Performance

Report

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| Name of service: | Uniting Thomas Bowden Ryde |
| Service address: | 279 Morrison Road RYDE NSW 2112 |
| Commission ID: | 0148 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Site Audit |
| Activity date: | 14 February 2023 to 16 February 2023 |
| Performance report date: | 28 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 Thomas Bowden Ryde (**the service**) has been prepared by M. Nassif 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

Consumers said they were treated with dignity and respect and felt accepted and valued, and this was consistent with observations. Staff demonstrated they are familiar with consumers’ backgrounds and individual needs. Care planning documents reflected each consumer’s background, identity and culture.

Consumers felt culturally safe and said their spiritual and cultural needs were catered for. Staff described how they knew each consumer and adapted their care so they were culturally safe. Information about consumer’s life history including their cultural and spiritual needs was captured in care planning documents.

Consumers and representatives described consumers being supported to be independent, make choices about their care and services, and maintain connections and relationships. Care planning documents reflected the involvement of consumers and their representatives in making decisions and support for consumers important relationships.

Consumers said the service supported them to understand and minimise risks when they made decisions about activities involving risks. Staff demonstrated awareness of consumers’ choices, including those entailing risks and the strategies to support them. Care planning documents showed the service conducted a risk assessment in consultation with consumers who wished to take risks and put in place risk management strategies.

Consumers and representatives said they received timely and accurate information in a form they could understand. Staff described different ways information was communicated to make sure consumers understood, including those consumers with poor cognition or requiring visual aids or hearing assistance. Current information, such as menus and activities schedule, was observed clearly displayed around the service in forms that were easy to notice and understand.

Consumers said staff protected their privacy and confidentiality and maintained their dignity when providing care. Staff confirmed all consumers’ personal information was kept confidential and not discussed in front of other consumers. This was consistent with observations. Personal files were observed to be kept locked away and computers were password protected.

# 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 consumers received the care and services they needed and were involved in the assessment and care planning process. Clinical staff described the care planning process in detail, and how it assessed risks to consumers to inform the delivery of safe and effective care. Care planning documents showed comprehensive assessment and planning including consideration of risks to each consumer’s health and well-being.

Care planning documents showed assessment and planning identified and addressed consumers’ current needs, goals and preferences, including advance care planning if the consumer wished. Staff described how they undertook conversations in relation to advance care planning and end-of-life planning, if the consumer and/or representative wished.

Consumers and representatives said they were involved in the assessment, planning and review of care and services. Management and staff detailed how assessment and planning was based on a partnership with the consumers and representatives and involved other organisations or individuals, when required. This was reflected in care planning documents.

Consumers and representatives were aware they could access care planning documents and they were regularly consulted about care needs. Staff described the processes for documenting and communicating assessment outcomes to consumers, and others involved in their care. Care planning documents showed the outcomes of assessment and care planning were communicated to consumers and representatives.

Consumers and representatives said the service regularly reviews care and services and makes timely changes when circumstances change, or an incident has occurred. Staff described the processes for regular review of care and services and reviews when circumstances change. Care planning documents demonstrated they were reviewed within the last 3 months.

# 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 the care provided by the service was safe and right for consumers, consistent with needs and preferences, and optimised health and well-being. This was reflected in care planning documents. Management and staff described how the organisation supported them to deliver personal and clinical care that was best practice and met the needs of each consumer.

Consumer and representatives said risks to health and well-being such as falls, pressure injuries, weight loss, and infection were assessed, explained, and managed to reduce risk. Staff and management described how they identify, assess, and manage high-impact or high-prevalence risks which was consistent with information recorded in care planning documents.

Consumers and representatives said symptoms such as pain were managed well and if their condition deteriorated, their wishes were known, and staff knew what to do. Care planning documents included advanced care directives and end of life plans. Staff were equipped to provide end-of-life care, registered nurses were available to support care staff, and a palliative care service was available to support the team.

Care planning documents showed the timely response to a deterioration or change in consumers’ condition. This was consistent with feedback from consumers and representatives. Staff were confident in identified a deteriorating consumer and described a range of signs related to deterioration.

Consumers and representatives said information about their care needs and preferences was communicated well between the staff. Care planning documents contained adequate information to support safe and effective care. Staff said information systems were accessible and effective.

Management explained how the service made timely and appropriate referrals of consumers to other providers of care and services. Care planning documents confirmed referrals occurred where needed. Consumers and representatives said consumers had access to a range of health professionals and referrals were timely and appropriate.

The service had documented policies and procedures to minimise the risks of infection and to promote the appropriate prescribing of antibiotics. Consumers and representatives said they were satisfied with the service’s management of COVID-19, and their infection control practices. Staff demonstrated an understanding of how to minimise the spread of infection and the need to minimise the use of antibiotics to reduce antimicrobial resistance.

**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 and representatives said the service supports them to do the things they want to do and explained how services and supports for daily living had improved their independence, health, well-being, and quality of life. Staff could identify the lifestyle needs, goals and preferences of consumers and this was consistent with their care planning documents.

