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:** 20 January 2022

**Date of Performance Report:** 21 February 2022

# Performance report prepared by

E Woodley, delegate of the Aged Care Quality and Safety Commissioner.

# 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** |  |
| Requirement 2(3)(d) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(g) | Compliant |

# Detailed assessment

This performance report details the Commissioner’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 February 2022.

# STANDARD 2 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

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.

Overall, consumers interviewed by the Assessment Team did not consider that they feel like partners in the ongoing assessment and planning of their care and services. All interviewed consumers, and most representatives, could not recall that the outcomes of assessment and planning processes was communicated to them. Some representatives said they had been offered a copy of the consumer’s care plan.

The service was unable to demonstrate effective processes that ensure the outcomes of assessment and planning is communicated to consumers. However, the service demonstrated that case conferences have been held for all consumers in the last 12 months.

One of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements

### 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.*

All consumers and some representatives interviewed by the Assessment Team did not recall being offered a copy of the consumer’s care and service plan. Most consumers and representatives did not recall being involved in care planning or having the outcomes of assessment and planning discussed with them. However, the service demonstrated that case conferences have been held for all consumers in the last 12 months.

In their response, the approved provider demonstrated that for some of the consumers and representatives identified in the Assessment Contact report, the outcomes of assessment and planning had been discussed with them, and they had been provided a copy of the consumer’s care and service plan. The approved provider’s response includes further information about the service’s care planning and consultation processes at the time of the Assessment Contact. The approved provider’s response outlines continuous improvement actions implemented since the Assessment Contact to encourage consumer participation in care planning and for consumers and representatives to sign printed copies of the consumer’s care plan as a record of consultation.

While this was not recalled by most of the consumers and representatives interviewed by the Assessment Team, the service demonstrated processes in place at the time of the Assessment Contact to communicate the outcomes of assessment and planning, and provide a copy of the consumer’s care and service plan.

I find this requirement is Compliant.

# 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

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 Assessment Team also examined relevant documents.

Overall, consumers interviewed by the Assessment Team considered that they receive personal care and clinical care that is safe and right for them. Consumers and representatives interviewed indicated they were satisfied with most aspects of clinical and personal care. Some representatives commented that care had improved following the appointment of new management in early 2021.

The Assessment Team found the service has appropriate procedures for the minimisation of infection related risks.

However, care documents reviewed by the Assessment Team indicated that each consumer does not consistently receive safe and effective personal care and/or clinical care.

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.*

Care documentation reviewed by the Assessment Team did not demonstrate that personal and clinical care is consistently best practice, tailored to the consumer’s needs, and optimises their health and well-being. The Assessment Team identified gaps in one consumer’s care in relation to pain assessment, monitoring and management, bowel management, nutrition and hydration, and wound assessment and management. The Assessment Team also identified gaps in the service’s monitoring and use of psychotropic medication, behaviour assessment and management, and inconsistencies in wound monitoring and management.

The approved provider’s response includes clarifying information indicating that generally, wound care was completed in line with the service’s policies and procedures. The approved provider’s response also included additional information regarding pain monitoring for the consumer identified in the Assessment Contact report.

In their response, the approved provider acknowledges the gaps identified in the Assessment Contact report, and outlines continuous improvement actions implemented to improve the personal and clinical care delivery. This includes staff education and training, review of consumer care plans and assessments, and audits of psychotropic medication use.

At the time of the Assessment Contact, the service did not demonstrate that consumer personal and clinical care was consistently best practice, tailored to the consumer’s needs, and optimises their health and well-being.

I find this requirement is Non-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.*

The Assessment Team found the organisation has policies and procedures relating to antimicrobial stewardship including processes to minimise the use of antibiotics. The service has implemented appropriate COVID-19 preparedness procedures, and consumers and representatives interviewed spoke positively about the action taken by the service to minimise infection related risks. Staff demonstrated appropriate infection control practices and could describe practices and procedures to minimise transmission of infections.

I find this requirement is Compliant.

# 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.*

* Consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being.
* Restrictive practice processes are best practice, including used as a last resort after tailored non-pharmacological interventions to manage behaviour are evaluated as not effective, and with informed consent from the consumer and/or representative.
* Consumer pain is appropriately assessed, managed, and monitored to optimise their health and well-being.
* The service has implemented all continuous improvement actions identified in their response.

# Other relevant matters

* Standard 3 Requirement 3(3)(b) and Standard 7 Requirement 7(3)(a) were not assessed at this Assessment Contact and remain non-compliant.