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:** 8 April 2021 to 9 April 2021

**Date of Performance Report:** 26 May 2021

# 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(d) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(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 8 May 2021.

# STANDARD 2 NON-COMPLIANTOngoing 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Most sampled consumers and representatives confirmed that staff could explain relevant information about the consumers care, however, did not consider that they feel like partners in the ongoing assessment and planning of their care and services. Most sampled consumers (or their representatives on their behalf) said they are not consulted about the consumer’s care unless they ask. Consumers or their representatives said they have not been provided with a copy of their care plan.

The assessment team identified that regular care conferences are not undertaken. Care and service plans are not available to each of the consumers sampled.

The Quality Standard is assessed as Non-compliant as one of the five specific requirement have been assessed as Non-compliant. A finding of Non-compliant in one of the requirements results in the Standard being Non-compliant

## Assessment of Standard 2 Requirements

### Requirement 2(3)(d) Non-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.*

The assessment team found that of the consumers and representatives sampled, most of them confirmed staff could explain relevant information about the consumer’s care. However, most of the consumers and representatives said they do not have ready access to their care and service plans, including them not knowing that they could have a copy of their plans. The service was unable to demonstrate that all consumers have had a review or annual case conference. The management team also acknowledged that care conferences had not been occurring with consumers and that there has been a reintroduction of registered nurses completing, care conferences with the consumers and their representatives.

The approved provider response acknowledged that that only a small perecentage of consumer’s had participated in a case-conference within the last 12 months,. The approved provider submitted that the service had commenced a process in March 2021 for undertaking case-conferences and engaging with consumer’s and their representatives. A case conferencing schedule was create with the intent to have undertaken an annual case conference with all consumers by September 2021.

I acknowledge the actions of the approved provider in having a plan in place to ensure that all consuemrs and or their representatives are involved in care planning and that the ourcomes are documented and communicated. However, I am satisfied that based on findings at the time and that the actions of the approved provider will take time to complete and embed in practice that this this requirement is Non-compliant.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Some sampled consumers did not consider that they receive personal care and clinical care that is safe and right for them. However, other consumers and their representative described dissatisfaction with a range of aspects of clinical and personal care.

The service did not always demonstrate that pain management is best practice and optimises the consumsr’s quality of life and well-being. The service does not always demonstrate effective management of high impact or high prevalence risks in relation to falls management, catheter care and psychotropic medication management.

The Quality Standard is assessed as Non-compliant as three of the seven specific requirements have been assessed as Non-compliant. A finding of Non-compliant in one of the requirements results in the Standard being 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 each consumer does not always receive personal and clinical care that is best practice, tailored to their needs and optimises their health and well-being.The assessment team found that a consumer representative expressed concerns regarding pain management practices. The assessment team reported that a consumer who had returned from hospital did not receive pain management tailored to their needs. There was a delay in obtaining the consumer’s medications and there was no systematic pain charting records to demonstrate that the consumer’s pain was monitored, along with limited information in progress notes in relation to the consumer’s pain. In their response, the approved provider acknowledge the above and undertook improvement actions identified in their plan for continuous improvement such as pain management training to staff, monthly review of pain charts and review of post hospitalization assessment processes.

A review of a consumer’s clinical care in relation to behaviour management and chemical restraint indicated it was not aligned with best practice, with legislative requirements in relation to chemical restraint and compulsory reporting of incidents not being followed. There were limited behaviour chart entries for this consumer or monitoring of the consumer’s behaviours. The consumer’s behaviour care plan did not include individualised interventions to manage their behaviour. In their response, the approved provider refuted the Assessment Teams finding that incidents were not reported and provided information to support this. The approved provider also submitted completed behavior monitoring tools, a behavior screen and an interim care plan for the identified consumer with noted strategies to assist in managing the behavior. However, the approved provider acknowledged that further improvements to improve staff knowledge and skills in behavior montoring and charting processes will be undertaken as reflected in the service’s plan for continous improvement.

Additionally, the assessment team idnentified gaps in wound management practices with wound evaluations not undertaken for a consumer following return from hospital and dressings not always completed consistent with frequencies documented in wound dressing chart records. In their response, the approved provider acknowledged the above findings as indicated in the services plan for continuous improvement, have undertaken improvements to address the gaps in wound management.

I find this requirement is Non-compliant.

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

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

The service does not demonstrate effective management of high impact or high prevalence risks in relation to falls management, catheter care and psychotropic medication management. The Assessment Team found risks associated with the care of sampled consumers were not consistently identified, monitored and effectively managed.

