Performance

Report

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| Name of service: | Uniting Thomas Roseby Lodge Marrickville |
| Service address: | 388 Illawarra Road MARRICKVILLE NSW 2204 |
| Commission ID: | 0256 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Site Audit |
| Activity date: | 23 November 2022 to 25 November 2022 |
| Performance report date: | 15 December 2022 |

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 Roseby Lodge Marrickville (**the service**) has been prepared by Denise 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.
* the provider’s response to the assessment team’s report received 8 December 2022.

# 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, staff valued their identity, culture, and diversity. Consumer files contained information on the cultural needs and preferences of the consumers and staff were familiar with these. The service had policies and processes to guide staff in assessing consumers’ needs and preferences when they moved into the service and ongoing.

Consumers said they felt culturally safe with their physical, spiritual, cultural, and social needs catered for. Staff described how they adapted the individual care of each consumer, so they were culturally safe; and their engagement was respectful. Consumer’s cultural and spiritual needs were captured in care planning documentation. Policies, and procedures had an inclusive consumer-centred approach.

Consumers and representatives felt they were involved in and supported to make decisions about their care and when others were involved in their care. Care planning documents reflected consultation and involvement of consumers and others important to them.

Consumers described how they were supported to take risks and how they were involved in discussions about their choices, assessment, and planning. Staff were aware of consumers’ choices and strategies to support them. The service used assessments to support consumers in making choices and take risks including mitigation strategies.

Consumers and representatives said they received timely and accurate information. The minutes of a variety of meetings for consumers and their representatives were displayed and accessible in the service. Information including activity schedules were provided to consumers in a clear and easy to understand way.

Consumers described how their privacy was respected by staff. Staff described various ways consumers information was kept confidential, confirming information was kept in the electronic care planning system which required a password to access. A privacy policy is available to staff and a copy is given to consumers on entry to the service.

# 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 said they received the care and services they needed and were partners in the care planning processes. Staff described the care planning process, including guiding policies, and how it informed the delivery of care and services. Care plans reflected effective, comprehensive assessment and processes to identify the needs, goals, and preferences of consumers, including the identification of risks to each consumer’s health and well-being.

Consumers advised assessment and planning addressed their needs, goals, and preferences. Staff demonstrated knowledge of consumers current care needs and their preferences. Care plans reflected consumers’ individual needs and preferences, including for advance care and end of life.

Consumers said they were actively involved in the assessment, planning and review of their care, staff regularly communicated with them; and health professionals are included as needed. Staff described processes the assess, plan, and review care and services which included consumers. Care planning documents reflected consumer and representative involvement through initial assessments, scheduled reviews and reassessment, where a change had occurred.

Consumers said staff discussed with them their care plan, assessment outcomes, and were provided with a copy of their care plan yearly and as requested. Staff described the processes for documenting and communicating assessment outcomes. Care planning documentation reflected outcomes of assessment and care planning were communicated to consumers in a timely and appropriate way.

Policies, procedures, and staff training ensured incidents were reported accurately and led to care reviews when circumstances, risk or health status changed. Care planning documents reflected updates at least every three months, when care needs changed, and were relevant to consumer’s needs, goals, and preferences.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives said care and services were tailored to their needs and optimised their health and well-being. Care planning documentation reflected individualised and tailored care specific to the needs and preferences of the consumer. Policies and procedures supported staff in the delivery of care, such as wound management, restrictive practices, falls prevention, maintaining skin integrity, and pain management.

Consumers and representatives said high-impact or high-prevalence risks were effectively managed. Care planning documentation contained effective identification of risk, and strategies to manage risks were recorded. A risk register was maintained to monitor high-impact and high-prevalence risks.

Consumers and representatives confirmed staff had discussed with them advance care planning and end-of-life preferences. Care plans detailed advance care planning information, including choices and preferences. Policies and procedures relating to end-of-life care guided staff in their work and included a focus on maximising comfort and preserving dignity.

Consumers and representatives said they were satisfied with the delivery of care, including the recognition of deterioration or changes in their condition. Staff provided recent examples of when deterioration or change in a consumer’s conditions were recognised and responded to. Care documentation demonstrated deterioration in consumer’s health, capacity, and function were recognised and responded to in a timely manner.

