledge to effectively perform their roles and described ways in which they ensure staff at the service are competent. Documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Staff said they were competent to perform their roles providing care consumers need, well trained and up to date with mandatory training requirements and can request additional training of interest to them. Management described the annual face to face mandatory training and online training resources for staff to complete and how completion of mandatory training is monitored. The service had a documented training program that included mandatory training and demonstrated the workforce is satisfactorily recruited, trained, equipped, and supported.

Management explained that formal performance appraisal is conducted annually. Staff said they had performance appraisals completed which included discussion and feedback on personal development and performance in their roles. Documentation evidenced performance of staff is regularly assessed, monitored, and reviewed in line with the service’s policy and procedures.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers said the service involved them in the development, delivery and evaluation of care and services. Management described the ways consumers were engaged including surveys, feedback, and regular meetings. Documentation evidenced consumers were engaged by the service on an ongoing basis. The service had policies and procedures to guide staff in engaging consumers in the development, delivery and evaluation of care and services.

Documentation demonstrated that the governing body has engaged an independent body to measure consumer satisfaction and that the service’s governing body promotes a culture of safe and inclusive care. Management articulated how the service drives improvements and innovations using data from internal and external audits, clinical indicator reports, incidents or near misses, and feedback. Meeting minutes demonstrated that information from consolidated reports is provided to the governing body and is used to identify the service’s compliance with the Quality Standards, initiate improvement actions to enhance performance, and monitor care and service delivery.

The service had policies and procedures in place to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. For example, in relation to continuous improvement, management advised that the continuous improvement process which informs improvements for care and services is drawn from a variety of sources, this was evidenced in documentation.

The service had a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed, the abuse and neglect of consumers is identified and responded to, how incidents are managed and prevented and how consumers are supported to live the best life they can. Staff said risks are reported, escalated, and reviewed by management at the service level, including the governing body. Staff explained the processes of risk management at the service, including key areas of risk that are identified, responded to, and reported in the incident management system.

The service had a clinical governance framework that included policies and procedures on antimicrobial stewardship, minimising use of restraint and open disclosure. Staff demonstrated knowledge in these areas and were able to provide examples of how it applied to their day-to-day work.

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