The assessment team found that for one consumer with a history of falls and prescribed multiple psychotropic medications, their care plan did not include any specific interventions and investigation in relation to falls prevention and non-pharmacological behavioural interventions. Neurologoical observations were not completed consistent with the organsiation’s procedures following falls. There has been no investigation to to identify and manage the contributing factors related to the falls including the use of psychotropic medications.

Another consumer with a catheter insitu had issues with effective catheter management including an incident which required hospitalisation due to incorrect equipment utilised by staff during the insertion of a new catheter. The consumer’s representative also expressed concerns of staff competency undertaking clinical care, specifically cathether care.

The approved provider’s response demonstrated that risks for the consumers identified in the Assessment Team’s report have since been assessed and strategies to minimise and manage risks identified and in the process of implementation.The approved provider requires time to implement more proactive systems to effectively manage the high impact or high prevalence risks associated with the care of each consumer and for this to become embedded in practice.

I find this requirement is Non-compliant.

### 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 most consumers and representatives said they were satisfied with the actions that the service has put in place to manage risks associated with the COVID-19 pandemic and other infectious outbreaks. Staff were able to explain their understanding of antimicrobial stewardship, infection control and prevention in relation to COVID-19 and other infectious outbreaks and the service has policies and information in relation to these areas.

However, practices in the service do not support effective infection prevention and control; in particular in relation to personal hygiene assistance for some consumers and cleanliness and maintenance at the service. One consumer representative expressed concern regarding bedding to be soiled on multiple occasions and another consumer representative explained that the service’s memory support unit has dirty furnishings and there are issues with soiled chairs. The Assessment Team also observed the memory support unit to have a strong malodour.

The approved provider’s response highlighted immediate actions taken in response to the Assessment Team’s findings above which include follow-up with consumers and/or representatives that have expressed concerns, engaging with the cleaning contractor to ensure all furiniture are cleaning and in good working order, review and installation of additional wall mounted air fresheners in the service environment. The actions of the approved provider are acknowledged, however based on findings at the time of the site audit, I am satisfied this requirement is Non-compliant.

# STANDARD 7 NON-COMPLIANTHuman 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 experience of the staff, interviewed staff, and reviewed a range of records including training records and performance reviews.

Consumers and representatives provided mixed feedback about staff numbers with most stating that they feel there are not enough staff causing consumers to have to wait for assistance for long periods of time and in some instances, consumers stated staff forget things as they are rushing to complete what is needed. Consumers advised most long wait times were during the night shift and on the weekends. Despite this, staff stated they feel they are mostly able to complete all of their work within a timely manner.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant. A finding of Non-compliant in one of the requirements results in the Standard being Non-compliant

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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 found that consumers and representatives interviewed provided mixed feedback about the adequacy of staff numbers, with most stating that they felt the service needed more staff, particularly during the night shifts, weekends and in the memory support unit. Some consumers interviewed also stated that call bell response times were at times too long and this has resulted in three consumers feeling embarrassed after having episodes of incontinence while waiting for assistance. Review of call-bell response data confirms that at times consumers wait for periods exceeding the service’s acceptable call bell response time.

In their response, the approved provider acknowledged the asessment team’s findings and undertook a review of staffing, increasing the number of night duty care staff hours, care staff in the memory support unit. The approved provider also engaged with their Nurse Call system provider to allow management to access call bell response time reports and commence daily monitoring of call bell response times.

I find this requirement is Non-compliant.

# Areas for improvement

### Requirement 2(3)(d) Non-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.*

The approved provider must demonstrate:

* Offer consumers and their representatives the opportunity to review their care-plan and communicate contents to ensure understanding
* Ensure case conferences are conducted with consumers and or consumer representatives as per the approved provider’s schedule reflected in the plan for continuous improvement

### 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:

* Review catheter management, behavioural management, pain management and chemical restraint practices to ensure delivery is aligned with organisational policies and best practice guidelines and protocols
* Ensure that all staff are delivering personal and clinical care that is tailored to consumers individual needs, goals and preferences

### Requirement 3(3)(b)

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

The approved provider must demonstrate:

* Develop and implement processes to ensure that falls management, catheter care and psychotropic medication management practices enhance consumer wellbeing
* Continue to monitor and trend high impact and high prevalence risks to effectively inform the service’s management plan

### 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:

* Ensure that the service supports effective infection prevention and control; in particular in relation to personal hygiene assistance for some consumers and cleanliness and maintenance at the service.

### Requirement 7(3)(a)

*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 approved provider must demonstrate:

* Review current roster and staff mix to ensure that the workforce is suitably planned to deliver quality care and services
* Continue to conduct review of call-bell times and manage response times as required