Performance

Report

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| Name of service: | Uniting Tumut |
| Service address: | 112 Lambie Street TUMUT NSW 2720 |
| Commission ID: | 2690 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Site Audit |
| Activity date: | 11 April 2023 to 14 April 2023 |
| Performance report date: | 12 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 Tumut (**the service**) has been prepared by J Howard, 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 conducted from 11 April 2023 to 14 April 2023. 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 Aged Care Quality and Safety 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 | | Compliant |
| 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

The Quality Standard is assessed as Compliant, as six of the six specific requirements were assessed as Compliant.

Consumers said staff treated them with dignity, respect and valued their backgrounds and identities. Staff spoke about consumers with respect and understood their personal life experiences. Consumers’ care plans included information about their identities, personal preferences, cultural background, spiritual preferences and family relationships. Staff were observed treating consumers with dignity and respect by using their preferred names. Consumers confirmed they received culturally safe care and services and staff understood individuals’ cultural needs. Consumers were supported to make choices about their care, how it was delivered and who should be involved in their care. Consumers maintained relationships with family via regular phone calls.

Consumers were supported to take risks which enabled them to live their best lives. For consumers wishing to take risks, a risk assessment was completed and documented in their care plans. Consumers confirmed they were provided with information that was accurate, clear, easy to understand and enabled them to exercise choice. For example, consumers had access to meetings, activity schedules, newsletters, emails, memos and information displayed on noticeboards.

The Assessment Team observed posters and pamphlets throughout the service which promoted the Charter of Aged Care Rights, the Quality Standards, complaints mechanisms, advocacy services and correspondence from the service’s management. Consumers confirmed care and services were delivered in a way which respected their privacy. Consumers’ personal information was kept confidential in a password-protected electronic care management system.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

The Quality Standard is assessed as Compliant, as five of the five specific requirements were assessed as Compliant.

The service considered risks to consumers’ health and well-being during the needs assessment and care planning process. Consumers confirmed they were involved in the care planning process and received the care and services they needed. Registered nurses and care staff understood risks to consumers and described how these influenced the delivery of safe and effective care. A review of care plans confirmed risks to consumers were identified and mitigation strategies put in place to facilitate the delivery of safe care and services. Consumers confirmed their needs assessments included end-of-life planning where they wished.

The service partnered with consumers, their representatives, medical and allied health professionals and specialist services when assessing, planning and reviewing care needs. A review of care plans confirmed consumers and other service providers were involved in a coordinated needs assessment and subsequent care planning. Consumers confirmed the outcomes of assessment and planning were explained to them and they were offered a copy of their care plan. Consumers confirmed their care and services were reviewed regularly for effectiveness or when unexpected incidents occurred. Consumers’ representatives confirmed they were contacted by phone, email or spoken with in-person when their loved one’s needs changed.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

The Quality Standard is assessed as Compliant, as seven of the seven specific requirements were assessed as Compliant.

Consumers confirmed they received personal and clinical care tailored to their needs and which optimised their health and well-being. Registered nurses and care staff understood consumers’ care requirements and described how they supported those needs in line with individuals’ care plans. The clinical management team monitored the delivery of safe and effective care to each consumer. Staff were guided by policies and procedures which addressed high-impact risks to consumers such as pain, falls, diabetes management and restrictive practices. Staff understood risks to consumers and described applicable management strategies, which were also recorded in individuals’ care plans.

Consumers confirmed staff had discussed advanced care planning and end of life preferences with them, which were recorded in care plans. Staff who provided palliative care described how care delivery changed during the end-of-life process, such as ensuring consumers were comfortable with their dignity preserved through pain management and attending to personal care. Further, staff had access to the organisation’s palliative care nurse practitioner and regional clinical nurse consultants, as well as the local health district’s palliative care team and pastoral care workers.

Staff at the service responded to changes in consumers’ conditions in a timely manner, which was confirmed by consumers, representatives and a review of care plans. Consumers were satisfied with how changes to their conditions were communicated within the organisation and with others providing care. Staff said information about consumers’ conditions was communicated in progress notes, by accessing care plans and shared during shift handovers. Consumers confirmed referrals to other providers of care and services were timely, appropriate and occurred when required, which was consistent with referral documentation. The service had processes in place to minimise infection-related risks and support the appropriate prescribing of antibiotics.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

The Quality Standard is assessed as Compliant, as seven of the seven specific requirements were assessed as Compliant.

Consumers received safe and effective services that met their needs, goals, preferences and optimised their independence and quality of life. Staff understood what was important to consumers and what they liked to do. Consumers confirmed lifestyle activities offered by the service were effective, in line with their personal preferences and optimised their quality of life. Consumers confirmed they received the emotional, spiritual, religious and psychological supports needed to maintain their psychological well-being, such as attending church, participating in recreational activities and having one-on-one visits from pastoral care workers.

