Performance

Report

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| Name of service: | Uniting Berry |
| Service address: | 10 Victoria Street BERRY NSW 2535 |
| Commission ID: | 0899 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Assessment Contact - Site |
| Activity date: | 3 July 2023 to 5 July 2023 |
| Performance report date: | 9 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 Berry (**the service**) has been prepared by T Solomon, 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 28 July 2023.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Non-compliant |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

Areas have been identified 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)(a)

* Ensure 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.

Requirement 2(3)(b)

* Ensure assessment and planning identifies and addresses the consumer’s current needs, goals and preferences.

Requirement 2(3)(e)

* Ensure care and services are reviewed for effectiveness, and when circumstances change or when incidents occur.

Requirement 3(3)(a)

* Ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care that is best practice, tailored to their individual needs and optimises their health and well-being.
* Ensure appropriate clinical care is provided to each consumer, especially related to falls management, restrictive practices, skin integrity and pain.
* Ensure staff have a comprehensive understanding of restrictive practices and how to best support consumers identified utilising restrictive practices.

Requirement 3(3)(b)

* Ensure effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to falls management and the use of psychotropic medications.

Requirement 3(3)(e)

* Ensure Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared specifically in relation to temporary or agency care staff.

Requirement 7(3)(a)

* Ensure 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.

Requirement 7(3)(c)

* Ensure the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

Requirement 8(3)(d)

* Ensure effective risk management systems and practices, including management of high impact or high prevalence risks, preventing, and managing incidents, including the use of an incident management system.

Requirement 8(3)(e)

* Ensure a clinical governance framework, including but not limited to minimising the use of restraint and open disclosure system.

# 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. | Non-compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Non-compliant |
| 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. | Non-compliant |

Findings

Assessment and planning for consumers does not demonstrate consideration of all risks to their health and well-being and does not consistently inform the delivery of safe and effective care and services. This was evident through interviews with consumers and/or representatives, interviews with staff, observations made by the Assessment Team and review of consumer care and service records. The information gathered demonstrated that current consumer status and risks was not reflected in their assessments and care plans.

The Approved Provider responded with additional information and documentation, including a plan for continuous improvement.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 2(3)(a) is found Non-compliant.

Assessment and planning for consumers does not address their current needs, goals, and preferences. This was evident through interviews with consumers and/or representatives, interviews with staff, and review of consumer care and service records. The information gathered identified that the current needs of consumers and their goals and preferences was not reflected in their assessments and care plans.

The Approved Provider responded with additional information and documentation, including a plan for continuous improvement.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 2(3)(b) is found Non-compliant.

Consumer care and services are being regularly reviewed but this is not always done effectively. Consumer care and services are not consistently reviewed when consumer circumstances change, or incidents occur impacting on consumer needs and goals. Consumer care and service records were reviewed, and information was also gathered from consumers, consumer representatives, staff and management through interviews and observations. Assessment and planning are not consistently updated to reflect changes when they occur.

The Approved Provider responded with additional information and documentation, including a plan for continuous improvement.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 2(3)(e) is found Non-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. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Non-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

A review of consumer care and service records, interviews with consumers and/or representatives, staff and management, and observations made identified that not all consumers are getting safe and effective care and services. Consumer personal and clinical care is not consistent with best practice or tailored to their needs and does not optimise their health and well-being, specifically related to pain management, falls management, restrictive practices, skin care and wound management.

The Approved Provider responded with additional information and documentation, including a plan for continuous improvement.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 3(3)(a) is found Non-compliant.

While some consumers and/or representatives provided positive feedback about the care provided, other consumers and/or representatives did not and additional information gathered through review of consumer care and service records, interviews with staff and management, and observations made demonstrated there is not effective management of high-impact and high-prevalence risks associated with the care of the consumers resulting in negative outcomes for consumers.

The Approved Provider responded with additional information and documentation, including a plan for continuous improvement.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 3(3)(b) is found Non-compliant.

The Assessment Team attended staff handover meetings and heard information being shared amongst staff about the condition and care needs of consumers. There are also written handover documents maintained by clinical staff with information about the needs of the consumers and/or their care provision. Email is used to communicate with registered nurses about consumers and staff can access consumer care plans.

Review of consumer care and service records and interviews with staff demonstrated that some members of the workforce are not aware of the condition and needs of the consumers. The Assessment Team also identified that consumer care plans do not contain sufficient information for staff and temporary personnel to guide their practice.

The Approved Provider responded with additional information and documentation, including a plan for continuous improvement.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 3(3)(e) is found Non-compliant.

Requirement 3(3)(g) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Clinical and care staff demonstrated knowledge of how infection related risks are minimised at the service. They provided examples such as environmental cleaning, including frequent cleaning of touchpoints, hand washing/hand hygiene, avoiding cross contamination, general infection prevention control practices and appropriate use and/or donning and doffing of personal protective equipment.

The Assessment Team observed appropriate infection prevention control practices in relation to risks of respiratory and other infectious illnesses, such as rapid antigen tests for all visitors and staff upon entering the service as well as health screening upon entry. Staff were observed using appropriate personal protective equipment, such as masks, and hand hygiene.

Management provided examples of promoting appropriate antibiotic prescribing and use to doctors and staff. Infection data provided to the Assessment Team listed consumers who had infections and how the service identified the infection, liaised with the consumer and their doctor and supported the consumer to manage the infection.

# 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. | Non-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. | Non-compliant |

Findings

Mixed feedback was received from consumers and/or representatives, as well as staff regarding the sufficiency of staffing and their capability to deliver safe and quality care and services. The service manager and business administrator responsible for oversight of the roster explained the challenges they faced in relation to filling rostered shifts and the strategies they implemented. A documentation review did not support that the workforce as deployed was able to deliver and manage safe and quality care and services.

The Approved Provider responded with additional information and documentation, including a plan for continuous improvement.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 7(3)(a) is found Non-compliant.

Consumers and/or representatives, as well as staff provided mixed feedback in relation to staff knowledge and their ability to effectively perform their roles. Additional information gathered, including documentation review and observations demonstrated the workforce is not competent and does not have the knowledge to effectively perform their roles.

The Approved Provider responded with additional information and documentation, including a plan for continuous improvement.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 7(3)(c) is found Non-compliant.

# 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. | Non-compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Non-compliant |

Findings

There are organisational policies and procedures to guide staff practice in managing high impact high prevalence risk, abuse and neglect of consumers and related reporting obligations, supporting consumers to live their best life, as well as managing and preventing incidents. However, the Assessment Team identified that these policies and procedures were not implemented and followed at the service level, resulting in negative outcomes for consumers.

The Approved Provider responded with additional information and documentation, including a plan for continuous improvement.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 8(3)(d) is found Non-compliant.

The Assessment Team identified the clinical governance framework at the service did not consistently support the delivery and management of safe and quality care and services especially in relation to minimising use of restraint and open disclosure.

The Approved Provider responded with additional information and documentation, including a plan for continuous improvement..

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 8(3)(e) is found Non-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)