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:** 1 December 2020 to 2 December 2020

**Date of Performance Report: 15 December 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 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | 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 8 December 2020 noting the provider was satisfied the Assessment Team’s report reflected the performance of the service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers and representatives interviewed by the Assessment Team said they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. For example:

* Consumers and representatives said staff treat consumers respectfully and expressed satisfaction with the interactions and engagement with staff across all aspects of care and services.
* Consumers and representatives provided examples of matters of importance to them and said staff support their lifestyle choices, preferences and decisions. Consumers reported being encouraged to do things for themselves and being supported to take risks and make choices which involved some risks, such as smoking.
* Consumers and representatives advised they are provided with information which allows the consumer to make informed choices about how they live their lives.
* Consumers and representatives confirmed that the consumers’ personal privacy is respected.

The Assessment Team interviewed staff and reviewed care planning documents and identified information is collected and shared to support the consumer’s choice, and consumers’ decisions are respected and shared with relevant care and service staff.

Staff interviewed by the Assessment Team demonstrated their awareness of individual sampled consumers’ lifestyle preferences and culture, and provided examples of the how the consumer’s culture influenced how they deliver care and services day-to-day.

The Assessment Team observed staff interactions with consumers that demonstrated staff understood each consumer’s preferred communication style and allowed time for consumers to respond.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# 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 did not assess all requirements and therefore an overall compliance rating and summary for this Quality Standard is not provided.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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.*

Consumers and representatives were satisfied consumers receive safe and effective care that is right for them.

The Assessment Team reviewed clinical documentation including progress notes and care plans for consumers with varied clinical care needs such as diabetes, chronic wounds, supra pubic urinary catheter, and chronic pain and identified that care delivered is individualised and supports the consumers’ health and well-being. The clinical documentation for consumers who were being restrained or with wounds or pain demonstrated effective care and management.

Staff interviewed by the Assessment Team demonstrated individual knowledge of consumers’ needs and preferences, and the most significant clinical/personal care risks and how these were being managed or monitored (in line with care plans). For example, staff described how they assist a consumer who requires specific pressure area care and another consumer with complex care needs.

Staff said they have ready access to consumer care plans and advised if they had any concerns in relation to care provided to consumers, they would report it to the registered staff.

The service has a suite of evidence-based procedures to guide staff in the safe and effective care of consumers and validated assessment tools to identify consumers’ needs. Staff demonstrated knowledge of these procedures. Review of staff training records and staff interviews confirmed staff have completed relevant training, including in relation to areas such as restraint, pain assessment and skin integrity and falls. Staff said they are supported by management, including after hours, for information and advice if required.

The organisation has implemented improvements specific to this requirement relating to the management of restraint. During the Assessment Contact, the Assessment Team found:

* the organisation had developed a Restrictive practices (restraint) management procedure that refers to the Quality of Care Amendment (minimising the use of restraints) Principles 2019. The procedure outlined the responsibilities for management and staff in relation to restraint and what constitutes restraint; the need for both clinical and risk assessments prior to the use of restraint; gaining consent and ongoing monitoring of restraint use for consumers.
* where consumers are identified as being prescribed chemical restraint, or are provided with physical restraint, service documentation demonstrates these consumers have been assessed, and informed consent and authorisation have been obtained.

Based on the evidence (summarised above), this requirement is compliant.

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Consumers and representatives consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* Consumers demonstrated they understood how to give feedback and make a complaint and reported feeling comfortable doing so. They said consumer feedback is discussed at the regular consumer meetings.
* Those consumers who had raised concerns or provided feedback said they were satisfied with the actions taken.

The service demonstrated it encourages and supports consumers to provide feedback or complain about the care and services they receive, and an open disclosure approach is used when something goes wrong.

Staff interviewed by the Assessment Team demonstrated an awareness of the complaints mechanisms available at the service, could describe their roles in supporting consumers to provide feedback or make a complaint, and identified some of the actions taken in relation to various feedback raised by consumers and representatives.

Management provided examples of changes made as a result of feedback, including the provision of staff training and new equipment.

The organisation has written materials available to consumers about how to make complaints including details for advocate and language services. Posters displayed in the service provide details for raising concerns.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# 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 did not assess all requirements and therefore an overall compliance rating and summary for this Quality Standard is not provided.

## 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.*

Consumers/representatives interviewed by the Assessment Team expressed satisfaction with staff response to requests for assistance and the quality of care provided. Representatives reported always being able to locate a staff member when required.

Staff interviewed by the Assessment Team said they generally have sufficient time to complete their duties each day.

Management reported registered staff are rostered on the morning and afternoon shifts seven days a week, and are available on call overnight. Staff who work the night shift reported the process for contacting the on-call RN and reported they respond promptly. Staff described those occasions when they would immediately contact emergency services.

A new facility manager commenced at the service in November 2020. Management discussed recent recruitment activities to fill vacant staff positions, including registered, care, and lifestyle staff.

While Management acknowledge there had previously been some staff performance and absenteeism issues, documentation reviewed by the Assessment Team confirmed a roster is developed in advance and there were no unfilled shifts in the past two weeks. In the event staff on unplanned leave are not able to be replaced, shifts are extended or agency staff are utilised to ensure the care needs and preferences for each consumer are met. The Assessment Team observed management discussing vacant shifts with staff during handover and staff identifying where they could work additional shifts.

Based on the evidence (summarised above), this requirement is compliant.

# 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.