Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Uniting Taralga |
| Commission ID: | 0164 |
| Address: | 49 - 53 Bannaby Street, TARALGA, New South Wales, 2580 |
| Activity type: | Site Audit |
| Activity date: | 15 January 2024 to 17 January 2024 |
| Performance report date: | 22 February 2024 |
| Service included in this assessment: | Provider: 1352 The Uniting Church in Australia Property Trust (NSW)  Service: 180 Uniting Taralga |

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 Taralga (**the service**) has been prepared by Katherine Richards, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.

The Approved Provider’s submitted an email on 30 January 2024 acknowledging acceptance of findings within the Site Audit report.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said staff are kind, treat them with dignity and respect, and make them feel valued. Care planning documentation identifies consumer backgrounds and important life events. Staff demonstrated familiarity with consumers, recounting information aligned to care planning documentation and consumer feedback, and were observed interacting with consumers in a kind, patient, and friendly manner.

Consumers said they felt safe and respected, with cultural needs recognised and met. Staff identified cultural backgrounds for consumers, demonstrating understanding of individual characters and values. Care planning documentation incorporated cultural needs and preferences along with guidance on strategies to support consumers, and policies and procedures guided staff in provision of culturally safe services.

Consumers and representatives said they are supported to make and communicate choices about care and relationships. Care planning documentation detailed consumer choices, and demonstrated requested changes were incorporated to inform staff. Staff gave examples of how they informed and supported consumers making decisions, and ensured relationships were maintained through phone calls and video chats.

Consumers and representatives gave examples of supports for consumers to take risks, with discussion of potential for harm in case conferences. Staff explained how they discussed benefits and possible harm involved in taking risks, which were detailed in a positive risk assessment tool with dignity of risk form. Management described how consumers were supported to make their own decisions, including where risk is involved, and risk assessments include allied health and clinical assessment appropriate to the activity.

Consumers and representatives described receipt of up-to-date information about activities, meals, events, visitor access, and other key happenings, and this is communicated in a method appropriate to the consumer’s communication needs. Written information, including meeting minutes, activity calendars, and menus, was displayed on noticeboards and distributed to consumers along with newsletters. Staff advised they verbally inform and prompt consumers of daily schedules and changes to activities or meals.

Staff described how they maintained consumer privacy during care and secured personal information through using passwords to access computers and locking them after use. Consumers said staff respect their need for privacy, knocking on doors and seeking permission before entering, and when discussing personal matters this is done quietly and privately. Privacy training is undertaken within onboarding and mandatory training programs, and management said all staff sign an annual confidentiality agreement.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Staff described the care planning processes, and could identify consumer needs, risks, and strategies in line with care planning documentation. Care planning documentation demonstrated use of a comprehensive assessment process using validated risk assessment tools, with development of strategies and interventions. Work instructions, procedures, guidelines, and flow charts were available to inform staff in assessments, identification of risks, and development of care and services plans.

Consumers and representatives confirmed consultation on needs and wishes, including for end-of-life care if desired. Care planning documentation reflected the individual needs and preferences of consumers. Management said information on advance care planning is included in the handbook and admission pack, and consumers are encouraged to discuss this during the entry process, within annual case conferences, or when the appropriate time arises.

Staff explained how consumers, representatives, Allied health staff, and Medical officers work together to ensure assessment and planning processes are tailored to consumer needs. Consumers and representatives said they partnered with management and clinical staff, Allied health professionals, Medical officers, and external specialists, with ongoing discussions and consultation. Care planning documentation evidenced involvement of consumers, representatives, and other providers of care and services.

Consumers and representatives said they receive regular communication through discussions about care and services and were aware they could access care and services plans if desired. Staff described regular communication with consumers and representatives to discuss assessment and planning outcomes, incorporated relevant feedback, and ensured they offered a copy of the care and services plan following review. Care planning documentation captured outcomes of assessment and planning, with details readily available to staff and providers through the electronic care management system.

Consumers and representatives said they are updated when things change or go wrong, and staff seek input into reviews. Staff detailed the process for regular and as required review of effectiveness of care and services to identify a change in needs. Work instructions and procedures guided staff practice in relation to the review of care and services.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Staff demonstrated awareness of personal and clinical care needs for consumers and detailed how these were met through provision of tailored strategies outlined in care planning documentation. Provision of best practice care to optimise health and well-being was informed by work instructions, procedures, and monitoring systems. Documentation demonstrated application of tailored and best practice care in relation to sampled areas of management of changed behaviours, use of restrictive practices, wound care, and pain management.

Consumers and representatives said risks were effectively managed. Staff could identify strategies to mitigate high impact and/or high prevalence risks for consumers. Care planning documentation demonstrated use of monitoring processes and responsive actions in line with directives.

