Juniper Chrystal Halliday

Performance Report

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**Commission ID:** 7884

**Provider name:** Uniting Church Homes

**Assessment Contact - Site date:** 18 November 2021

**Date of Performance Report:** 10 January 2022

# Performance report prepared by

Janine Renna, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site 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 Contact - Site report received 2 December 2021.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team assessed Requirement (3)(b) in this Standard at this Assessment Contact. As all other Requirements in this Standard were not assessed, an overall rating of the Standard has not been completed.

The Assessment Team recommended the service meets Requirement (3)(b) in this Standard, as the service was able to demonstrate high impact or high prevalence risks associated with the care of each consumer are effectively managed.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and I find the service compliant with Requirement (3)(b). I have provided reasons for my finding under the specific Requirement below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team was satisfied high impact or high prevalence risks associated with the care of each consumer were effectively managed. The Assessment Team provided the following evidence relevant to my finding:

* Two representatives were satisfied with the care and services consumers receive.
* Documentation demonstrated the following:
	+ Two consumers’ pressure injuries were regularly photographed and not monitored by measurement, however, wound specialist input was sought when the wounds had not improved.
	+ Two consumers experiencing regular falls were assessed by a physiotherapist, with falls prevention strategies reviewed for effectiveness following each fall. It was identified neurological observations were not always undertaken in line with the service’s policy.
	+ Dietitian recommendations for one consumer experiencing significant weight loss were not consistently followed, as weekly weighs were not conducted for two of the four sampled weeks. Notes from the doctor demonstrates the consumer’s health is deteriorating.
	+ Dementia Support Australia recommendations for two consumers prescribed as required psychotropic medication have been implemented and followed. Ongoing behaviour charting is occurring to record behavioural changes following medication adjustments and non-pharmacological intervention trials.
	+ High impact or high prevalence risks associated with the care of each consumer are documented in care plans and include strategies to guide staff in risk minimisation.
* Staff reported they were not aware of how often they should measure a wound and explained they refer consumers to specialists when wounds are not healing. Two of three staff interviewed were aware of the service’s strategies for identifying consumers at high risk of falls and one staff provided an example of effective interventions used to reduce the behaviour of one consumer.
* Quality meetings and clinical audits are conducted regularly to review high impact or high prevalence risks associated with the clinical care of each consumer.

The provider has submitted a plan for continuous improvement to address deficits identified by the Assessment Team, including provision of staff training in relation to post fall and wound management, and additional monitoring of staff practice in relation to weight loss and diabetes management.

Based on the information summarised above, I find the service compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team assessed Requirement (3)(a) in this Standard at this Assessment Contact. As all other Requirements in this Standard were not assessed, an overall rating of the Standard has not been completed.

The Assessment Team recommended the service meets Requirement (3)(a) in this Standard, as the service was able to demonstrate the workforce is planned to enable, and the number and mix of members deployed enables, the delivery and management of safe and quality care and services.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and I find the service compliant with Requirement (3)(a). I have provided reasons for my finding under the specific Requirement below.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

The Assessment Team was satisfied the service demonstrated 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. The Assessment Team provided the following evidence relevant to my finding:

* While most consumers reported there were enough staff to provide them with safe and quality care, some consumers considered the staffing levels were not adequate for a two hour period in the afternoon. Consumers did not provide examples of how this impacts the care and services they receive.
* One consumer raised concerns regarding one incident where an agency staff provided incorrect diabetic management to another consumer.
* Staff confirmed staffing levels have recently increased, which has improved the care and services provided to consumers. Some staff reported they do not have enough time to complete their duties in relation to dinner service and laundry, and often stay back after their shift has finished.
* The Assessment Team discussed consumer and staff concerns with management, who reported they were unaware and would investigate the issues raised.
* For a 25 day period sampled, rosters demonstrated 11 care staff, 17 registered nurse and 12 therapy assistant shifts were not filled. Management reported they are currently trying to engage permanent staff for vacant shits, which is challenging and are having to use a high number of agency staff in the interim.
* Call bell data for October 2021 demonstrated more than 20 call bells in excess of 10 minutes. Management reported call bell data analysis had not been undertaken in approximately six months.
* Staff did not appear rushed when providing care to consumers.

The provider did not agree with the Assessment Team’s findings that a number of shifts were unfilled during the sampled period. The provider asserts where permanent or agency staff were unable to be rostered, management filled the shifts to provide clinical coverage.

The provider’s response includes a plan for continuous improvement to address deficits identified by the Assessment Team, including providing additional information to staff in relation to workforce challenges, monitoring agency staff performance, reviewing staff overtime and excess hours, speeding up recruitment processes and conducting call bell data analysis.

Based on the information summarised above, I find the service compliant with Requirement (3)(a) in Standard 7 Human resources.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.