Uniting Starrett Lodge Hamlyn Terrace

Performance Report

35-45 Louisiana Road
HAMLYN TERRACE NSW 2259
Phone number: 02 4393 8800 / 0400 469 925

**Commission ID:** 0541

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

**Assessment Contact - Site date:** 29 March 2021

**Date of Performance Report:** 30 April 2021

# 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)(d) | Compliant |
| Requirement 3(3)(f) | 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 conducted on 29 March 2021, 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 26 April 2021.

# 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.

The Assessment Team found that overall sampled consumers said they felt they received personal care and clinical care that is safe and right for them.

The Assessment Team interviewed sampled consumers who said they found the staff wonderful and were satisfied with the care and services they received. Consumers said they had access to telehealth consultations with medical practitioners and felt they were referred to appropriate specialists when needed. Other consumers said they went to see their own medical practitioner in their rooms external to the service. Representatives said they were satisfied with the care and services received by their loved ones and were informed of all changes in condition.

The Assessment team found that the service did demonstrate that deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Review of documentation demonstrate timely and appropriate referrals to other providers of care and services is occurring for most consumers.

The Assessment Team found that the service did not demonstrate that consumers are provided with safe and effective personal and clinical care relating to behaviour management, management of chemical restraint, or consistently evaluating pain management. Medical authorisations for consumers chemically restrained were found to be not consistent with the service policies or legislation.

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 Assessment Team reviewed care plans and found that they do not clearly detail consumers behaviours and behavioural triggers or record an individualised management plan. Psychotropic medication is being prescribed for 71 percent of the consumer’s in the service and documentation does not indicate the need for the psychotropic medication has been effectively assessed or reviewed. The service has identified they are using chemical restraint for some consumers however documentation does not demonstrate the service is ensuring a medical practitioner is assessing the need for the restraint and reviewing the need for ongoing use regularly.

The approved provider responded by advising that the process for management of psychotropic medication and chemical restraint will now be reviewed every 12 weeks, additionally a new pilot program has been initiated which involves reviewing and tapering medication for Behavioural and Psychological Symptoms of Dementia for a 12-week period. This will assess the effectiveness of the medication and alternate interventions effectiveness to make an informed decision on whether the drug dose may be reduced or eliminated.

The approved provider did not dispute the findings of the Assessment Team. I find that the approved provider is not compliant with this requirement as they have not ensured that each consumer gets safe and effective clinical care relating to behaviour management and chemical restraint.

### Requirement 3(3)(d) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

# 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) 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 approved provider must demonstrate that:

Education and training are provided for staff to identify triggers for behavioural concerns and implement and document strategies in care plans specific to behaviour to reduce the reoccurrence of behaviour.

Staff record all outcomes for behavioural interventions and pain management.

Care Manager reviews all chemical restraint authorisations to capture regular medical review.