Performance

Report

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| Name of service: | Uniting Wesley Gardens Belrose |
| Service address: | 2B Morgan Road BELROSE NSW 2085 |
| Commission ID: | 2629 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Site Audit |
| Activity date: | 28 November 2022 to 2 December 2022 |
| Performance report date: | 5 January 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 Wesley Gardens Belrose (**the service**) has been prepared by E Woodley, 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 29 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 | **Non-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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 5(3)(b) – The approved provider must demonstrate the service has effective processes in place to identify and actions risks to the safety, cleanliness and maintenance of the service environment, and barriers to consumers being able to move freely indoors and outdoors.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response to the Site Audit report.

# 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

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

Consumers and representatives interviewed by the Assessment Team said they are treated with dignity and respect. Staff demonstrated a good knowledge of consumer’s background and preferences which were consistent with consumer’s goals and well-being needs. Care planning documentation reflected consumer’s individual needs and preferences with tailored support strategies to deliver personalised and culturally safe care.

The service demonstrated each consumer is supported to exercise choice and maintain their independence by making decisions about care and services according to their preferences. Care staff said they ask consumers for their preferences, including choice of meals and whether they would prefer to eat in their rooms or the dining room. The welcome pack to the service contains a process for consumers to identify who they wish to be involved in their care. The service demonstrated consumers are supported to take risks to enable them to live the best life they can. Documentation shows risk assessments have been completed to support consumers to undertake risks. The service demonstrated information provided to each consumer is current and accurate and communication is clear and easy to understand which enables consumers to exercise choice.

Consumers and representatives interviewed said consumer’s privacy is respected and their personal information is kept confidential. Staff were able to describe how they respect consumer’s privacy and maintain confidentiality of their personal information. Staff demonstrated respect for consumers privacy by knocking before entering consumer rooms, drawing curtains and closing doors before providing care, and speaking softly or taking the consumer to a private area before discussing their care. The service has policies and procedures guiding consumer privacy.

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Review of care planning documentation and interviews with consumers and representatives indicated assessment and planning includes the consideration of risks to individual consumers which informs the delivery of care and services that are safe and effective. The service has policies and processes that guide assessment and planning for consumer care and identifies high impact risks, including the use of restrictive practices. Sampled consumer’s care planning documents include what is important to individual consumers in how they want their care delivered, and advanced care directives are in place.

Consumers and representatives interviewed by the Assessment Team said they are partners in care with the service, said they are kept updated about the outcomes of assessments, and were confident the service is communicating effectively. Some consumers and representatives had difficulty recalling seeing their care plans, but all described how the service keeps them updated and they are aware care plans are readily available if they asked for one. Staff said they involve consumers and representatives in planning for care and other health practitioners where appropriate such as physiotherapist, medical officers, dietitian, speech therapist and dementia specialists. This was confirmed by review of care planning documentation.

The service regularly reviews the care and services they provide to consumers. Care and services plans are evaluated every three months for effectiveness and updated when there is a change in consumer condition. Sampled consumer care planning documents showed adjustments to care after changes in consumer condition or incidents.

# 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Consumers and representatives interviewed by the Assessment Team reported consumers receive personal and clinical care that is tailored to their needs and optimises their health and well-being. Care documentation reviewed demonstrated safe and effective personal and clinical care and effective management of high impact and high prevalence risks. This included regarding skin integrity, personal hygiene care, pain, falls, and restrictive practices. The service is implementing a program to ensure all consumers who require support with changed behaviours have a behaviour support plan.

Staff interviewed by the Assessment Team could describe systems to identify consumer’s needs, goals and preferences including advanced care planning and identifying palliative requirements in a timely manner. The Assessment Team reviewed the care planning documentation for consumers requiring palliative care and consumers who had passed away at the service, and found measures are put in place to maximise comfort and preserve dignity in consultation with consumers and representatives.

Consumers and representatives expressed satisfaction with the service’s response to consumer’s deterioration or change of mental health, function, capacity or condition. Review of care planning documentation identifies consumers are monitored for changes and when deterioration occurs, appropriate actions are taken and interventions put in place.

Up to date information regarding consumer’s condition, needs and preferences is documented in the electronic care documentation and clinical care folders, and communicated with others where responsibility for care is shared. Review of care planning documentation confirms referrals are made when appropriate to support consumer’s personal and clinical care.

The service has policies and procedures to guide staff in relation to infection prevention and control, the management of an infectious outbreak and antimicrobial stewardship. Staff interviewed demonstrated an understanding of precautions in relation to preventing and controlling infection, and the steps to minimise the need for antibiotics at the service.

# 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Most consumers and representatives interviewed by the Assessment Team expressed satisfaction that services and supports for daily living met consumer’s needs, goals and preferences. Staff demonstrated knowledge of consumer’s interests and preferences in line with consumer feedback and care plans. The service demonstrated it provides services and supports for daily living to enable consumers to do things of interest to them and build relationships.

The service demonstrated effective support for consumer’s emotional, spiritual and psychological well-being. Care planning documents contain a spiritual assessment which reflect consumer’s preferences and staff were able to describe how they recognise if a consumer is feeling down and how to support them.

The service demonstrated processes in place to share information about consumer’s condition, needs and preferences regarding services and supports for daily living. This includes with care and nursing staff, pastoral care, and catering services. The service demonstrated referrals to external resources to support and supplement lifestyle activities.

Overall, consumers interviewed by the Assessment Team expressed satisfaction with the meals provided at the service, and said they were provided with a choice of menu options, including alternative options. The service demonstrated evidence of how consumer feedback is used to design seasonal menus.

Equipment used to provide support for lifestyle services was observed to be safe, suitable, clean and well maintained. Staff interviewed said they have adequate equipment to deliver the care and lifestyle needs of consumers.

