Ny-Ku Byun Elders Village

Performance Report

1 Fisher Street   
CHERBOURG QLD 4605  
Phone number: 07 4179 6100

**Commission ID:** 5780

**Provider name:** The Uniting Church in Australia Property Trust (Q.)

**Assessment Contact - Site date:** 24 June 2020

**Date of Performance Report: 4 August 2020**

# Publication of report

This Performance Report **may 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 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |

# Detailed assessment

This performance report details the Commission’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 report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

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 21 July 2020

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Overall consumers/representatives interviewed confirmed they feel like partners in the initial and ongoing assessment and planning of their care and services. They were satisfied they were involved in care planning and with the information provided to them about care planning processes and outcomes.

The service has clinical pathways, policies, processes, guidelines and tools for assessment and care planning and staff could describe the application of these processes and tools. Staff described how consumers, representatives and health professionals are partners in care planning and contribute to deliver an individualised care plan.

Care planning documents reviewed by the Assessment Team reflected the involvement of consumers, their representatives and other providers of care; are individualised to reflect consumer’s needs, goals and preferences; and are reviewed on a regular scheduled basis and when circumstances change.

Care planning documents included the assessment and management of various risks for individual consumers. While the Assessment Team identified deficiencies with assessment of risks to consumers associated with the use of restraint, this has been considered under Standard 3.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

Registered staff complete initial assessments to identify consumers’ needs, preferences and associated risks. Ongoing assessment and planning occur according to a schedule or when a change occurs. Consumers, representatives, medical officers and other allied health professionals are involved in the assessment and planning process where appropriate.

Registered staff interviewed identified the clinical pathways, policies and procedures that guide staff in assessment and care planning. They also described various sources of information used to consider risks to consumers, including from hospital discharge forms, consumer/representative, medical officers and other health professionals. Care staff interviewed could describe assessed risks to consumers.

While the Assessment Team found the service does not routinely assess risk to consumers in relation to the use of restraint, this information and the approved provider’s response has been considered under Standard 3, requirement 3(3)(a).

For the reasons detailed above this requirement is compliant.

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 NON-COMPLIANT 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

Consumers and/or their representatives reported they receive the personal care and clinical care they need and that is right for them. Consumers said they are involved in their care, have access to medical officers and other health professionals and communication between staff was effective.

The service has policies, procedures and guidelines to guide staff practice in providing clinical and personal care.

The Assessment Team found high impact or high prevalence risks for the service’s consumers (including risks associated with pressure injuries/wounds, falls and choking) are managed effectively. Consumers nearing the end of life receive appropriate care and infection related risks are minimised.

Staff demonstrated an understanding of consumers’ needs and preferences and reported they have access to relevant clinical information, which is also available to other health professionals involved in consumer care. Registered staff described the most significant clinical/personal risks for consumers and how these risks and changes in a consumers’ condition are identified, assessed and managed in line with care documentation

Consumer care documentation reviewed by the Assessment Team generally reflected individualised care that is specific to the needs and preferences of the consumer. However, the Assessment Team found the service was not adequately managing the use of restraint.

While the Assessment Team found the service has a process in place to make referrals to other organisations and providers of care, referrals for two consumers had not been made regarding changes to their health condition. The approved provider submitted a response to the Assessment Team’s report and provided additional evidence and clarifying information regarding these two consumers, which confirmed referrals to external health professionals were not required in those instances.

The Quality Standard is assessed as non-compliant as one of the seven specific requirements have been assessed as non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*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.*

The Assessment Team’s findings and the response submitted by the approved provider in relation to this requirement and requirement 2(3)(a) have been considered. While the Assessment Team generally found consumers receive safe and effective personal and/or clinical care, the service was not adequately managing the use of restraints.

Overall, consumers and their representatives reported they get the care they need, are satisfied with their care and services, and feel staff understand their needs.

The Assessment Team found the service has written materials, including policies, procedures, tools and education, to support staff in the delivery of care and services.

Registered and care staff interviewed confirmed they receive relevant education and training to support them in their role, and could describe sampled consumers’ individual needs, preferences, key risks and how these were being managed. They also described the processes to monitor care delivery, including through meetings and clinical incident data.