Staff identified changes in care for consumers nearing end-of-life, focusing on comfort and hygiene care. Care planning documentation included palliative care assessment and care plan, and demonstrated involvement of the Medical officer and external providers to ensure symptoms were well controlled.

Care planning documentation recorded ongoing assessment and observation for change in consumer condition, with appropriate actions taken when identified. Staff explained how they recognised and responded to deterioration, including communication and escalation practices. Documented clinical procedures were available to guide staff in managing deterioration of consumer health.

Consumers and representatives said staff communicated consumer needs effectively, avoiding need to repeat information. Staff detailed communication processes, including documenting within care and services plans, progress notes, task lists, messaging systems, and discussion in verbal handovers and meetings. Staff were provided electronic devices to enable rapid access to information, including that outlined within the care and services plan.

Clinical staff discussed the network of individuals, organisations, and providers for referrals to meet consumer needs. Care planning documentation demonstrated appropriate referrals to Allied health staff and specialists.

Staff said they receive training about infection prevention and control, such as entry screening processes, hand hygiene, and use of personal protective equipment, and were aware of steps to minimise need for antibiotics. Consumer and staff vaccination programs are conducted with record maintained. Resources to guide staff include work instructions and procedures on antimicrobial stewardship, infection control, outbreak management, and the appointed Infection prevention and control lead.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Staff outlined how they tailored services and supports to meet consumer needs, goals, identified through assessment and planning processes. Care planning documentation sampled confirmed what is important to consumers and what they like doing to optimise their quality of life, health, well-being, and independence.

Consumers explained how the service met their needs for spiritual and religious well-being, such as pastoral care visits and church services, and gave examples of support provided when they became upset or felt low. Staff said they provided one-to-one support for consumer, particularly those who isolate in their rooms, engaging with consumers using personalised approaches. Care planning documentation outlined emotional, spiritual, and psychological needs and required supports and relevant activities.

Consumers said they were supported to participate in the service and wider communities to do things of interest and maintain relationships. Staff explained how they encouraged and facilitated consumer interactions within group activities and were familiar with consumer interests, and assessment processes identified community ties and they worked to support consumers keep these. The service encouraged consumer feedback on scheduled activities, and this was used when developing the calendar.

Consumers said staff were familiar with changes to their condition, needs, or preferences. Management explained the daily meeting, attended by heads of all departments, to communicate consumer changes, and lifestyle and hospitality staff confirmed this process was effective. Kitchen staff explained processes to ensure they are updated on changes to dietary needs and preferences for consumers, including through verbal updates and staff were observed accessing information electronically during meal services to verify dietary information.

Staff explained referral processes for services and supports, such as support workers, pastoral care visits, and volunteer organisations. Care planning documentation referenced referrals made in line with staff feedback and examples.

Consumers expressed satisfaction with the variety, quality, quantity, and temperature of meals, with some adding if they didn’t like something they felt welcome to ask for an alternative. Staff were knowledgeable about consumers’ dietary requirements and preferences, describing these in line with care planning documentation. The menu is developed through consultation with consumers and staff feedback, with Dietitian review, with a choice of hot and cold meals, and ability to provide another fresh option if requested.

Consumers and representatives said the equipment was clean, accessible, suitable for needs, and they knew to report any concerns. Equipment was observed to be safe, suitable, clean, and well-maintained, with documentation demonstrating maintenance processes were followed. Staff said there was sufficiency of equipment, and detailed cleaning and maintenance processes.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers said they felt a sense of belonging, and said they were encouraged and aided to personalise their rooms with pictures and small furnishings. Staff gave examples of how they work to support consumers to feel at home and engage within the service. Consumers were observed socialising in communal areas, and navigational signage was clear and easy to read.

Consumers said they moved freely through indoor and outdoor environments and gave positive feedback about cleaning processes for communal and personal areas. Staff said they have a cleaning schedule for daily tasks and undertake spot cleaning as required. Doors were observed to be unlocked through the day, supporting free movement of consumers, and rooms and communal areas were observed to be clean, tidy, and well-maintained.

Management and staff advised furniture, fittings, and equipment were assessed for suitability prior to purchase to ensure they met consumer needs. Consumers and staff were aware of how to lodge maintenance requests, and records demonstrated monitoring and preventative maintenance activities were up to date with equipment demonstrating last and next inspection date. Furniture and fittings were observed to be clean and in good condition.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives reported they felt comfortable and supported to provide feedback, raise concerns, or make complaints. Staff described available complaint processes and identified their roles to assist consumers to raise concerns if they could not immediately resolve the issue. Feedback was encouraged through meetings minutes, consumer handbooks, and surveys, with available feedback forms and suggestion boxes observed in reception.

