Performance

Report

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| Name: | Uniting Edinglassie Lodge Penrith |
| Commission ID: | 0488 |
| Address: | 40 Village Crescent, PENRITH, New South Wales, 2750 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 5 September 2023 |
| Performance report date: | 31 October 2023 |
| Service included in this assessment: | Provider: 1352 The Uniting Church in Australia Property Trust (NSW)  Service: 504 Uniting Edinglassie Lodge Penrith |

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 Lodge Penrith (**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 Uniting Edinglassie Lodge Penrith 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 24 October 2023
* Performance Report dated 27 July 2022

# 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 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 3(3)(a) – implement effective systems to ensure each consumer received safe/effective personal/clinical care, tailored to their needs to optimise health and well-being, in particular relation to psychotropic medication, prn ‘as required’ medication, restrictive practices and managing behaviours of concern.

# 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. | Compliant |

Findings

The Quality Standard was not fully assessed. One requirement was assessed and found compliant.

The assessment team found while processes for assessment and care planning exist, and some consumers files contained current assessment/care planning directives to guide care delivery, not all completed assessments inform/guide safe, effective care. Assessment/care planning processes do not consider consumer risks, risk assessments are not routinely completed (although a process for obtaining this information is now in place). Via document review of 3 consumers files, the assessment team found incomplete assessment information, outdated directives and care plans not updated with directives from behaviour support specialists. Interviewed staff noted recent change/improvement in systems/processes.

In their response, the approved provider notes risk assessments in place for consumers deemed as high risk, plus a review process to ensure currency/review monitored by management. They evidenced current directives to guide staff in care provision for sampled consumers and changed processes to ensure regular.

I accept the approved providers evidence in relation to sampled consumers plus a newly implemented process to ensure assessment/care plan review. I find requirement 2(3)(a) 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. | Not Compliant |

Findings

The Quality Standard was not fully assessed. One requirement was assessed and found non-compliant.

Mixed consumer/representative feedback was received, one representative advised of not being involved in discussions relating to psychotropic medications, however express satisfaction of care, and consumers gave examples of timely staff assistance/care provision. One representative expressed concern the aggressive behaviours of some consumers negatively impacts others. Consumer files detail medical officer/physiotherapist review and directives to guide care.

Consumers were observed independently accessing outdoor areas in two areas however the assessment team note consumers living in two other areas are not able to independently gain access to outside areas due to locked doors. Management committed to review as practice is not as per organisational expectations. Processes are ineffective in ensuring all consumers requiring restrictive practices are regularly reviewed and appropriate authorisation obtained. Interventions/directives to support consumer’s unmet behaviours of concern are not reviewed/evaluated for effectiveness resulting in negative consumer outcomes. Through interview and document review, the assessment team note introduction of policy guidance in 2023, plus staff education. However, most consent authorisation forms lack appropriate detail to demonstrate informed consent. The service does not have an effective method of recording current administration of psychotropic medications. Staff feedback was mixed in relation to knowledge of triggers/strategies/interventions for consumers with unmet behaviours of concern and/or where to access information to guide care delivery. There is a process for care staff responsible for medication assistance to contact registered nurses when prn (as needed) medication is required however it was not evident that staff use alternative interventions prior to use of prn medication to manage behaviours of concern.

In their response, the approved provider acknowledges required improvements, a monitoring process to ensure consumer free access to external environments (whilst awaiting automated processes), supplied documentation negating some evidence bought forward by the assessment team, completion of some responsive actions, and status/progress of some uncompleted actions. In consideration of compliance, I accept the approved provider has implemented changes in processes including oversight/monitoring at service and organisational level, however I am concerned their self-monitoring processes did not identify defects, plus I consider it will take some time to demonstrate effectiveness/sustainability of new systems, staff education/training and monitoring systems to ensure compliance with quality of care. I find requirement 3(3)(a) is 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)