Performance

Report

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| Name of service: | Uniting The Marion Leichhardt |
| Service address: | 237 Marion Street LEICHHARDT NSW 2040 |
| Commission ID: | 0101 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Site Audit |
| Activity date: | 2 May 2023 to 4 May 2023 |
| Performance report date: | 31 May 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 Marion Leichhardt (**the service**) has been prepared by D. McDonald 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.
* 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 said they were treated with dignity, respect and felt valued. Staff demonstrated knowledge of consumer’s backgrounds and values; and were observed interacting with consumers and representatives in a dignified and respectful manner. Consumer documentation evidenced consumers’ culture, values and preferences.

Consumers said staff know how to deliver care or services in ways which makes them feel safe. Staff described tailoring activities to consumers’ cultural needs. Care documentation captured consumers’ spiritual and cultural needs.

Consumers said they were supported to make decisions about their care and could change their choices at any time. Staff were observed asking consumers about their choices and were familiar with consumers’ preferences. Care documentation reflected consumer choices made during assessments and care reviews, which had been updated as required.

Consumers said they were supported to take risks such as smoking cigarettes and using motorised scooters. Care documentation evidenced risks were assessed and consent forms were signed. Policies and procedures supported staff in dignity of risk processes.

Consumers said information received was easily understandable. Staff and management gave examples of newsletters, menus and activity calendars as ways information was communicated. Staff were observed assisting consumers to make menu choices and noticeboards displayed current information.

Consumers said staff respected their privacy and kept their personal information confidential. Staff were observed knocking on consumers’ bedroom doors prior to entry and closing doors before care delivery. Consumer information was stored in the password protected electronic care management system.

# 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 were involved in assessment and care planning processes. Staff described how the assessment and planning processes identified risks. Care documentation evidenced risks to consumers had been assessed and mitigation strategies implemented.

Consumers and representatives confirmed they were comfortable discussing consumers’ needs and preferences, including end of life care. Staff described discussing end of life wishes with consumers at an appropriate time and care documentation reflected individualised needs, goals and preferences including for advance and end of life care.

Consumers and representatives gave positive feedback regarding their ongoing involvement in assessment and planning to ensure consumers’ needs were met. Staff said care assessment and planning was undertaken in partnership with external providers and care documentation evidenced involvement from various allied health professionals.

Consumers said their care plans had been explained to them and they could request a copy. Staff were knowledgeable of processes to record assessment and planning outcomes and refer to these to deliver care based on current and accurate information.

Staff described reviewing consumers’ care plans every 3 months or in response to incidents or changes in consumers’ condition. Care documentation evidenced care and services were reviewed by staff or allied health professionals as required.

# 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 provided positive feedback regarding the tailored personal and clinical care they received. Staff were knowledgeable of consumers’ needs and were trained in best practice processes. Care documentation evidenced consumers were receiving care that was safe, effective and tailored to consumers’ needs and preferences.

Consumers and representatives provided positive feedback regarding the service’s management of identified risks. Staff were knowledgeable of consumers’ high-impact and high-prevalence risks such as falls and weight management. Care documentation evidenced identification, intervention and monitoring of risks.

Consumers were confident their end of life care wishes, would be met. Staff described tailored care delivered for consumers nearing the end of their life and advised they were trained to use palliative care equipment. Care documentation captured consumers’ end of life needs and preferences.

Staff described signs which are monitored that would indicate a change to consumers’ condition or health or ability and how these would be escalated. Care documentation evidenced prompt recognition of changes to consumers’ mental or physical health and evidenced referral to allied health professionals or hospital transfer when required.

Consumers provided positive feedback regarding communication of their care needs between staff. Staff described sharing care information through handovers, meetings, discussions and referencing care plans. Consumer care information was readily available within the electronic care management system with staff and allied health professionals having access.

Consumers and representatives said referrals to relevant health professionals were timely and appropriate. Staff described referral processes and care documentation reflected timely referrals to medical and allied health professionals occurred, when required.

Consumers confirmed they were routinely assessed for signs of infection and staff were knowledgeable of infection control practices and appropriate antibiotic use. Staff were supported by an Infection Prevention Control lead and had undertaken relevant training. Records reflected consumers and staff had received COVID-19 vaccinations and all visitors to the service were screened for infection.

# 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 gave positive feedback regarding services and supports for daily living which met their needs and preferences. Staff described individual consumer’s areas of interest and support they provided for consumers to participate in such activities. The activities calendar included exercise classes, church services, arts and crafts and bus trips, amongst other activities to support consumers’ well-being and quality of life.

Consumers said the service supported their spiritual, emotional and psychological well-being. Staff said they were familiar with consumers and could recognise changes and offer support. Religious services are held in the onsite chapel and one to one support from a pastoral carer is available. Care documentation evidenced consumers’ spiritual and emotional needs and the service’s responsive support strategies.

Consumers said they were supported to undertake activities within the service and community and to maintain relationships. Staff described engaging with other organisations, community groups and volunteers to support consumers’ interests and social activities. Consumers were observed interacting with family and participating in activities. Care documentation evidenced services and supports developed in partnership with consumers.