Consumers participated in their community, did things of interest to them and were supported to maintain personal relationships. Consumers were supported by staff, family and friends to participate in the local community and in activities within the service. A review of consumers’ care plans confirmed information was available about their activities of interest and how they wanted to stay connected with family and friends. Consumers were satisfied with the quality, quantity and variety of food provided by the service. Consumers were offered three main meal options and could request an alternative if the menu was not to their liking. The Assessment Team noted sandwiches, salads, fruits, yoghurts and snacks were available for consumers at any time.

Where the service provided equipment, consumers said it was safe, fit for purpose, clean and well maintained. Staff said equipment was regularly cleaned and maintained, which the Assessment Team also observed.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 Quality Standard is assessed as Compliant, as three of the three specific requirements were assessed as Compliant.

The service environment was welcoming and promoted a sense of independence and belonging. Consumers felt at home within the service, particularly as they personalised their rooms with possessions of their own choosing. The service environment was clean, well maintained and consumers moved freely, both within and outside of the building. Consumers were observed using different areas of the service to enjoy meals, activities and access the outdoor garden areas. The Assessment Team observed care staff assisting consumers to mobilise around the service.

Furniture, fittings and equipment were safe, clean, well maintained and suitable for consumer use. Consumers confirmed equipment and furniture was suitable for their needs, clean and well maintained. Furniture, equipment and consumers’ rooms were cleaned and maintained under routine, preventative and corrective schedules.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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

The Quality Standard is assessed as Compliant, as four of the four specific requirements were assessed as Compliant.

The service encouraged consumers and representatives to make complaints and provide feedback. Consumers and representatives were comfortable raising concerns directly with management or in writing. Information about how to make an internal or external complaint, provide feedback and access advocacy and interpreter services was available in the resident handbook and displayed on posters throughout the service. Consumers provided feedback or made complaints at consumer meetings, verbally to staff or via a formal feedback form. Management had an open-door policy, whereby consumers and representatives could speak with them about their concerns.

The service took appropriate action in response to feedback and complaints and used open disclosure when something went wrong, which consumers and representatives confirmed. Staff and management understood their responsibilities in relation to complaints management. A review of the service’s complaints register confirmed complaints were investigated, actioned and an apology given when something went wrong. Complaints and feedback were used to improve the quality of care and services. The Assessment Team reviewed the service’s continuous improvement plan and noted consumers were consulted and actions taken in response to feedback and complaints. For example, consumers had complained about food availability outside of scheduled mealtimes and in response, the service made snacks available 24 hours a day.

# Standard 7

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| Human resources | | Compliant |
| 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

The Quality Standard is assessed as Compliant, as five of the five specific requirements were assessed as Compliant.

Consumers said there were enough staff to deliver care and services, though staff were very busy. Notwithstanding, consumers confirmed their needs were met in a timely way. Staff said they would like additional staff rostered, though management said the number and mix of staff worked well under the service’s model of care. A review of the roster showed all vacant shifts were filled by agency staff familiar with the service, each of whom had the competencies or qualifications required for the role. The Assessment Team noted staff were kind and respectful of consumers’ identities, cultures and diversity when providing care. Staff spoke to consumers with familiarity and understood their care needs and preferences.

The service’s workforce was competent and had the qualifications, skills and knowledge to effectively perform their roles. Consumers said staff were capable in their roles and had the knowledge to meet their needs. Management said they ensured all staff held the required qualifications and professional registrations required for their roles. Staff said they were well supported in their orientation to the service. A review of the service’s orientation schedule confirmed staff attended training in elder abuse, infection prevention and control, complaints and feedback, restrictive practices, consumer dignity, risk and privacy and manual handling. The service regularly assessed, monitored and reviewed staff performance through informal and formal performance reviews.

# Standard 8

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| Organisational governance | | Compliant |
| 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

The Quality Standard is assessed as Compliant, as five of the five specific requirements were assessed as Compliant.

Consumers and representatives were engaged in the development, delivery and evaluation of care and services. Input was provided via consumer meetings, a new community circle meeting, food focus meetings, feedback and suggestion forms, surveys and case conferences. Management said consumers were encouraged to participate in meetings where feedback was provided regarding meals, activities and the service environment. The organisation’s board of directors (the board) promoted a culture of safe, inclusive and quality care and services, for which it was accountable. The board maintained visibility of the service’s performance through direct communication from the service’s manager and reporting focused on: risk; governance; finance; reaccreditation; and incidents which required escalation.

The service had organisation-wide governance systems that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service had risk management systems, policies and procedures to monitor, assess and manage high-impact or high-prevalence risks associated with the care of consumers. Risks were identified, reported, escalated and reviewed by service management, an executive team and the board. Incidents were recorded in the service’s electronic care management system, whereby data was analysed by the board and its relevant sub-committees, following which the data was used to implement improvements to consumers’ care and services.

The service had systems in place to support clinical governance, the delivery of safe care, promote antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something went wrong.

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)