Performance

Report

**1800 951 822**

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| Name of service: | Uniting Edinglassie Emu Plains |
| Service address: | 1-3 Emerald Street EMU PLAINS NSW 2750 |
| Commission ID: | 2702 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Assessment Contact - Site |
| Activity date: | 3 April 2023 |
| Performance report date: | 2 May 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 Edinglassie Emu Plains (**the service**) has been prepared by G Cherry, 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 April 2023
* Performance Report dated 21 September 2022

# Assessment summary

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| Standard 7 Human resources | 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 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 |

Findings

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

A decision was made on 21 September 2022 that the service was non-compliant in requirement 7(3)(a) after a site assessment conducted on 3 to 5 August 2022. The service was unable to demonstrate an effective system to ensure a planned workforce, and the number and mix of deployed staff, enables management/delivery of safe, quality care and services. Most interviewed consumers/representatives expressed dissatisfaction with staffing levels and response times to requests for assistance.

At an Assessment Contact conducted 3 April 2023 the assessment team bought forward evidence within the service’s Plan for Continuous Improvement (PCI) and discussions with management the following actions have occurred.

* The organisation completed a large recruitment of staff (including within this service).
* The service developed a casual pool of 11 staff.
* Care staff are receiving medication competency training to allow greater flexibility in ability to replace staff and ensure shifts are resourced.
* A reduction in vacant shift numbers has occurred; from 84 during August 2022 to 10 in the most recent fortnight.
* Organisational traineeships are available to care staff with the intention of staff to be part of permanent staffing once traineeships are completed.
* Vacant shifts are offered to permanent/casual staff prior to resourcing agency staff.

Via interviews with 27 consumers/representatives the assessment team received some mixed feedback. While all gave examples of staff being kind, caring and “doing the best they can”, 5 express dissatisfaction insufficient staffing levels result in extended wait times when consumer’s request assistance. Examples include, afternoon and weekend shifts lacking insufficient staff causing distress for 2 consumers, hygiene needs not as per preference, and/or staff not supporting continence needs when required.

Management explained monitoring processes to review staff response times and utilising regular agency staff who have familiarity of consumer’s needs. Interviewed staff gave examples of specific days they experience difficulty in meeting consumer’s needs either due to uncompleted tasks from weekend days and/or when registered nurses accompany medical officers, plus an inability in meeting needs of consumers who require multiple staff assistance.

In their response, the approved provider acknowledge issues bought forward by the assessment team and supplied evidence of immediate responsive actions taken. They include recruitment of additional care staff, a coaching role (monitored by management) to support household staff to coordinate consumer’s personal care and activities. Review of consumer’s preferences relating to hygiene needs, resulting in an amended schedule spread throughout the day; early evaluation resulting in consumers’ needs being met. Staff provided with education/training and appointment of a coordinator to ensure planning of role responsibilities/facilitate appropriate staff numbers to address needs of consumers requiring multiple staff assistance. Consultation occurred with named consumers to gain satisfactory outcomes, resulting in agreed timing of hygiene care and preventative measures relating to pressure injury care. Communication occurred with registered nurses relating to role requirements and management support when registered nurses accompany medical officers. The approved provider committed to proactive monitoring processes to ensure changes are effectively embedded.

In coming to a decision of compliance I have considered the approved providers comprehensive and immediate actions and consultation with dissatisfied consumers/representatives. I have given weight to this, plus the volume of satisfied feedback received. I find requirement 7(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)