Consumers said staff knew their needs and preferences. Staff described sharing consumer information through an electronic care management system and handovers. Staff confirmed information was accessible to others involved in consumer care and documentation evidenced consumers’ needs and preferences were shared with relevant staff and providers.

Care documentation reflected referrals to other care providers and services, including therapy dogs, library services and a hairdresser. Staff confirmed pet therapy animals visited the service as well as hairdressers and the activities calendar reflected art, music therapy and exercise programs.

Consumers provided positive feedback regarding the quality, quantity and variety of meals. The menu was reviewed by a dietitian, included various options and consumer requested choices. Care documentation evidenced consumers’ dietary needs and preferences. Meals were observed to be of good quality and adequate quantity.

Consumers said they felt safe using equipment and it was suited to their needs. Staff confirmed adequate supply of mobility and recreational equipment and were trained regarding its safe use. Records evidenced preventative maintenance undertaken as scheduled and mobility equipment was observed to be clean and maintained.

# Standard 5

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

Findings

Consumers said the service was easy to navigate and it felt comfortable and homely. Staff described, and were observed, welcoming visitors to the service which had features to assist navigation, including signage and room numbers. The service environment also included mobility infrastructure, a café and an outdoor entertainment area.

Consumers said the service environment was clean and comfortable and records evidenced timely completion of cleaning and maintenance undertaken by staff or by contracted specialists. Consumers were observed moving freely throughout the service and surrounds, or out into the community.

Consumers said furniture, fittings and equipment were well-maintained and comfortable. Staff described the process to register maintenance requests which were promptly resolved, as records confirmed. Consumers were observed using mobility equipment and furniture which was clean and maintained.

# 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 said they had no issue providing feedback or making a complaint and were aware of the processes. Staff confirmed consumers could provide feedback or make complaints through feedback forms, email or direct discussion with staff. Information regarding feedback and complaint processes was observed in the consumer handbook and on brochures and posters.

Consumers and representatives were aware of advocacy services if they needed to make a complaint. Staff were knowledgeable of advocates and assisted cognitively impaired consumers to access such services. Brochures and posters displayed provided information regarding advocacy and language support services.

Consumers and representatives said appropriate and timely action was taken in response to their complaints, including staff demonstrating open disclosure. Staff confirmed promptly investigating and resolving complaints and a register of feedback and complaints evidenced timely acknowledgement, investigation and resolution.

Consumers and representatives confirmed improvements were made in response to their feedback or complaints. Staff described resolving complaints if within their scope of practice, or escalating to senior staff, as required. Management confirmed consumer feedback and complaints informed the service’s plan for continuous improvement and consumer meeting minutes reflected actions taken in response to consumer feedback or complaints.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | 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 provided positive feedback regarding staffing numbers and the care provided to them. Rostering documentation evidenced rosters were drafted 2 weeks in advance, were based on consumer need, included a mix of clinical and care staff and shift vacancies were filled by permanent staff. Management confirmed call bell wait times are monitored to ensure adequate staff allocation.

Consumers and representatives confirmed staff were respectful, kind, caring and were aware of consumers’ preferences. Staff were knowledgeable of consumers’ needs which aligned with observed care documentation. Staff participated in cultural diversity training and were observed interacting with consumers in a kind and respectful manner.

A register of staff qualifications, registrations and security screening information was maintained and monitored to ensure currency of staff credentials. Staff confirmed participating in training and being supported by management to undertake their roles effectively. Position descriptions evidenced key competencies and skills required from candidates.

Consumers said staff were appropriately trained to perform their roles. A dedicated staff member facilitated staff training based on identified training needs. Training records evidenced all staff had completed mandatory training for topics including, but not limited to, manual handling, serious incidents and workplace health and safety.

Management confirmed and documentation evidenced, staff performance was reviewed through annual appraisals, observation, consumer surveys, staff feedback and consumer meetings. Staff understood their responsibilities, confirmed their participation in an annual appraisal and felt supported by management.

# 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 said they were engaged in the development, delivery and evaluation of care and services through care plan reviews and meetings. Management described encouraging feedback from consumers and representatives to inform continuous improvement.

Management advised the service frequently exchanged information with the governing body through reports and meetings under the clinical governance framework, and the governing body implemented changes following consideration of consumer feedback. Management routinely met with the governing body and reports evidenced consideration of clinical data to guide continuous improvement.

The service demonstrated appropriate systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation’s systems and processes complied with relevant legislation and the continuous improvement plan was monitored to ensure appropriate action in response to feedback and complaints.

A systematic approach was used to manage high-impact and high-prevalence risks to identify, report, escalate and review risks and incidents to improve care delivery. Management was knowledgeable of risk identification, reporting and analysis. The service’s risk management framework provided direction on managing risks, identification and response to elder abuse and supporting consumers to live their best life.

A clinical governance framework, policies and procedures ensured staff understood the processes to enable delivery of safe, quality care. Staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure.

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)