Uralba Retirement Village

Performance Report

5 Eulamore Street   
CARCOAR NSW 2791  
Phone number: 02 6367 3000

**Commission ID:** 0220

**Provider name:** Uralba (Carcoar) Incorporated

**Assessment Contact - Site date:** 26 October 2021

**Date of Performance Report:** 23 November 2021

# Performance report prepared by

Glenda Cherry, 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

A Site Audit was conducted 8 to 17 June 2021. The decision dated 27 July 2021 found the service to be non-compliant in 21 requirements across 7 of the Quality Standards. The 21 non-compliant requirements are reflected in the table below.

**Three of these requirements were re-assessed at the assessment contact visit 26 October 2021 - Requirements 2(3)(e), 3(3)(a) and 7(3)(d). The decision found they are non-compliant.**

As a result, the service has been non-compliant in 21 requirements across 7 of the Quality Standards for a period of 4 months.

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(c) | Non-compliant |
| Requirement 1(3)(e) | Non-compliant |
| Requirement 1(3)(f) | Non-compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(e) | 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)(d) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(c) | Non-compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Non-compliant |
| Requirement 6(3)(c) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | Non-compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-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 dated 26 October 2021 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 15 November 2021.

# STANDARD 2 NON-COMPLIANT 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 Quality Standard is assessed as Non-compliant as three of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(e) Non-compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

While the service demonstrated a review of documented incidents such as falls, skin tears and bruising occur, and a clinical review process of incidents, the service did not demonstrate an effective process to ensure all incidents are consistently reported and/or documented. Incidents which occur between consumers are not consistently reported to alert registered staff regarding an issue of concern and/or enable appropriate management for the consumers involved.

The service did not demonstrate changes to a consumer’s behaviour (and subsequent incidents) resulted in reassessment and review to identify causal factors and/or implement strategies to minimise or mitigate effect on other consumers. Documentation does not consistently indicate analysis of the root cause and identification of further strategies required to meet the needs of consumers and/or improve consumer outcomes.

The Assessment Team bought forward evidence (identified through documentation review and staff interview) that a consumer exhibiting complex behaviours towards another consumer did not result in reassessment of either consumer to ensure their current needs were being met.

The Assessment Team bought forward evidence management of consumer wounds are not consistently documented within consumer’s files and/or reported via an incident form.

In their response to the Assessment Team’s findings, the approved provider advised of a new process requiring registered nurses to review handover documentation at commencement of shift, GP review of relevant consumers, wound care and behavioural management documentation updated, staff education and training planned and review of policy and guidance documentation.

I acknowledge reactive actions the approved provider implemented as a response to the evidence bought forward by the Assessment Team. The service’s systems and processes did not identify the deficits and at the time of the visit could not demonstrate compliance.

I find this requirement is non-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

The Quality Standard is assessed as Non-compliant as four 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.*

Most consumers interviewed consider they have regular access to a medical officer and are satisfied with care and services provided. However clinical care is not consistently tailored to consumers’ needs and the service did not demonstrate best practice principles are utilised in providing care. The service did not demonstrate behaviour management strategies consistently reflect effective interventions to manage complex behaviours.

The Assessment Team bought forward evidence a consumer exhibiting complex behavioural needs has not been reassessed to determine the causal factors, diagnosis, appropriate interventions and strategies and as such the service is not meeting the consumer’s clinical needs nor the safety and emotional needs of those impacted by the complex behaviours.

In their response to the Assessment Team’s findings, the approved provider detailed comprehensive reassessment to occur, including review by GP, referral to specialists if required, and relevant interventions noted to guide staff in providing appropriate care. In addition, consumers impacted by others’ behaviours will have their needs reassessed.

The Assessment Team bought forward evidence consumer’s diabetic and wound management needs are not consistently being met. When changes to diabetic management occur, changes are not consistently communicated to ensure current needs are being met. Wound management requirements are not consistently documented within consumer’s files and/or reported via an incident form.

In their response to the Assessment Team’s findings, the approved provider detailed updating of documentation to guide registered nurses in providing appropriate clinical care and implementation of a new monitoring and review process.

I acknowledge reactive actions the approved provider implemented in response to the evidence bought forward by the Assessment Team. The service’s systems and processes did not identify the deficits and at the time of the visit could not demonstrate compliance.

I find this requirement is non-compliant.

# STANDARD 7 NON-COMPLIANT Human 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

The Quality Standard is assessed as Non-compliant as three of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(d) Non-compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

The service demonstrated recruitment, education and training processes however did not demonstrate evaluation processes regarding effectiveness of education and training to ensure staff have an awareness and understanding of training provided. The service did not demonstrate staff are adequately trained and supported to deliver outcomes required of the Quality Standards.

The Assessment Team bought forward evidence, and staff gave examples, of training relating to the Quality Standards, however interviewed staff could not consistently describe their responsibilities in relation to the Serious Incident Reporting Scheme (SIRS) and/or effective management of consumers exhibiting complex behaviours.

Documentation review detailed a range of education and training topics relating to the Quality Standards have been facilitated in the past months, however the service demonstrated an ad-hoc method of ensuring staff competencies relating to clinical care requirements.

In their response to the Assessment Team’s findings, the approved provider detailed allocation of responsibility for the education program to a dedicated registered nurse and a plan for completion of outstanding staff competencies, plus evaluation of the education and training sessions to identify additional training needs. An external supplier will be sourced to provide education and training relating to the management of complex behaviours.

I acknowledge reactive actions the approved provider implemented as a response to the evidence bought forward by the Assessment Team. The service’s systems and processes did not identify the deficits and at the time of the visit could not demonstrate compliance.

I find this requirement is non-compliant.

# Areas for improvement

Areas have been identified at this visit 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 2(3)(e) - Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.
* 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.*
* Requirement 7(3)(d) - *The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

# Other relevant matters

Non-compliant requirements from the Site Audit completed 8 to 17 June 2021, which were not assessed at this visit:

* Requirement 1(3)(c)
* Requirement 1(3)(e)
* Requirement 1(3)(f)
* Requirement 2(3)(b)
* Requirement 2(3)(c)
* Requirement 3(3)(b)
* Requirement 3(3)(d)
* Requirement 3(3)(f)
* Requirement 5(3)(c)
* Requirement 6(3)(a)
* Requirement 6(3)(c)
* Requirement 7(3)(a)
* Requirement 7(3)(c)
* Requirement 8(3)(a)
* Requirement 8(3)(b)
* Requirement 8(3)(c)
* Requirement 8(3)(d)
* Requirement 8(3)(e)