Consumers said their emotional, spiritual, and psychological needs were supported by the service. Staff described how they supported individual consumer’s emotional, spiritual and psychological well-being and care planning documents included information on consumers’ emotional, spiritual, and psychological needs, goals, and preferences.

Consumers said they were supported to participate in the community within and outside the service and keep in touch with the people that were important to them. Staff provided examples of how they supported consumers to do things of interest to them. Care planning documents identified what is important to consumers and included strategies to support these choices.

Staff described ways information about consumers’ condition, needs or preferences was kept up-to-date and shared with other staff and external providers. Care planning documents contained accurate and current information to support the delivery of appropriate services and supports for daily living.

Care planning documents showed the service collaborated with other individuals and organisations to meet consumers’ needs. Staff described how they made referrals to external providers and provided examples of the different organisations that consumers were supported by.

Consumers said they liked the food which was varied and of a high quality and there were alternative choices. Staff described the various ways they met consumers’ dietary needs and preferences. Staff also said consumers are consulted monthly regarding the menu.

Consumers said they had ready access to safe and suitable equipment to assist them with their daily living activities. Staff said they had access to suitable equipment, and they described how it was maintained and cleaned. Equipment provided to consumers appeared to 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

Consumers and representatives said the service was clean, welcoming and easy to move around. There was good signage and all doors were numbered making it easy navigate through the service. Consumers’ rooms were personalised with family photos and their own furniture. Management said they encouraged consumers participate in designing or redecorating shared spaces.

Consumers were observed moving freely throughout the service in the corridors, courtyards and their individual living units. Staff described how maintenance issues were logged in the electronic maintenance reporting system and attended to promptly. The service had an effective scheduled cleaning program in place and the lawns and gardens appeared to be clean and tidy.

Furniture, fittings and equipment was observed to be safe, clean and well maintained. Staff described the processes for cleaning and maintaining equipment, furniture and fittings in the service. Consumers confirmed equipment, furniture and fittings were cleaned and maintained regularly.

# 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 felt encouraged, safe, and supported to provide feedback and make complaints, and they could do it anonymously or with the assistance of staff. Staff described various avenues available to consumers and representatives to provide feedback or make a complaint. The service had documented policies and processes in place for consumers, representatives, visitors, and staff to provide feedback or complain.

Consumers and representatives said they were aware of advocacy services and other avenues for raising a complaint. Staff and management knew how to access interpreter and advocacy services for consumers. Information about advocacy and language services and external complaint mechanisms were available to consumers, for example through noticeboards within the service.

Consumers and representatives stated management promptly addressed and resolved their concerns. Staff and management described the open disclosure process followed when a complaint was received or something went wrong. Management provided recent examples of timely resolutions to complaints made by consumers and this was reflected in documentation.

Consumers, representatives and staff described improvements implemented at the service because of feedback or complaints. Management described the process of reviewing the service’s complaints and incident registers and identifying improvement actions. The Continuous Improvement Register was used to record, action and evaluate continuous improvements identified as a result of feedback, complaints and incidents.

# 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 were enough staff, call bells were answered promptly, and staff provided the care consumers needed. The roster demonstrated a suitable number and mix of staff is deployed to provide consistently safe and quality care. Call bell reports demonstrated call bells were answered within the organisation’s policy target of 10 minutes.

Consumers and representatives said staff were kind, caring and gentle when providing care. This was consistent with observations. Management said they monitored staff interactions with consumers to ensure they met the expected standards.

Management demonstrated the workforce was competent, and staff had the qualifications, skills, and knowledge to effectively perform their roles. Staff were recruited to position descriptions using a formal recruitment process with referee, police and qualification checks. Records showed recruitment, selection, and onboarding is rigorous.

The service had documented policies and processes to ensure appropriately trained and qualified staff were recruited to support the delivery of quality care and services. New staff undertook induction and site orientation as well as mandatory training and ongoing training and development was provided to all staff. Training records demonstrated all staff had completed necessary training.

Management described the processes used to regularly assess, monitor, and review the performance of staff, including annual performance appraisals. Staff explained the performance development and appraisal processes. Documented policies and procedures set out the assessment, monitoring and review of staff performance.

# 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 the service sought their input through a variety of ways such as; resident meetings, care reviews, surveys, and face to face discussions. Management said feedback and suggestions made by consumers and representatives were included in the service’s continuous improvement register. Resident meeting minutes showed that consumers’ input about the service was sought and recorded.

Management described how the governing body received various consolidated reports to ensure the service’s compliance with the Quality Standards, initiate improvements, and monitor care and service delivery.

Management described how the organisation had effective organisation wide governance systems in relation to; information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints management. The service had policies and procedures available to guide staff understanding and support the implementation of the organisation’s governance arrangements.

The service had effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Staff confirmed they could access the policies and had received training on these topics. Staff gave examples of how the policies applied in their daily work.

The organisation had a clinical governance framework which included documented policies covering antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff confirmed they could access the policies and had received training on these topics. Staff gave examples of how the policies applied in their daily work.

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)