Consumers explained how they made were aware of available advocacy and language services, and external methods to raise complaints. Management said staff receive annual training on translating and interpreting services, and consumers were supported to access support services, with available pamphlets displayed in reception and consumer handbook.

Consumers said responses to complaints were appropriate, with immediate acknowledgement of concerns, investigation, and updates. Staff said mandatory training modules included information on open disclosure and explained steps taken in response to complaints demonstrating understanding. Complaints were documented, demonstrating use of open disclosure, investigation outcomes, and actions to resolve complaints.

Consumers said feedback is welcomed, and consumer are consulted on changes, giving examples of improvements made. Management said they review feedback and complaints daily to ensure prompt responses and areas for improvement to develop and record continuous improvement activities. Documentation demonstrated use of feedback and complaints to develop improvements within care and services.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers, representatives, and staff said there were enough staff to provide safe, quality, and timely care. Management explained monitoring, feedback, and auditing processes to ensure sufficiency of staffing to meet consumer needs, and outcomes are discussed within consumer meetings. The service has a casual pool to call upon to cover vacant shifts and unplanned leave and works with other local services to ensure sufficiency of staff, with effectiveness demonstrated within sampled rosters and allocation information. Whilst there is a current exemption on the 24-hour nursing care, there are developed processes to meet consumer needs after hours, including ensuring medication-competent carers are rostered, and continuous improvement activities include ongoing recruitment for additional nurses and care staff.

Consumers and representatives described staff as kind and respectful, taking time to understand wat is of importance. Management explained staff undertake mandatory training in the code of conduct and dignity and respect, and recruitment processes include necessary checks to ensure workforce interactions meet expectations.

Consumers said staff are confident with appropriate skills to meet their needs. Management explained the organisational human resources team monitored essential checks, such as professional registration and police checks, with reports sent to management to monitor. New and agency staff complete orientation and onboarding processes, including mandatory training, and buddying with experienced staff whilst familiarising themselves with consumers.

Management advised training is developed at organisational level and delivered by educators or senior staff, and additional training has been provided to carers on deterioration in consumer health and well-being for shifts without nursing cover. Staff explained mandatory training as well as ongoing training and support to fulfill their roles, demonstrating understanding of expectations of the Quality Standards in relation to mandatory incident reporting with the Serious Incident Response Scheme, infection control principles, use of restrictive practices, and application of open disclosure. Compliance with mandatory training was recorded and monitored, with all staff completing required modules.

Consumers said they were encouraged to provide feedback on staff, and management confirmed this was one method used to monitor performance, along with meeting with staff weekly and undertaking formal performance reviews. Staff verified they received feedback after incidents, observations, complaints, or compliments, and outlined formal appraisal processes. Records demonstrated all scheduled reviews had been undertaken, and this is monitored by management. Management advised there were processes for management of staff not meeting expectations, but there had been no recent requirement for use.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers outlined their engagement in the service through meetings, focus groups, complaint processes, and verified positive changes associated with their input. A consumer advisory body is being formed, with consumers expressing enthusiasm at participating, and the role being recognised by the Board. Management demonstrated how they sought consumer input into developments, and records demonstrated actions taken in response to consumer feedback or input.

Management described the organisation’s governing body’s role in development of safety protocols, promoting diversity and inclusivity, and ensuring quality assurance. Information is reported from the service and organisational subcommittees for review at Board level, including clinical indicators, audit outcomes, risks, financial statements, and incidents. The Board consists of individuals with relevant experience, who meet quarterly with the executive management team and monitor service performance against benchmarking and standards.

The governance framework included policies and procedures to guide staff. Senior management monitor and review relevant data relating to incident management, workforce requirements and complaints, with analysis presented to the Board. Financial management systems included processes to apply for capital expenditure to meet consumer needs. Regulatory compliance is managed by a leadership team, who monitor updates, disseminate information, and ensure training is coordinated.

Management explained risks are identified, reported, escalated, reviewed by management, and reported through the governance committees to the Board to drive improvement. Incidents were captured through an electronic incident reporting system, analysed for trends, and reported similarly. Policies and procedures are available to guide staff in identifying and managing risks, and information is discussed within service meetings, with a register maintained by the clinical governance team who provide support and direction on emerging trends. Staff receive training on recognising and reporting abuse and neglect of consumers, and demonstrated familiarity with risk management processes, including where consumers chose to take risks to live their best lives.

The clinical governance framework, overseen by the clinical governance committee, provided resources to ensure delivery of best practice clinical care. Management and staff described training and relevant policies informing delivery of care. Reporting and benchmarking of infections and antimicrobial use, chemical restraint, and other key clinical care areas identified trends and areas for development, with management giving examples of responsive education programs and monitoring processes.

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)