Uniting Arrunga Ermington

Performance Report

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**Commission ID:** 0838

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

**Assessment Contact - Site date:** 27 November 2020

**Date of Performance Report:** 7 January 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

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| --- | --- |
| **Standard 1 Consumer dignity and choice** |  |
| Requirement 1(3)(c) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-Compliant** |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(c) | 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 22 December 2020.

# STANDARD 1 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team interviewed consumers, reviewed care planning documentation (for alignment with feedback from consumers) and tested staff understanding and application of the requirements.

Overall sampled consumers considered that 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. Consumers said they are supported to make decisions in relation to the care and services they receive and are regularly consulted on matters including their involvement in leisure and lifestyle activities that are of interest to them. Consumers provided examples of decisions they had made about their care and services that were supported by the service. This was also reflected in care planning documents and organisational policies and procedures reviewed by the Assessment Team.

The Quality Standard was not fully assessed and has not received a compliance rating. Only one of the six specific requirements have been assessed. This requirement was found Compliant.

## Assessment of Standard 1 Requirements

### 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.*

# 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

While the service demonstrates ongoing review of infection prevention and control practices and policies, and staff have some understanding and training in infection control, the Assessment Team identified some gaps in staff knowledge and implementation of infection control practices.

The service has policies in relation to antimicrobial stewardship, however, staff did not consistently demonstrate understanding of antimicrobial stewardship and ways to minimise the need for antibiotics. The documentation reviewed does not consistently reflect appropriate management of consumers’ infections in relation to antimicrobial stewardship.

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)(g) Non-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.*

The Assessment Team found that while most staff interviewed were able to describe how they apply standard and transmission-based precautions to prevent and control infection in their work, staff did not consistently demonstrate these precautions including appropriate use of personal protective equipment (PPE) and safe disposal of contaminated PPE, and social distancing measures. The Assessment Team found that contracted cleaning staff at the service were not aware of a consumer with an infectious wound. Staff interviewed did not demonstrate that they have sound understanding of antimicrobial stewardship, and the service did not provide the Assessment Team with any training records related to antimicrobial stewardship. Consumer care files reviewed by the Assessment Team did not consistently demonstrate that samples are taken for microbiology testing before starting antibiotic treatment for urinary tract infections and wound infections.

In their response, the Approved Provider acknowledged that improvements can be made in some areas in relation to infection prevention and control, and antimicrobial stewardship. While the service has put measures in place to ensure staff compliance with the appropriate use and disposal of PPE, and social distancing measures, these measures were either not in place, or not effective, at the time of the Assessment Contact. The Approved Provider acknowledged that while the service has processes for communicating information regarding infectious diseases to staff, contracted cleaning staff were not aware of these processes. As a result, the Approved Provider has identified continuous improvement actions to communicate these processes to agency staff providers.

In their response, the Approved Provider did not dispute the Assessment Team’s findings of a lack of training and education to staff related to antimicrobial stewardship at the time of the Assessment Contact. The Approved Provider identified that the service will commence education sessions for staff on infection control, including antimicrobial stewardship and minimisation and appropriate usage of antibiotics.

I accept that the Approved Provider’s infection control policies and procedures (including the Safe Practice Protocol - Antimicrobial Stewardship - Ageing) do not always require pathology investigation to occur prior to the commencement of antibiotics. However, testing is a key component of antimicrobial stewardship and the Approved Provider also did not provide evidence of discussions with the medical officer on whether antibiotics were appropriate for the sampled consumer’s condition. The Approved Provider has identified continuous improvement actions to improve the service’s processes, however these were not implemented at the time of the Assessment Contact.

I am of the view that the Approved Provider does not comply with this requirement as the service was not able to demonstrate that best practice standard and transmission-based precautions to prevent and control infection were occurring at the time of the Assessment Contact. Practices to promote appropriate antibiotic prescribing and use to promote optimal care were not demonstrated consistently for the consumers sampled.

# 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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experiences with staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Overall sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

The service has position descriptions which set out the qualifications, knowledge and skills for each role and staff are recruited in accordance with these requirements. Staff are supported with ongoing education. Staff skills competencies are assessed, and staff performance is monitored by management.

The Quality Standard was not fully assessed and has not received a compliance rating. Only one of the five specific requirements have been assessed. This requirement was found Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

# 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)(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.*

The Approved Provider must demonstrate that:

* The service has processes in place to ensure staff compliance with appropriate standard and transmission-based precautions to prevent and control infection, including appropriate PPE use.
* The service has implemented practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.
* The service has provided staff with the training and tools to understand antimicrobial stewardship and promote appropriate antibiotic prescribing and use.
* The service has implemented all actions mentioned in their plan for continuous improvement, submitted with their response to this Assessment Contact.