Performance

Report

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| Name of service: | Uniting Bernard Austin Lodge Liverpool |
| Service address: | 14 Boundary Road LIVERPOOL NSW 2170 |
| Commission ID: | 0347 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Assessment Contact - Site |
| Activity date: | 23 May 2023 |
| Performance report date: | 21 June 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 Bernard Austin Lodge Liverpool (**the service**) has been prepared by Stewart Brumm, 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.
* the provider’s response to the assessment team’s report received 9 June 2023.

# Assessment summary

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| 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 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Requirement 3(3)(a) was previously found non-complaint at a site audit conducted 20 April to 22 April 2022.

In relation to Requirement 3(3)(a):

The Assessment Team provided information that the Approved Provider was able to demonstrate consumers are receiving safe and efficient care for both their personal care and clinical care. Consumers said they are happy with the care they are receiving and feel they are receiving care tailored toward their health and overall well-being. Staff were able to describe how they provide care to consumers, ensuring consumers’ care is undertaken to best practice principles, care plans personalised to each consumer’s need and each consumer is safe and receiving care that is best for each consumer’s health and well-being.

The Approved Provider has implemented a range of improvement activities related to the non-compliance including providing education to staff, reviewing and updating policies, working with a pharmacist on the identification and management of psychotropic medications. The Assessment Team confirmed these improvements had occurred and are sustainable.

The Approved Provider provided a response to the Assessment Team report that included clarifying information and supporting documentation to demonstrate actions agreed to by the Approved Provider during the audit had been completed. I am satisfied from the documentation that the Approved Provider has a process for distributing new policies with accompanying educating staff and completing assessments as required.

I am persuaded by the consumer and staff feedback as well as the improvements implemented in determining my findings.

I find this Requirement is compliant.

In relation to Requirement 3(3)(b) and Requirement 3(3)(g):

The Assessment Team provided information that documentation reviewed demonstrated the Approved Provider is effectively identifying risk and implementing strategies for managing high-impact and high-prevalence risks to the care of each consumer. Care staff were able to describe strategies documented in consumers’ care planning documentation to manage risk, and consumers’ representatives expressed that the service is effectively managing risks associated with the care of their loved ones.

The Approved Provider was able to demonstrate effective processes for infection prevention and control including management of an infectious outbreak that includes practices to promote evidence-based use of antibiotics. The Approved Provider has an outbreak management plan, policies, and procedures to guide staff in infection prevention and control and antibiotic management.

I am persuaded by the information presented by the Assessment Team and the Approved Providers ability to demonstrate compliance in determining my findings.

I find Requirements 3(3)(b) and 3(3)(g) compliant.

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