Performance

Report

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| Name of service: | Uniting Arrunga Ermington |
| Service address: | 334 - 342 Kissing Point Road Ermington NSW 2115 |
| Commission ID: | 0838 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Assessment Contact - Site |
| Activity date: | 1 June 2023 |
| Performance report date: | 21 July 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 Arrunga Ermington (**the service**) has been prepared by J Durston, 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.

# Assessment summary

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| 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 8

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| Organisational governance | |  |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |

Findings

The service was previously found non-compliant in Requirement 8(3)(c) following a Site Audit conducted on 18 to 20 October 2022 that identified the service was unable to demonstrate effective governance systems to ensure compliance with legal and regulatory requirements in relation to restrictive practices and specifically environmental restraint. Consumers in the memory support unit did not have access to free movement outside the facility, were not identified as under environmental restraint, they were not assessed by an approved health practitioner, and no alternative behavioural support strategies were applied prior to the use of restrictive practices.

An Assessment Contact was conducted on 1 June 2023. The Assessment Team found the service has implemented improvements to address the issues raised in the 2022 Site Audit.

The service updated its policies and procedures on restrictive practices. The new processes include documentation of the type of restrictive practice used, signed consent from the decision maker, reviews and ongoing authorisations that are discussed and documented every 3 months and include the medical officer, registered nurse, and consumers and representatives. The service provided records of regular education and toolbox sessions delivered to staff over the past 8 months including restrictive practices.

Representatives confirmed they engaged in case conferences with the management team regarding authorisation for restrictive practices and care reviews and received a copy of the review and care plan. One representative noted they were very happy about their consumer’s move to the memory support unit and that the consumer’s chemical restraint has been ceased.

Consumers living in the memory support unit were observed accessing the outdoor garden, enjoying and participating in a variety of activities and accessing other areas of the service with supervision.

In relation to continuous improvement, the service demonstrated continuous improvement initiatives are discussed at monthly management meetings to monitor trends, feedback, incidents and complaints to inform improvement. The continuous improvement plan shows actions taken to remedy non-compliance in relation to this requirement and ongoing improvement initiatives.

In relation to workforce governance, most staff and sampled consumers stated the service has a sufficient number of staff to provide quality care and services and gaps in shifts are filled by the use of agency staff or a casual pool when staff call in sick or take annual leave.

In relation to feedback and complaints the service has policies and procedures to support complaint management and the board is provided with reports of consumers’ feedback and complaints. Board members receive alerts of all high-level complaints through the risk management system and the board directs the management team to implement improvements in response to consumer feedback and complaints.

The approved provider did not provide a response to the Assessment Team report.

I have considered the Assessment Team’s report and I acknowledge the actions the service has taken to issues raised in the report have addressed the issues raised in the 2022 Site Audit.

Accordingly, I find Requirement 8(3)(c) compliant.

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)