Performance

Report

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| Name: | Uralba Retirement Village |
| Commission ID: | 0220 |
| Address: | 5 Eulamore Street, CARCOAR, New South Wales, 2791 |
| Activity type: | Site Audit |
| Activity date: | 11 September 2024 to 13 September 2024 |
| Performance report date: | 16 October 2024 |
| Service included in this assessment: | Provider: 7020 Burswood Care Pty Ltd  Service: 236 Uralba Retirement Village |

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 Uralba Retirement Village (**the service**) has been prepared by Grace Hope-Simpson, 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 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 reported that staff treat them with kindness and respect. Staff described how they protect consumer privacy and dignity when providing care. Planning documentation reflected consumers’ religious, spiritual and cultural needs, as well as personal preferences. Observations showed that staff interact with consumers in a dignified and respectful manner.

Consumers and representatives said staff act with respect for consumers’ cultural identities and needs. Documentation showed lifestyle history assessments are completed and convey important religious and cultural needs and preferences. Staff demonstrated understanding of individual consumers’ cultural and religious requirements.

Consumers said they were supported to make decisions about their care and who is in involved in it. They confirmed they are encouraged to maintain relationships, including intimate relationships. Documentation showed that consumer choices are incorporated into care plans and the people involved in care were documented. Staff explained how they support consumer choice in care provision.

Care plans demonstrated the service identifies and manages risks to individual consumers, through risk assessments and appropriate mitigation measures. Consumers and representatives confirmed the service supports consumers to make informed decisions about risks they want to take. Staff knew the consumers who take risks and understood the service’s dignity of risk process.

Consumers and representatives confirmed the service provides accurate, clear and timely information to support decision-making. Observations confirmed information is displayed throughout the service on calendars, posters, flyers, menus and whiteboards. Staff confirmed the service uses different communication methods as needed, and verbal information is also provided directly to consumers and during resident and relative meetings.

Consumers confirmed their privacy is respected in care provision and observations confirmed the service has consumer privacy protocols in place, which are followed by staff. Confidential information is stored in an electronic care management system accessible by password only. Nurse stations are kept locked when not in use and staff explained how confidentiality is maintained by avoiding public conversations about consumer care.

# 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

Observations and documentation review confirmed the service has a range of clinical policies and procedures that guide staff in assessment and planning of care and services. Clinical assessments are completed on entry to the service, with a care plan subsequently developed. Care plans are reviewed every 6 months and in response to identified need. Consumers and representatives said they were involved assessment and planning, with care plans tailored to their individual needs. Some gaps in assessment and planning relating to restrictive practices and wound care were identified, however this did not impact consumer outcomes.

Consumers and representatives confirmed the service conducts end of life and advanced care planning with them. Staff understood sampled consumers’ care needs and preferences and they outlined the service’s approach to end of life and advanced care conversations upon entry to the service. Observations showed sampled consumers’ current needs, goals and preferences were documented and electronic copies of advanced care directives and end of life plans were accessible to staff.

Consumers and representatives confirmed they felt partnered with the service in assessment and planning, which involves Medical Officers and other health professionals. Staff understood the referral process for allied health professionals and the service is partnered with a range of external providers, including local hospitals, psychologists, dieticians, physiotherapists and speech pathologists. The organisation has procedures in place to guide staff in consumer centred planning and assessment, and guidelines for referral practices.

Consumers and representatives said the service communicates clearly about care plans and service delivery, by phone, email and in person. Changes are communicated and outcomes of assessment and planning is shared with consumers and representatives. Registered and care staff confirmed they have ready access to care plans via the electronic care management system and this was observed in practice during the site visit.

Documentation showed care plans are reviewed every six months and when a consumer’s needs changes, with changes in circumstances and incidents, such as falls, wounds or infections, triggering reassessments. Representatives confirmed the service keeps them updated on the outcomes of reassessments completed by external providers and medical officers.

# 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

Care planning documents generally showed the service provides individualised care that is safe, effective and tailored to need and preference. Staff understood sampled consumers’ significant clinical and personal care needs and preferences, which were documented. Documentation confirmed care was generally carried out in line with best practice policies and procedures, though some documentation and assessment gaps were identified. Consumers generally received safe and effective care in relation to skin and pressure injury management, pain management and restrictive practices.

Consumers and representatives were satisfied with how the service manages high impact and high prevalence risks. Clinical indicator monitoring is used to inform continuous improvement activity and identify staff training needs. Care planning documentation shows the service identifies and effectively manages risk relating to falls, pressure injuries, diabetes management and weight loss.

The service has policies and procedures in place to guide staff in their delivery of end-of-life care. Registered and care staff understood how care delivery changes for consumers nearing the end of life, to maximise comfort and preserve dignity. Consumers and representatives said they had discussed consumers’ end of life and advanced care planning needs and staff were familiar with these plans. Documentation showed palliating consumers receive tailored care focussed on pain management, spiritual care, comfort and hygiene.

