Performance

Report

**1800 951 822**

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| Name: | Umina Park Home For The Aged |
| Commission ID: | 8811 |
| Address: | 22-24 Mooreville Road, BURNIE, Tasmania, 7320 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 13 March 2024 |
| Performance report date: | 9 April 2024 |
| Service included in this assessment: | Provider: 2389 OneCare Limited  Service: 5086 Umina Park Home For The Aged |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Umina Park Home For The Aged (**the service**) has been prepared D Utting, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |

Findings

The service demonstrated that risks are considered and inform safe and effective consumer care. Consumers and representatives were confident the assessment and care planning identified risks to consumers’ health and well-being. This is supported by one account from a representative who said the service provided all recommended equipment for the consumer to minimise their falls risk. Care planning documentation evidenced relevant assessments and identification of risks. Where risks were identified for consumers, individual strategies to minimise risks were documented in the consumer’s assessment and care plan. Clinical and care staff demonstrated knowledge of consumers’ risks and described strategies to ensure their safe and effective care.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 2(3)(a).

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |

Findings

Consumers and representatives were satisfied with the management of complex care. Care planning documentation evidenced consumers high-impact and high-prevalence risks such as falls, pressure injuries, and unexplained weight loss were effectively managed. Management explained that dedicated clinical staff complete review and monitoring of care plans, including updating information following incidents such as falls. Management and staff described the high-impact and high-prevalence risks to consumers at the service and how risk is minimised to ensure safe care. The service has updated policies and procedures related to falls prevention and safety to guide staff practice.

Consumers and representatives expressed satisfaction regarding staff response to consumers declining health. The service demonstrated how deterioration or change in the consumer’s condition is recognised and responded to in a timely manner. Care planning documentation reflected appropriate actions were taken in response to consumers changing health status. Clinical staff described how deterioration or changes are identified, actioned, and communicated. The service had a recognising deterioration and escalation of services policy to guide staff practice.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirements 3(3)(b) and 3(3)(d).

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives were satisfied that equipment provided is safe, suitable, clean, and that maintenance requests are completed promptly. Care staff described the equipment used to support consumers and how they keep equipment clean. Maintenance staff explained how they use an electronic tracking system to manage scheduled and ad-hoc maintenance. For example, an audit of fall sensor equipment had been completed and the implementation of a regular testing of the equipment by staff on each shift. The Assessment team observed equipment, such as walking aids and wheelchairs, to be clean and well-maintained.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 4(3)(g).

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |

Findings

Consumers and representatives were satisfied the service has enough staff. Management monitor call bell response times. Call bell audit reports for December 2023 to February 2024 showed that average response times within the 5 minute benchmark. The service demonstrated the workforce is planned and recently recruited a nurse practitioner who will be responsible for the review of consumers with changed or deteriorating health. Rostering documentation reviewed by the Assessment Team evidenced staff consistency and skill mix. Management explained how they place agency staff on long term contracts to ensure consistency in staffing.

Consumers were satisfied staff have the skills and knowledge to meet their clinical and care needs. The service demonstrated that staff have the relevant qualifications to effectively perform their roles and there was evidence of annual monitoring of nursing registrations. Training records confirmed regular training sessions were conducted, mandatory training was completed, and ongoing training was planned. SIRS, falls prevention and management of sensor alarms training was recently provided to staff.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirements 7(3)(a) and 7(3)(c).

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |

Findings

The service demonstrated an effective a risk management system was in place to support the identification, monitoring and management of risk. Management explained the organisational procedures in place to ensure that incidents and consumer risks are investigated, and effectively responded to. Staff described how consumer risks and incidents are reported, escalated, and managed in line with policies and procedures. The governing body oversees risk with established reporting channels, such as reporting on clinical indicators, Serious Incident Response Scheme (SIRS) and incident trends. Management and staff described how they escalate risk and their role in relation to SIRS and incident reporting.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 8(3)(d).

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)