# 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. | Non-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 Non-compliant as one of the three specific requirements has been assessed as Non-compliant.

The Assessment Team found the service environment did not enable consumers to move freely, both indoors and outdoors. Consumers in one wing were unable to independently access outdoor areas, requiring staff assistance with locked doors to go outside and return indoors. For consumers in another wing, their bedroom doors were locked from the outside to prevent incidents of consumers wandering into other consumers rooms, disturbing others and taking their belongings. However, the service said some consumers or representatives have requested the doors to be left open, and consumers can open their doors from the inside. For one consumer, closed fire doors restricted access to their room throughout the day. When this was raised by the Assessment Team, service management indicated they would review processes to ensure all consumers had access to their rooms.

The Assessment Team observed outdoor areas of the service to have uneven paving with weeds, overgrown plants, drain channels lifting and drainage holes posing as potential safety hazards. A maintenance request had been initiated for this at the time of the Site Audit. The Assessment Team observed dirty utility room doors were left open and clinical waste bins unlocked throughout the Site Audit.

The approved provider’s response to the Site Audit report identifies that the doors to the outdoors areas have been unlocked during the day to allow for consumers to move more freely indoors and outdoors. The service has consulted with the representatives for consumers in the wing where their bedroom doors and locked, and most have requested for this to continue. For the consumer whose bedroom access was restricted by fire doors, these have been unlocked.

The approved provider’s response identifies that the hazards in the outdoor area have been addressed, locks provided for clinical waste bins, and staff reminded to ensure dirty utility doors are closed.

I acknowledge the service has addressed the issues regarding the service environment identified at the Site Audit, and some issues had been identified prior to the Site Audit. However, the service did not demonstrate an effective process to consistently identify and action risks to the safety of the service environment, and barriers to consumers being able to move freely indoors and outdoors.

I find the following Requirement is Non-compliant:

* Requirement 5(3)(b)

The Assessment Team found, overall, the service environment was welcoming and optimised consumer’s belonging, independence, interaction and function. Most consumers rooms were observed to be decorated with their own personal belongings. Corridors and dining areas were welcoming, wide and brightly lit with natural light to allow for consumers to move freely. The service uses visual and lighting aids to assist consumers with vision impairment to maintain their independence, interaction and function.

The Assessment Team found that most furniture, fittings and equipment was safe, clean and maintained. While some indoor and outdoor furniture showed signs of wear and tear, the service demonstrated these are progressively being replaced. Consumers and representatives said they would inform staff if any equipment in their rooms was not working, and did not raise any concern regarding the furniture, fittings and equipment. Most equipment was observed by the Assessment Team to be up-to-date tested and tagged. While some equipment was sighted as having overdue retest dates, the service advised they would follow this up. Overall, the service has systems to ensure clinical equipment is maintained as required and working effectively.

I find the following Requirements are Compliant:

* Requirement 5(3)(a)
* Requirement 5(3)(c)

# 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

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

Consumers and representatives interviewed by the Assessment Team said they feel encouraged and safe to provide feedback and make complaints. The service informs and supports consumers with language difficulties to raise complaints through advocacy and language services. The Assessment Team observed written resources for advocacy and language services in various languages throughout the service.

The service demonstrated evidence of responding to and actioning complaints in an appropriate and timely manner. The service demonstrated the open disclosure policy is being used when things go wrong. The service management team monitor and review complaints, track resolutions until completed, and identify and analyse trends. The service demonstrated complaints and feedback are reviewed and analysed to inform continuous improvement. For example, following feedback, changes were made to the phone system at the service to allow for more timely answering of calls from representatives.

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Consumers and representatives interviewed by the Assessment Team said the service has sufficient staffing levels to provide safe and quality care and services. Consumers and representatives said they do not need to wait extensive periods of time for staff to attend to their care. Documentation demonstrated shifts are filled with existing or agency staff. Call bell times are reviewed weekly by the management team and documentation shows most calls are answered within the service’s benchmark.

Consumers and representatives consistently reported that staff members are kind and caring and treat them with respect. Documentation shows staff have undertaken training and education in consumer identity, culture, and diversity. The management team monitor feedback from consumers in relation to staff interactions through regular audits, complaints and feedback data.

Staff competence and knowledge is measured and monitored through ongoing performance reviews, assessments, and observations. Staff training and education is performed regularly through face-to-face participation, online modules, and external education providers. Training documentation shows consistent staff attendance in formal education sessions, handover, and toolbox training. Staff demonstrated they have a practical understanding of service policies and processes, confirmed they feel supported to deliver quality care, and have opportunities for further training and education.

The service has systems in place to monitor, measure and review staff performance on a regular basis. Documentation shows performance review feedback is sourced from consumer and representative feedback, audits, and incident reports.

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The service demonstrated consumers are engaged in the development, delivery and evaluation of care and services. The board is informed of consumer and representative feedback through quarterly resident meetings, complaint data and audits. The management team provide feedback from consumers and representatives to the director of senior services and the board on a monthly basis to support the development and evaluation of care and services. Documentation shows the board provides weekly updates to the management team in relation to the strategic direction of developing a safe and inclusive culture for consumers and staff. The board provides action plans and policies to the management team to implement and monitor how staff deliver care and services. The organisation’s mission and values are communicated to staff through a digital account provided to all staff members.

The service has policies and processes to effectively manage governance in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

The board provides policies and processes to support the management team to identify, assess, monitor, and mitigate risks relating to the safety and well-being of consumers. The service has a risk management system to manage risks and incidents, identify and respond to abuse and neglect, and support consumers to live the best life they can.

The service has a clinical governance framework to provide safe and quality outcomes including in relation to antimicrobial stewardship, minimising the use of restraint and 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)