Consumers and representatives said changes to consumers’ conditions were communicated between staff and others. Staff described how changes in consumers’ care and services were communicated through verbal handover processes, meetings, accessing care plans, and communication sheets. Information about consumers’ care was documented and effectively communicated.

Consumers and representatives spoke positively about the referral processes. Staff described the process for referring consumers to health professionals and allied health services. Consumers care documentation reflected input from, and referrals to, a range of allied health professionals.

Consumers and their representatives gave positive feedback with the service’s management of COVID-19 precautions and infection control practices. Policies guided infection control practices and all staff received training on infection control practices, including donning, doffing, and handwashing. Staff demonstrated an understanding of minimising the use of antibiotics and ensured they were used appropriately.

# 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 about the activity program and were observed participating in many activities. Staff demonstrated knowledge of consumer’s needs and what was important to them and described how they worked with the consumers to maintain a good quality of life. A monthly activities calendar was observed to be displayed in each consumer’s room, in community areas of the services including reception.

Consumers stated the service helped them to stay in touch with family and friends for comfort and emotional support including during COVID-19 lockdowns. Care planning documentation includes consumers’ emotional, spiritual, and psychological needs and preferences and strategies to support the consumers.

Consumers described how staff supported them with their life choices and to maintain personal relationships as they wished. Consumers participated in their community both within and outside the service environment. Staff described how the service was the consumers home and how they supported consumers to do the things of interest to them. Care planning documentation identified what was important to consumers and included strategies to support these choices.

Staff described how the service informed them about each consumer’s condition, needs, goals and preferences as relevant to their own responsibilities. Staff described how accurate, up-to-date, and relevant consumer information was shared with relevant external providers. The service had effective systems to manage information, and consumer care plans reflected updates, reviews, and communication alerts, including information from multiple sources, updates from reassessments and their results.

Consumer care plans showed the service collaborated with other individuals, organisations, and providers to support each consumer’s diverse and individual needs. Staff described how they made referrals to external providers for consumers and provided examples of different organisations consumers were supported by, including the local Aboriginal community group.

Consumers said they like the food, and it was varied and of high quality. Processes and systems were in place for consumers to provide feedback on the quantity and quality of food as well as if they requested an alternative not on the menu. Staff said the consumers were consulted monthly regarding the menu. Consumers’ preferences and choices for meals were at the heart of the menu and were taken into consideration before the menu was designed and published.

Consumers felt safe when using the service’s equipment and said equipment was easily accessible and suitable for their needs. Staff explained how maintenance issues were reported through the service’s maintenance request system and actioned by either onsite or external maintenance contractors. Equipment used for activities for daily living 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

Consumers said the service was welcoming and optimised their independence, interaction, and function. The front reception area and service environment were welcoming with staff available to assist and direct consumers as required. The corridors in the service were equipped with handrails for consumers and representatives who required them. Quiet spaces were being utilised indoors and outdoors, where consumers and visitors met.

Consumers said the service was clean, well-maintained, and comfortable to live in, and they could move freely in and outside of the service as they chose. The outdoor areas had clear and safe pathways, and had adequate shade, shelter, and safe furnishings for consumers. Staff said they assisted consumers to access all areas of the service and cleaning staff demonstrated a sound understanding in relation to cleaning process and consumer’s needs.

Consumers said the furniture and equipment they used was suitable, clean, well-maintained, and safe. Furniture, clinical, kitchen and laundry equipment and consumer equipment such as beds, hoists and wheely walkers were maintained under scheduled maintenance plans with specialist contractors in place where required. The program of scheduled maintenance confirmed all maintenance was up to date.

# 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 stated they have no concerns talking with staff or management if they wanted to make a complaint or provide feedback. Staff described different methods, including meetings, of how consumers and representatives were supported and encouraged to give feedback. Brochures and posters were displayed in communal areas, regarding the internal and external complaints systems available.

Consumers said they were aware of avenues for raising a complaint, such as through the Commission or an advocacy service. Staff were familiar with external complaints and advocacy services available, describing how they assisted consumers with cognitive or communication barriers. Written material promoting access to advocacy, language, interpreter and complaints services were displayed throughout the service.

