Performance

Report

**1800 951 822**

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| Name of service: | Uniting Alblas Lodge Tamworth |
| Service address: | Cnr Tribe and Manilla Streets TAMWORTH NSW 2340 |
| Commission ID: | 0379 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Assessment Contact - Site |
| Activity date: | 4 July 2023 |
| Performance report date: | 8 August 2023 |

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 Uniting Alblas Lodge Tamworth (**the service**) has been prepared by E Woodley, 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 - 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 provider’s response to the assessment team’s report received 26 July 2023.
* the Performance Report dated 11 April 2023 following the Site Audit undertaken from 7 March 2023 to 9 March 2023.

# 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** |

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)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the five specific requirements has been assessed and found compliant.

The service was previously found non-compliant in Requirement 2(3)(c) following a Site Audit conducted 7 March 2023 to 9 March 2023. At this Site Audit, the service did not demonstrate that assessment and planning was based on ongoing partnership with the consumer and others the consumer wishes to involve in assessment, planning and review of their care and services.

At the Assessment Contact conducted 4 July 2023, the Assessment Team found continuous improvement action implemented had been effective in rectifying the non-compliance in Requirement 2(3)(c). This included staff education and ongoing monitoring processes. The service demonstrated all consumers had a case conference with consumers and representatives invited to be involved, and a copy of the consumer’s care plan was offered at this case conference. Representatives interviewed by the Assessment Team felt they were involved in the assessment and planning of their consumer’s care.

The service demonstrated they have a partnership with consumers and representatives to involve them in care assessment and planning for the consumer. Assessment and planning documentation included other organisations, individuals, and providers of care and services that are involved in the care of consumers such as dementia support services, speech pathologists, dietitians, and physiotherapists.

I find Requirement 2(3)(c) is compliant.

# Standard 3

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| Personal care and clinical care | |  |
| 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. | Compliant |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the seven specific requirements has been assessed and found compliant.

The service was previously found non-compliant in Requirement 3(3)(a) following a Site Audit conducted 7 March 2023 to 9 March 2023. At this Site Audit, the service did not demonstrate best practice management of restrictive practices for all consumers.

At the Assessment Contact conducted 4 July 2023, the Assessment Team found the service had implemented continuous improvement action in response to the non-compliance including staff education and improved assessment, consultation and review processes regarding restrictive practices. The Assessment Team found this had been effective in rectifying issues regarding restrictive practices, and overall clinical care provided to consumers was safe, effective and optimising their health and well-being. The service demonstrated unplanned weight loss, wound care, restrictive practices, falls management, behaviour management, diabetes management and personal care was consistently tailored to consumer needs. Most consumer and representative feedback was positive regarding the care consumers receive.

However, the Assessment Team found pain was not managed effectively for one consumer. The consumer provided feedback that they had not received effective pain medication or intervention leading to sustained significant levels of pain. The service did not demonstrate effective processes to ensure sufficient stock of pain medication.

The approved provider’s response to the Assessment Contact report includes additional information regarding pain assessment and monitoring for this consumer, and action taken regarding pain medication stock. The provider’s response identifies that shortly following the Assessment Contact, further review of this consumer’s pain was undertaken, including by the medical officer, with changes made to pain management interventions in response. The provider’s response indicates this has been effective for the consumer. The provider’s response includes a plan for continuous improvement that outlines action planned and commenced to improve pain management processes to ensure they are meeting consumer needs and optimising their well-being.

While for one consumer pain was not effectively managed, I am satisfied this was addressed for the consumer shortly following the Assessment Contact and the service has undertaken continuous improvement in response to ensure effective pain management for consumers. Overall, personal and clinical care provided to consumers was safe, effective and optimising their health and well-being.

I find Requirement 3(3)(a) is compliant.

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