Registered and care staff understood the signs of change and deterioration in consumer condition, and how to escalate such concerns. Policies and procedures are in place to guide staff in response to acute deterioration, and management confirmed they carry out daily reviews of progress notes, incident reports and charting, to ensure timely identification of changes in consumer condition.

Consumers and representatives said that information about consumer needs and preferences is effectively communicated between staff and others involved in care. Care planning documentation showed collaboration between staff, medical professionals and representatives, including timely updates when consumer condition changes or incidents occur. Staff reported receiving information about consumer changes during handover, verbally from RNs and through progress notes. Registered staff described how information is shared with visiting specialists and when consumers are transferred to hospital.

Care planning documents evidenced that the service made appropriate and timely referrals to external service providers, medical officers and allied health professionals, including social workers, geriatricians, dementia organisations and external wound consultants. Staff understood the referral process and confirmed the service has a visiting physiotherapist twice weekly, and monthly visiting dietitian and podiatrist.

Consumers and representatives said the service manages infectious outbreaks and individual consumer infections well. Staff have completed relevant infection prevention and control training, and the service has two appointed Infection Prevention and Control Leads onsite. Documentation showed infections are tracked and discussed as part of clinical governance at the service. The service has current policies and procedures concerning infection prevention and control, outbreak management and antimicrobial stewardship.

# 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 expressed that support for daily living meets their needs, goals and preferences whilst optimising their independence and wellbeing. Staff outlined, and documentation confirmed, the service identifies, and records consumers’ lifestyle needs and preferences, along with their life histories and important social connections. Staff understood how to support sampled consumers in line with lifestyle assessments. Various lifestyle activities are offered in the service, including exercise classes, bingo, church services, musical activities and outings. Consumers were observed engaged in a range of group and individual activities during the site audit.

Documentation confirmed the service assesses and plans services and supports that promote consumers’ emotional, spiritual and psychological wellbeing. Care plans contained information and strategies to enhance consumer wellbeing. Consumers confirmed they were supported to remain connected to their religious communities inside and outside the service, and to do activities that they find enjoyable and fulfilling. Staff outlined strategies they use when they see that a consumer appears down, while lifestyle staff explained how they support consumers with one to one to time.

Consumers and representatives said that consumers are supported to participate in community events and activities and to get the most from their social lives. Leisure and lifestyle, as well as registered staff, explained how they support consumers to make and maintain social connections. Sampled care plans outlined the activities that consumers like to participate in, their hobbies, interests and important relationships.

Information is effectively shared throughout the service, and with others where required. Consumers and representatives said that staff know consumers’ current care needs and preferences and staff knowledge of consumers matched information recorded in care plans. Care plans reflect input from a broad range of external healthcare and other professionals and contain sufficient information to support effective shared care. Policies and guidelines are in place to support information sharing and adherence with privacy requirements.

The service makes timely and appropriate referrals to a range of external services, however the Assessment Team found these are mostly limited to clinical and religious services. In response to feedback, the service gave an undertaking to improve access and increase referrals to other community-based services and organisations, to support consumer lifestyle and wellbeing.

Consumers and representatives spoke favourably about the quality and quantity of meals provided by the service, stating that consumers enjoy the food and beverages on offer, and they are offered choices in their daily menus. Hospitality staff explained the service has a rotating menu, with winter and summer selections, which is developed in consultation with consumers and a dietitian. Mealtimes had a pleasant atmosphere with a variety of hot and cold options available.

Consumers and representatives said the service is kept clean, safe and well-maintained, with staff responding promptly when maintenance requests are raised. The service has both preventative and reactive maintenance systems in place, with documentation showing repairs are carried out in a timely manner. Monthly audits are carried out on personalised equipment and staff were observed cleaning equipment after use by 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. | 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 environment is welcoming and supports consumer independence, interaction and function. Consumer rooms are personalised and common areas throughout the service were observed to be well utilised. Outdoor areas are shaded, and the service has supports in place to support consumer mobility and navigation. Staff confirmed regular audits are undertaken to ensure a safe and comfortable environment.

Consumers reported their rooms are cleaned regularly and the service environment is kept clean. Indoor and garden areas were maintained in a clean and safe manner, and the service was kept at a comfortable temperature. The service has cleaning procedures, schedules and records confirming regular environmental cleaning is undertaken. Observations showed consumers could move freely in both outdoor and indoor parts of the service. Feedback was provided regarding assessment of consumers’ ability to enter exit and re-enter the service in the evening, and a relevant improvement action was initiated.

Consumers said that fittings and equipment are safe, clean, and well maintained and furniture is suitable for consumers’ needs. Observations showed all furniture, fittings, and equipment were safe, well maintained, and suitable for consumers’ needs. Staff explained the shared equipment cleaning schedule and the maintenance request process. The maintenance team outlined a comprehensive system for audits, calibration, cleaning and replacement of equipment, and processes for removal of faulty equipment.

