Performance

Report

**1800 951 822**

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| Name of service: | Uniting The Garrison Mosman |
| Service address: | 13 Spit Road MOSMAN NSW 2088 |
| Commission ID: | 0467 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Site Audit |
| Activity date: | 23 January 2023 to 25 January 2023 |
| Performance report date: | 8 March 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 The Garrison Mosman (**the service**) has been prepared by K. Spurrell, 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.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers and representatives said they felt their identity, culture and diversity is valued and they are treated with dignity and respect. The service celebrates various cultures and accommodates consumers’ specific cultural and religious requirements, this was reflected in care planning documentation. Staff were familiar with consumers’ cultural or religious preferences and the consumer handbook demonstrated that consumers from any culture or religious background are welcomed at the service.

Consumers and representatives reported that consumer care is culturally safe and staff understand consumer requirements. Staff demonstrated knowledge of consumers’ cultural needs and how they adapt care to accommodate these needs. Staff training ensures staff are aware of how to provide culturally safe care, and care planning documentation for consumers reflected their cultural preferences.

Consumers and representatives said they were supported to make decisions about who is involved in their care, maintain relationships and communicate decisions about how their care is delivered. Staff were familiar with consumers’ relationships and how to support these including encouraging family members can see consumers frequently. Care planning documentation reflected information regarding consumers cultural communication needs and how staff can support these, such as requesting an interpreter.

Consumers and representatives advised they are supported to live their best lives. Staff explained risk mitigation steps to assist consumers who engage in activities that may present risks, including risk assessments, continuously monitoring the consumer and providing comprehensive information for consumers. The service has guidance materials including a policy and procedure for consumer dignity and choice.

Consumers and representatives stated they are provided with regular communication from management and staff, including the monthly activities calendar, and the daily meal options. Management stated the service keeps representatives informed on assessments, care and incidents relating to consumers. The service undertakes monthly meetings with consumers and representatives, meeting minutes and newsletters are distributed regularly.

Consumers and representatives stated their privacy was respected and information was kept confidential. Staff described how they maintain consumers’ privacy when providing care and were observed knocking on the consumers' doors, making consumers aware of their presence, and closing the doors and curtains behind them if they were attending to care needs. The service maintains a privacy and confidentiality policy to provide staff with direction on managing of consumer information under privacy principals.

# 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 said they are involved and have a say in the care planning processes. Staff described the care planning process and how it informs the delivery of care and services. Care planning documentation including falls risk assessments and skin assessments and demonstrated that identified risks had been appropriately assessed, and risk mitigation strategies had been developed and implemented. The service has a stand-alone risk management policy and framework.

Consumers and representatives said consumers needs are identified, staff support their needs and preferences. Consumers had advanced care plans in place and confirmed the service discusses and documents their preferences for end-of-life care. Staff described the end of life needs and preferences of consumers, this aligned to care planning documentation. Assessment and care planning documentation was individualised to consumer needs, reflecting their preferences for care including for advanced care and end of life.

Consumers and representatives confirmed they provide input into the assessment and care planning process through a formalised conversation or conference, or through regular feedback, updates and input. Staff report regularly liaising with consumers and representatives to ensure a partnership throughout the assessment and care planning process. Care planning documentation reflected the inclusion of multiple health disciplines and services into consumer assessments and planning.

Consumers and representatives said they are offered a copy of their care plan and can make changes if they like or have discussions regarding care and services. Staff confirmed they access information from care planning documentation, handovers and daily diaries stored in the electronic care management system; the system can communicate outcomes of assessments and reviews. Care planning documentation reflected communication with consumers, representatives and others where care is shared.

Consumers and representatives said staff regularly review consumer’s health, wellbeing and needs, and update them with any relevant outcomes. Representatives confirmed the service communicates with them following any change in circumstances or incident, including an update to the care plan. Care planning documentation evidenced review following a change or incident had 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

Consumers and representatives said consumers receive personal and clinical care that is safe, effective and optimises their health and well-being. Care planning documentation reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of each consumer. Staff described consumers’ individual needs and preferences, the most significant personal and clinical care needs and knew how these were delivered in line with their care plans. Staff interactions with consumers confirmed personal and clinical care is being delivered in line with their care plans.

Consumers and representatives said their risks are effectively managed by the service, including for falls management, skin integrity and weight loss. Staff identified individual consumers’ risks and strategies in place to mitigate these. Care planning documentation demonstrated consistent assessments and planning to address individual consumer’s high impact or high prevalence risks. The service has a suite of policies and procedures to guide staff practice in managing risks for consumers.

