Uniting Edina Waverley

Performance Report

150 Bronte Road
WAVERLEY NSW 2024
Phone number: 02 9369 5131

**Commission ID:** 2639

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

**Assessment Contact - Site date:** 16 September 2020 to 17 September 2020

**Date of Performance Report:** 26 October 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 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(g) | 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 approved provider’s response to the assessment team’s report received 14 October 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

Overall the representatives of the sampled consumers considered that consumers generally receive personal care and clinical care that is safe and right for them.

The organisation’s approach to assessment and planning aims to achieve the desired outcomes for consumers although, at times, not all consumers receive safe and effective clinical care that is best practice, tailored to their needs; and optimises their health and well-being.

For the consumers sampled, high impact or high prevalence risks associated with the care of each consumer, including weight loss and behaviours, are generally well managed.

The service was able to demonstrate standard and transmission based precautions to control and minimise infection including measures that are in place to minimise the risk of COVID-19 infectious outbreak. Antimicrobial stewardship is generally maintained to enable the appropriate use of antibiotics and reduce the risk of their resistance.

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 organisation’s approach to assessment and planning aims to achieve the desired outcomes for consumers although, at times, not all consumers receive safe and effective clinical care that is best practice, tailored to their needs; and optimises their health and well-being.

Whilst the service’s approach to restraint and pain management mostly evidenced best practice, deficits were identified in both skin integrity management and obtaining medical review in a timely manner resulting in some consumers not obtaining safe and effective clinical care. Gaps were noted in clinical documentation and a failure to obtain specialist wound care advice in a timely manner resulted in clinical care that is not best practice, does not address the consumer’s need or optimise their health and well-being.

I have reviewed the approved provider’s response to the Assessment team’s report and note that they have been able to provide additional information explaining and further clarifying the care provided to a number of consumers as described in the team’s report. However, a number of concerns remain about the care provided to the following consumers.

In requirement 3(3)(b) the Assessment Team described the care given to a consumer who was noted to have pain and swelling to their right knee, was no longer weight bearing and was experiencing pain. This was identified by the physiotherapist and promptly escalated to the registered nurse. Medical review did not occur until 7 days later and the consumer was transferred to hospital where they was diagnosed with an unexplained and displaced fractured femur. In their response the approved provider confirmed that they completed an investigation following this incident and staff were performance managed.

More recently, the assessment team identified a consumer who has had recurrent pressure injuries which progressed to deep tissue wounds. An unstageable pressure injury was identified on their left heel which was reviewed by the GP on 15 June 2020. The wound progressively deteriorated with sloughy, ischaemic and macerated tissue noted in July 2020. Whilst information submitted by the approved provider notes that registered nurses considered the need to notify the GP of the condition of the wound in July the approved provider has not provided evidence that the GP was made aware of the deterioration in the wound. Progress notes showed direct involvement of the doctor and an external wound specialist occurred weeks later when the need for specialist input was identified late August 2020 by which time the wound had deteriorated further requiring debridement. In their response the approved provider acknowledged the gaps in clinical documentation, that communication with the GP needed to be improved, and more timely escalation involvement to a wound care specialist would have been beneficial.

In conclusion, I find that delays in obtaining medical review, gaps in clinical documentation and a failure to obtaining specialist wound care advice in a timely manner resulted in clinical care that is not best practice, does not address the consumer’s need or optimise their health and well-being.

The approved provider does not comply with this requirement as each consumer does not get 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

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

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

The assessment team identified that, for the consumers sampled, while weight loss and behaviours are generally well managed, deficits were identified around other aspects of clinical care for some consumers. The care provided to one such consumer has been discussed in my decision for Requirement 3(3)(a) regarding clinical care provided.

I have reviewed the approved provider’s response to the Assessment team’s report and note that they have been able to provide additional information explaining and further clarifying the care provided to a number of consumers as described in the team’s report. As such, the provider has been able to demonstrate effective management of high impact or high prevalence risks falls, weight loss, and behaviour. Issues around the management of skin integrity are addressed in Requirement 3(3)(a)

The approved provider does comply with this requirement as has been able to demonstrateeffective management of high impact or high prevalence risks associated with the care of each consumer.

### 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 service was able to demonstrate standard and transmission based precautions to control and minimise infection including measures that are in place to minimise the risk of COVID-19 infectious outbreak. While some consumers are being treated for recurrent infections, overall infection trend is decreasing. Antimicrobial stewardship is generally maintained to enable the appropriate use of antibiotics and reduce the risk of their resistance.

The approved provider does comply with this requirement by 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.

# 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*
* Ensure each consumer receives safe and effective clinical care including timely and effective communication with each consumer’s GP.
* Ensure skin integrity issuesincluding pressure injury risks are minimised and effectively managed, with timely escalation to a wound care specialist as appropriate.
* Ensure all clinical care/interventions are appropriately documented.