# 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 are comfortable making complaints and described several ways to provide feedback, including through feedback forms, ‘resident and relative’ meetings and directly to staff or management. Staff understood the internal and external complaints processes. Information about external complaint avenues is displayed throughout the service. Documentation review confirmed the service records complaints, suggestions and compliments and documents actions taken in response.

Information about advocacy services, translating and interpreting services and external complaints mechanisms is displayed in the service. Consumers and representatives confirmed their awareness of advocacy services and how to make complaints to the Commission and to advocates. Staff knew how to access language services when needed for consumers.

Consumers and representatives said the service takes timely and effective action in response to complaints or incidents, and confirmed they receive apologies when warranted. Staff have been trained in complaints handling and understood the service’s open disclosure procedures. Documentation showed open disclosure is exercised in response to incidents and complaints, investigations are undertaken and actions documented.

Consumers and representatives considered that the service does review feedback and complaints to improve the quality of services provided, with documentation review confirming the service has embedded procedures for doing so. Trending and analysis of feedback and complaints have resulted in improvements at the service level, and the organisation also monitors and identifies trends to inform organisation wide responses.

# 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 service has organisational support, policies, procedures and rostering tools to ensure the right mix and number of staff to deliver safe and effective care. Consumer care minutes provided exceed requirements. Consumers and representatives gave favourable feedback and said consumers do not need to wait for care and services. An RN is rostered and onsite 24 hours per day, supported by care staff. Rosters are monitored by the board and will be amended as necessary to meet consumer needs. Staff confirmed they are well supported and have sufficient team members. Call bell response times are monitored and average wait times in the month prior to the site audit were around one minute. Recruitment policies and initiatives are in place and both planned and unplanned leave is covered.

Consumers and representatives said staff are kind, caring and gentle when providing care, which observations confirmed. Staff were familiar with consumers’ needs and identities and used their preferred names. Training in respectful behaviours and disability awareness is provided to staff and management outlined firm expectations for staff about respectful interactions. Induction processes, code of conduct mandatory training and guidelines are in place to guide staff in provision of dignified care.

The workforce at the service is trained and competent, with relevant qualifications, registrations and knowledge to perform effectively in their roles. Consumers reported staff are well-trained and equipped to do their jobs. Management described an induction and orientation program, including initial mandatory training, that supports provision of quality care. The organisation monitors the Banning Orders Register, and all staff registrations, qualifications, police checks and vaccination checks are completed during the onboarding process. Documentation confirmed staff registrations and checks are up to date. A suite of human resources policies and procedures are in place to guide management practice.

Consumers and representatives said staff are well trained. A review of documentation showed the workforce is recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards. Staff confirmed they receive the training they need and said they can request any training they require. Staff mandatory and orientation training were all up to date, with electronic tools in place to prevent staff from clocking on where training is outstanding.

The service has embedded performance monitoring, evaluation, and review processes in place. Consumers and representatives reported feeling encouraged to provided feedback on staff performance, staff confirmed they had ongoing supervision and annual appraisals. Documentation confirmed annual appraisals were up to date and the service reported back to the governing body on staff performance reviews. Policies and procedures guide management in the performance development and appraisal processes.

# 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 service engages consumers in the development, delivery and evaluation of care and services. Consumers and representatives described how the service supports their involvement, through a Consumer Advisory Board, ‘residents and relatives’ meetings, surveys, feedback forms and in direct conversation with staff. Documentation confirmed a multifaceted and embedded approach to eliciting consumer involvement in service design and evaluation, as well as staffing and recruitment, both at the service and organisation level.

Consumers and representatives said they feel safe living at the service, and they consider the service to be inclusive. Management explained how the governing body is involved in oversight of care and services through the organisational governance structure, which includes a Quality Care Advisory Body, an Aged Care Leadership team and Consumer Advisory Boards. Management described how the governing body is informed about the service, including clinical care, risks and incidents. New reporting platforms have recently been introduced to increase senior management’s oversight and visibility of individual services.

The service had robust and effective governance systems in place relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Service level governance systems are integrated into the organisational governance framework. The governing body actively involves itself in monitoring and oversight, through recently restructured senior management teams, which support improvement actions across different services when risk trends are identified. The organisation has policies and procedures that detail processes for each governance system.

The service has risk management systems to monitor and assess high- impact or high-prevalence risks associated with consumers’ care. These include systems to identify and respond to consumer abuse and neglect and systems to support consumers to live the best life they can. Staff report and escalate risks, and management reviews them at the service level. The service uses weekly risk management meetings to monitor, identify and manage risks or mitigate impact. These are reported on to senior management who review and introduce mitigation measures at the organisational level.

The service has a generally effective and robust clinical governance framework and systems to ensure staff provide clinical care according to relevant legal requirements and best practice. This includes prioritising anti-microbial stewardship, minimising restrictive practices, and ensuring open disclosure. The service’s clinical governance framework is integrated with the approved provider’s governance framework and the governing body take responsibility for clinical quality and safety at the service. Staff are familiar with and are trained in policies and procedures relating to antimicrobial stewardship, minimising 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)