Consumers and representatives said they have advance care directives and end of life wishes in place. Consumers who commence their palliative pathway can opt to relocate to a high care facility within the organisation. The service has policies and procedures to inform staff practice in relation to palliative care and end of life care and engages with external consultants. Staff described the way care delivery changes for consumers nearing end of life and practical ways in which consumers’ comfort is maximised and dignity preserved.

Consumers and representatives confirmed the service responds to a change or deterioration in the consumer’s condition, health, or ability. Care planning documents reflected appropriate actions taken in response to a deterioration or change in a consumer’s health. Policies and procedures guide staff in the timely identification and response to consumer deterioration.

Consumers and representatives said they were confident consumer information was well documented and shared between staff and services. Staff said information relating to consumers’ condition, needs and preferences are documented in the electronic care management system, is easily accessible and well communicated well via handover, during clinical meetings, and at daily huddles. Staff were observed discussing vital information regarding consumers.

Consumers and representatives said the service facilitates timely and appropriate referrals when required by consumers. Management and staff described how input from other health specialists is arranged in response to an identified need, including wound care consultants, dementia specialists, geriatricians, dietitians and podiatrists. Care planning documentation evidenced a robust referral process.

Consumers and representatives said staff consistently wear their personal protective equipment. Staff demonstrated knowledge of infection control practices relevant to their duties and staff are supported with ongoing education to help guide staff practice in relation to infection control matters. The service has an infection prevention and control lead, with back up staff currently undertaking training. The service has an outbreak management plan in place and staff were familiar with strategies to minimise and optimise antibiotic use among consumers. Staff were observed adhering to infection control practices.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers described how they are supported be as independent as possible and participate in activities that promote their well-being and quality of life. Care planning documentation identified consumers’ choices and information about the services and supports needed to help them to do what they like to do. The service has policies, procedures and guidance material for staff in relation to dignity, choice, diversity, privacy, and cultural awareness.

Consumers said the service supports their emotional, spiritual and psychological wellbeing through conversations and direct support from staff and pastoral care supports and they are supported to practice their faith. Staff were familiar with supports provided to consumers, and these were reflected in care planning documentation. The service has a structured spiritual program run by the pastoral care practitioner.

Consumers and representatives said the service offers services and supports to enable consumers to participate in the community, have relationships and do things of interest to them. Pastoral care staff described how emotional and spiritual support is provided to consumers in need. Care planning documentation reflected individual consumer interests and identified people important to them. Consumers were observed moving freely around the service, taking part in a variety of activities, having visitors in their rooms and returning from external activities.

Consumers said their services and supports are consistent and they do not have to repeat their preferences to multiple staff members. Staff advised consumer preferences and care requirements, are shared internally at handover and recorded in progress notes. The service has processes and systems in place for identifying and recording each consumer’s condition, needs and preferences, including when they change. Care planning documentation confirmed changes in condition, needs and preferences are documented in progress notes and care plans and the electronic care management system is readily accessed by staff and others involved in the consumer’s care.

Consumers said the service would refer them to an appropriate provider for services they are not able to provide. Care planning documentation shows the service collaborates with external providers to support the diverse needs of consumers. The service introduced fortnightly visits from a volunteer with a therapy dog following a consumer referral to pet therapy after losing their long-term partner; the pet therapy supports those consumers who are feeling down or socially isolated.

Consumers said the food was varied and of suitable quality and quantity. The service is currently actioning improvements to the menu following feedback from consumers. Documentation shows high levels of engagement with consumers regarding menu development, oversight by a dietitian and a continuous loop of feedback between consumers and the service. Staff demonstrated an understanding of individual consumer choices, these were also on display in the kitchen.

Consumers felt safe when using the service's equipment and said it was easily accessible and suitable for their needs; consumers were comfortable raising issues if equipment needed repair, knew the reporting process and said items were repaired or replaced quickly when required. Maintenance staff described how maintenance requests were logged in the electronic system. Equipment was observed to be 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

The service environment was observed to be welcoming, living areas had natural light and corridors were sufficiently lit. Living areas and bedrooms were decorated and the service is easy to navigate with clear signage.

Consumers said the service environment was safe, clean, well maintained, and comfortable. Consumers said they can move around freely both indoors and outdoors. Maintenance staff described the maintenance process of repairs. Consumers can move as they wish with all doors and balconies open and easy to access. The service environment was observed to be clean, well maintained, and comfortable, and enables consumers’ free movement within and outside of the service.

Consumers said the furniture, fittings, and equipment are safe, clean, and well maintained. Staff advised they lodge maintenance requests via the maintenance portal or speak directly with maintenance staff. The electronic maintenance logs demonstrated that maintenance issues are actioned in a timely manner. Equipment and furniture were observed to be clean and well maintained and the call bell system working effectively.