Consumers said management addressed their complaints and feedback accordingly and promptly. Management confirmed an open disclosure process was applied following an adverse event, and as part of the service’s complaints management and resolution process. The service had policies and procedures guiding staff through the complaints management and open disclosure process.

Consumers explained changes implemented as a result of their feedback and complaints. Management described their process of reviewing complaints, feedback, and incidents contributing to continuous improvement. The continuous improvement register showed how feedback, complaints, and incidents were recorded, actioned, resolved, and used to improve the quality of care and services. Systems were in place to record and trend complaints, feedback, compliments, and suggestions.

# 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 said there were enough staff, call bells were answered promptly, and staff gave them the care they need. Care delivery was observed to be calm, professional, and planned. A roster was developed and published each month, based on the needs of consumers. The roster contained a mix of staff, including registered nurses, enrolled nurses, care workers, lifestyle, hospitality services and maintenance staff.

Staff were observed interacting with consumers in a kind, caring and respectful manner. Management advised they monitor interactions through observations, and formal and informal feedback from consumers and representatives. Staff were aware of consumers’ cultural and personal backgrounds and the lifestyle staff said they conducted activities to acknowledge consumers’ cultural heritage.

Consumers said staff were well trained and care for them well. Staff received comprehensive training and supervision. Prior to commencement, staff undertook induction and site orientation as well as mandatory training. Records indicated recruitment, selection, and onboarding was rigorous, and management demonstrated training took place according to roles and service needs. Staff files contained evidence of current registrations and police certificates.

Consumers and representatives said staff knew what they were doing, and they were well trained. Management described the organisation’s training program and relevant processes for identifying staff training needs and described how this informed the training schedule. The mandatory training register was reviewed all staff had completed all necessary training modules.

Staff demonstrated awareness of the service’s performance development processes, including annual performance appraisals which include discussions of their performance and areas where they would like to develop their skills and knowledge. Documentation, policy, and procedures related to assessment, monitoring, and review of staff performance were reviewed and showed staff were regularly assessed and monitored for development.

# 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 said they had been involved in the development of their care plan, ensuring their choice and preferences had been observed. Management explained how consumer data received from feedback forms, surveys, and meetings was accumulated into an integrated Quality Improvement system. Consumer and representative survey reports were conducted every two months. The organisation's Strategic Plan outlined the wider organisational strategic goals.

Documentation reflected the governing body promoted a culture of safe and inclusive care. Governance committees used information from consolidated reports to identify the service’s compliance with the Quality Standards, initiate improvement actions to enhance performance, and monitor care and service delivery. The organisation drove improvements and innovations using data from internal audits, clinical indicator reports, incidents or near misses, consumer and staff feedback and visits from the Commission.

Staff said they accessed the information they needed to deliver safe and quality care and services, and to support them to undertake their respective roles. The service utilised an electronic care planning system which provided staff and management access to consumers’ clinical documentation. Management advised the continuous improvement process is drawn from a variety of sources, including feedback and complaints mechanisms, consumer experience survey results, regular analysis of clinical incidents data, and internal/ external audits. Review of the service’s continuous improvement plan evidenced feedback and complaints raised, incidents and identified risks, and deficiencies in staff training were among the sources of information and improvements captured.

The organisation’s documented risk management framework, including policies described how high impact or high prevalence risks associated with the care of consumers was managed, the abuse and neglect of consumers were identified and responded to, consumers were supported to live the best life they can, and incidents were managed and prevented. Staff confirmed they had received education on these topics and provided examples of relevance to their work. Staff demonstrated sound knowledge of various risk minimisation strategies, including those to prevent falls, infections, manage challenging behaviours and minimise the use of restrictive practices. Staff described their reporting responsibilities when they became aware, or had a suspicion, of an instance of abuse and neglect.

The service provided organisational policies relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated an understanding of the underlying principles of open disclosure, were able to describe when an open disclosure process is to be applied. Staff had received mandatory training and education on the Quality Standards, infection control practices (including antimicrobial stewardship), and minimising the use of antibiotics.

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)