Sampled consumer files generally reflected individualised care specific to the assessed needs and preferences of the consumer; including, for a consumer at risk of falls and with complex behaviours, and another consumer at risk of pressure injuries and with a wound. Management strategies were in place for these consumers.

While the Assessment Team identified deficiencies in the care for two consumers, the approved provider’s response provided additional clarifying information. For example:

* The Assessment Team found a consumer had lost weight over the period March to June 2020 had this not been reviewed by a medical officer or dietician, and their care documentation did not demonstrate oxygen equipment was changed regularly.

Staff interviewed by the Assessment Team and the approved provider’s response clarified the consumer had been palliating during that period, the weigh scales were broken and provided incorrect readings, and the staff were monitoring and managing the consumer’s weight which was relatively stable. The approved provider’s response confirmed the management of the consumer’s oxygen equipment was not consistently documented and identified this was due to an IT system issue and that staff were aware and completing appropriate management of the oxygen equipment.

* Another consumer’s care documentation confirmed while blood glucose levels (BGLs) were monitored by staff and insulin administered according to medical officer directives, there were five occasions in June 2020 where BGLs were outside set parameters and the medical officer was not notified as per directives.

The approved provider’s response included evidence of the medical officer’s directives and while this differed from the consumer’s care plan information, the approved provider noted staff were aware of the medical officer’s instructions and where this information was located. Based on the medical officer directives, the instances identified by the Assessment Team did not require referral to the medical officer. The approved provider has since addressed the inconsistency in documentation.

In addition, the Assessment Team identified that prior to the visit, the service had identified the need to improve consistency and accuracy of care documentation and this was included on the service’s plan for continuous improvement.

Restraint

The Assessment Team interviewed management and staff and reviewed consumer’s care documentation and found the service was not consistently managing the use of the restraint. For example

* appropriate assessments, restraint authorisation and informed consent from the consumer and/or representative had not been consistently completed for five consumers who had bed rails in place
* two consumers were prescribed chemical restraint:
  + assessments, restraint authorisation, informed consent from the consumer and/or representative, and restraint management and review had not been completed for one consumer. The medication had not been administered and the medication order was ceased during the assessment contact visit.
  + risks associated with the use of chemical restraint had not been discussed with the other consumer’s representative and informed consent had not been sought. The representative confirmed that while staff discuss various care and service needs with them, staff had not discussed the risks associated with the use of chemical restraint.

The approved provider’s response included actions implemented and planned to address the deficiencies identified by the Assessment Team in relation to the service’s management of restraint and included a range of staff education, review consumers’ restraint documentation, engagement with consumers and/or their representatives and medical officers, and implementation of processes to monitor the use of restraint.

However, at the time of the assessment contact visit, the service was not appropriately managing the use of restraint for the reasons detailed above and therefore, this requirement is non-compliant.

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

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

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

Consumer representatives interviewed by the Assessment Team reported that consumers have regular access to medical officers and other relevant health professionals when needed.

The Assessment Team found the service has referral processes to external health professionals and referrals are made and documented as required.

For the consumers sampled, care planning documents demonstrated input of others, including medical officers and allied health professionals such as dieticians, speech pathologists, physiotherapists and podiatrists. For example, a consumer was referred to a dietician for review after they had lost weight and another consumer was referred to a medical officer following increased experiences of pain.

Staff interviewed confirmed referrals to health professionals are identified and actioned by the registered staff and described the service’s review process to ensure necessary referrals are made.

While the Assessment Team identified two consumers who had not been referred to external health providers after changes in their condition (weight loss and BGL readings outside set parameters), staff interviews and the approved provider’s response provided additional and clarifying information that clarified these consumers did not need to be referred to other health professionals in these instances. Refer to requirement 3(3)(a) for further details about these consumers.

Based on the Assessment Team’s finding that the service has a process in place and makes referrals to other providers of care when required, and the approved provider’s additional and clarifying information regarding two consumers, this requirement is compliant.

### Requirement 3(3)(g) Compliant

*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.*

# 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.

* The service must demonstrate the use of restraint is appropriately managed and documented.