# Standard 6

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

Findings

Consumers and representatives said they are comfortable raising concerns and providing feedback to the service using the forms provided or by speaking directly to staff or management. Staff described how feedback and complaints can be made and how they would try to resolve an issue if it was within the scope of their role. Feedback forms and the post box were observed in the foyer of the service and the consumer handbook detailed internal and external complaints processes.

Consumers and representatives were aware of advocacy and language services available to assist as required and described feedback and complaint processes both internally and externally. Staff were aware of how to access advocacy services and the interpreter service. Brochures promoting external advocacy services were available in various languages and were on display in the foyer of the service.

Consumers and representatives said management addressed their complaints and resolved concerns in a timely manner and apologised when things go wrong. Staff described how complaints and incidents were followed up and were familiar with the open disclosure process when contacting consumers and representatives if something has gone wrong. The complaints register confirmed the use of open disclosure and timely management of complaints in accordance with the services’ feedback and complaints and open disclosure policy.

Consumers and representatives said their feedback is used to improve the quality of care and services. Staff described how trending and analysing feedback and complaints has resulted in improvements and action is taken in response to their feedback and complaints. The plan for continuous improvement evidenced that consumer and representative feedback and consultation occurs regularly.

# Standard 7

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

Findings

Consumers and representatives said there is sufficient staff at the service, and they don’t wait long for assistance. Staff said there was sufficient staff at the service and planned/unplanned leave was well managed. Management said the number and mix of staff on the roster is working well under the new homemaker model and vacant shifts have reduced significantly and the service is currently recruiting for more staff.

Consumers and representatives said staff are kind, respectful and caring when providing care. Staff were familiar with individual consumers, their needs and preferences and what they required assistance with. Staff were observed knocking on consumers’ doors, waiting for the consumer to answer before entering and greeting consumers and representatives by their preferred name. Care planning documentation and clinical records confirmed the service has detailed each consumer’s personal information.

Consumers and representatives said staff are capable and have the knowledge to provide care and support. Management described the recruiting process to ensure all staff meet the minimum qualification and registration requirements for their roles. Staff said they are well supported by management to undertake the orientation training and buddy shifts to support their transition into the service confirmed they attend annual mandatory training to complete various competencies as required to perform their role.

Staff confirmed receiving orientation, education, ongoing training including annual mandatory training, and completing core competencies and they felt comfortable requesting additional training they required to perform their roles. Management track staff training using an online training and record management system which demonstrated mandatory is completed by staff within required time frames. Consumers and representatives confirmed staff have the appropriate skills and knowledge to ensure the delivery of safe and quality care and services.

The service has processes in place to monitor and review the performance of staff working at the service. Staff described participating in an annual performance review. Management described formalised performance management processes and informal monitoring of staff practice at the service. The service has workforce performance, workforce capability and human resources policies and procedures and the register for annual performance appraisals up to date.

# 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 confirmed they participate in engagement opportunities to inform the design, delivery and evaluation of services through consumer meetings, food focus meetings, feedback and suggestion forms, and consumers surveys. Staff said care plans were updated 3 monthly and annual case conferences are held unless required earlier due to a change in the consumer’s needs. An annual consumer survey is distributed to all consumers and representatives.

Consumers and representatives said they felt safe at the service and live in an inclusive environment with access to quality care and services. Staff described how critical indicators, quality initiatives, and incidents are discussed at relevant meetings. Management described how the organisation’s governing body promotes a culture of safe, inclusive and quality care and services including reporting of information and data from the management to the board and the board is aware of all aspects of the services’ performance.

The service has effective governance systems in place which guide information management, continuous improvement, financial governance, workforce management, regulatory and legislative compliance, and feedback and complaints, including a board elected to govern the service and to manage and oversee key systems at the service. The board monitors and reviews routine reporting, and analysis of data relating to the consumer experience and satisfies itself that systems and processes are in place to ensure the right care is being provided in accordance with the Quality Standards.

The service has a risk management system in place to monitor and assess the high impact or high prevalence risk associated with the care of consumers whilst supporting consumers to live the best life they can. Risks are identified, reported, escalated and reviewed by management at the service level and reported to the board through the electronic incident reporting system. Management confirmed they analyse incidents, and identify issues and trends, and these are reported to various committees leading to improvements to care and services for the consumers.

The service demonstrated a clinical governance framework and systems to ensure the quality and safety of clinical care and promote the minimisation restrictive practices, and the use of an open disclosure process. The service presented policies, procedures and other tools supporting effective clinical governance. Consumers and representatives confirmed that when things go wrong, the service contacts them, explains what has happened and offers an apology. Staff described how clinical care practice is governed by policies pertaining to antimicrobial stewardship, restrictive practice, and open disclosure. Care planning documentation demonstrated compliance with the service’s policies for antimicrobial stewardship, minimising the use of restraint and open disclosure.

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