Uniting Caroona Jarman Goonellabah

Performance Report

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GOONELLABAH NSW 2480  
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**Commission ID:** 0073

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

**Assessment Contact - Site date:** 1 July 2020

**Date of Performance Report:** 24 July 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 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(d) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(b) | 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 Assessment Team’s report for the Assessment Contact – Site conducted 12-13 March 2020.

# 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

The Assessment Team did not assess all Requirements in Standard 2, therefore a summary or compliance rating is not provided.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

The Assessment Team identified the Approved provider demonstrated that each consumer’s needs, goals and preferences are identified and documented in assessments and care plans, including advanced care planning and end of life planning if the consumer wishes.

For the consumers sampled by the Assessment Team, care planning documents described what was important to them in terms of how their care is delivered. Review of care planning documents for the consumers sampled by the Assessment Team confirmed the details of the consumer’s needs, goals and preferences, including advance care and end of life planning. Sampled consumers’ care documentation reviewed by the Assessment Team identified discussions had been held with consumers/representatives regarding their advanced care and end of life planning choices.

Care staff interviewed by the Assessment Team described what is important to the consumers in terms of how their personal and clinical care is delivered, including their needs, goals and preferences. Registered staff described how they approach conversations with consumers in relation to end of life planning and advanced care planning by describing consumer assessment and planning processes undertaken on entry to the service with consumers and their families.

### 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.*

The Approved provider demonstrated to the Assessment Team current care plans are readily available to the consumer/representative and staff. Consumers/representatives are aware and involved in the care planning process and confirmed they can access a copy of the care plan if required.

Consumers/representatives stated to the Assessment Team staff explained relevant information about their care and services. Representatives interviewed confirmed a copy of consumer’s care plans are available to access if and when they choose to.

A review of consumer care documentation by the Assessment Team identified care planning documents are available electronically or summarised in the clinical information sheets for both registered and care staff, including handover information and task lists. Care plans include information relevant to the consumer’s needs including, communication, mobility, skin care, wound care, continence management, dietary requirements, pain, sleep and behaviour management. Assessments are reviewed quarterly and/or when a change in consumer needs occurs. Outcomes of assessment and care planning are accessible to consumers/representatives on request.

Staff interviews conducted by the Assessment Team confirmed the outcomes of care planning are communicated to the consumers sampled (and their representatives in line with the consumer’s wishes) through case conferencing, phone calls and emails in line with consumer/representative preferences. Care staff interviewed stated that a copy of the consumers care plan is provided in hard copy and in the consumer’s room. Management stated they advise consumers/representatives that the care plan is readily available to them when discussing their care and services.

# 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 in Standard 3, therefore a summary or compliance rating is not provided.

### Assessment of Standard 3 Requirements

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

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

The Approved provider demonstrated to the Assessment Team effective management of high impact or high prevalence risks associated with the care of each consumer.

For the consumers sampled by the Assessment Team, care planning documents reflected keys risks were identified and managed in care planning documentation. Consumers/representatives sampled by the Assessment Team were satisfied with the delivery of care and services including the management of risks involved with their care needs.

The Assessment Team reviewed sampled consumer files and identified individual high impact or high prevalence risks were documented and managed effectively. Staff were able to describe how they identify, assess and manage high impact and high prevalent risks for consumers. Staff demonstrated an understanding of consumer assessed needs and provided examples of individual consumer risks. Clinical management stated they regularly review as required medication usage, review progress notes, behaviour monitoring charts and incident forms such as when falls occur to monitor triggers and provide strategies to minimise risks for consumers.

The Approved provider has a risk management policy and procedures that provides guidelines on how risk is identified, managed and documented. Monthly clinical indicators are collected and analysed including high impact and high prevalence risks such as falls, medication incidents and pressure injuries. The Approved provider has a High-Risk Prevalence protocol which identifies areas of high risk, common areas of high risk can include, but not limited to, behaviours that challenge, use of restraint, pain management, wounds and pressure area care.

# 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.