Uniting Alblas Lodge Tamworth

Performance Report

Tribe Street
TAMWORTH NSW 2340
Phone number: 02 6763 3262 / 0400 469 925

**Commission ID:** 0379

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

**Assessment Contact - Site date:** 19 November 2020

**Date of Performance Report:** 30 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 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-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 11 December 2020.

# STANDARD 3 NON-COMPLIANTPersonal 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

A summary at the Standard level is not provided as only one requirement was assessed.

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 found that Care planning documents and/or progress notes generally reflect the identification of, and response to, deterioration or changes in the consumer’s condition and/or health status. Consumer and representative feedback was positive about the assistance staff provided in ensuring appropriate clinical and personal care. Staff advised they regularly observe the consumers when assisting them with personal care and would report any issues or concerns to the enrolled nurse or registered nurse. Staff interviewed were able to confidently describe how they deliver appropriate care for the consumers at the service. Staff described the education that they had received in relation to care planning and infection control, including on the COVID-19 management outbreak plan. The organisation implements and promotes for their staff to use an online clinical resource service, which provides up to date material that is based on best practice care guidelines. The organisation policies are updated regularly based on best practice information.

However, the service is not demonstrating practices that are consistent with the legislation for managing chemical restraint. The service was not able to show the Assessment Team evidence for the appropriate ongoing management of psychotropic medications. Sampled consumers were identified to be receiving psychotropic medications that are atypical for their medical diagnosis and the service has not provided a current and signed chemical restraint authorisation record. The service had not identified consumers who were chemically restrained.

While staff described the process and use of the service’s wound management documentation flow chart and initiate assessment, wound care plan and charting, staff have not documented all clinical characteristics and/or measurements of the wounds consistently.

In their response, the Approved Provider submitted information to address the issues raised by the Assessment Team. The Approved Provider does not dispute the findings of the Assessment Team regarding ineffective management of psychotropic medication and identification of chemical restraint nor wound documentation/imaging. I acknowledge the plan for continuous improvement provided by the Service which documents improvement actions undertaken to address these gaps since the date of the assessment contact.

While I have considered the positive feedback from consumers, staff knowledge about consumer’s unique needs, documented guidance and policies and training in care planning and infection control I am of the view that the Approved Provider requires further time to determine the effectiveness of the improvements they’ve implemented to address the issues of safe and effective clinical care as it relates to psychotropic medication management and chemical restraint, and wound documentation and imaging. The Approved Provider does not comply with this requirement.

# 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 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.*

The Approved Provider must demonstrate that:

* actions identified in the Approved Provider’s plan for continuous improvement plan relating to
	+ the management of psychotropic medication; and
	+ identification of chemical restraint; and
	+ wound documentation and imagery

have been successfully implemented, monitored and evaluated for effectiveness.