Performance

Report

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| Name: | Uniting Elanora Shellharbour |
| Commission ID: | 0969 |
| Address: | 7-23 Wallaroo Drive, Shellharbour City Centre, New South Wales, 2529 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 7 February 2024 |
| Performance report date: | 11 March 2024 |
| Service included in this assessment: | Provider: 1352 The Uniting Church in Australia Property Trust (NSW)  Service: 6232 Uniting Elanora Shellharbour |

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 Elanora Shellharbour (**the service**) has been prepared by Therese 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 (performance assessment) – 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 22 February 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Applicable as not all requirements assessed |
| **Standard 8** Organisational governance | **Not Applicable as not all requirements 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)(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 found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service demonstrated that consumers get safe and effective personal care or clinical care tailored to their needs and preferences, which is best practice. Consumers and/or representatives provided positive feedback about the clinical care and staff practices around their care management. For consumers with wounds, fall management, pressure injuries, restrictive practices, pain management, and complex care needs, the documentation reviewed showed that the care provided aligned with each consumer's care plan and best practices. Consumers and/or representatives provided positive feedback about their clinical care, and staff knowledge of consumer care needs was optimal.

Consumers who are identified as high falls risk and have experienced multiple falls, have been managed as per the organisation's policy and procedures. The organisation's neurological workflow is being used and a review of documentation confirmed that fall management plans are in place, containing strategies to prevent falls or reduce the risk of falls and plans are reviewed for effectiveness.

Consumer care documentation showed that psychotropic medications for individual consumers were being used for a diagnosed disorder, physical illness, physical condition, or end-of-life care needs and contains relevant information. Consumers had current consent in place and regular reviews were noted in their progress notes. Consumer medication charts and documentation demonstrate consultation and review of psychotropic medication occurs with the medical officer to monitor and minimise the psychotropic usage.

The service has a policy and procedure in place for skin integrity and wound care management. Consumers who have compromised skin integrity, chronic wounds and pressure injuries have documentation in place to demonstrate staff are providing appropriated care and services to consumers, including progress notes, wound charts, and pressure area care charts.

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.

The Assessment Team found the service has minimised infection-related risks using standard and transmission-based precautions and practices to promote appropriate antibiotic prescribing.

Consumers and/or representatives provided positive feedback on the cleanliness of the service and stated they noticed additional cleaning during infectious outbreaks. Consumers confirmed their care is maintained when outbreaks impacted them, reporting staff wore masks, gloves, goggles, and overalls, brought meals to their rooms, provided additional care when the consumers had reduced capacity to manage personal care, and observed regular hand hygiene by all staff.

Staff provided detailed explanations of infection control processes they follow each shift and changes to those processes when consumers have infections. Staff discussed how regular monitoring and intervention by the infection prevention and control leads at the service reinforce their understanding of best practice related to infection prevention and control.

The infection prevention and control leads outlined the process for updating policies and procedures to include Commonwealth and State advice at the service and how a COVID-19 outbreak was managed and contained. They stated antimicrobial stewardship practices are followed, and where infection is suspected, non-pharmacological strategies are utilised, including ensuring adequate hydration and ensuring appropriate hygiene practices are followed with antibiotics only used as a last resort.

The service provided documentation outlining the practices to minimise the spread of infection and promote appropriate prescribing and usage of antibiotics, including their COVID-19 safety plan, outbreak management plan, infection prevention and control policy and procedure and antimicrobial stewardship protocol.

# 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. | Compliant |

Findings

Requirement 8(3)(d) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The organisation demonstrated effective risk management systems and practices.

Management explained implemented improvements that evidenced risk management systems and processes are effective in managing high impact high prevalence risk and preventing incidents. In addition to several existing service level and executive level meetings, reports, and action logs the organisation introduced a weekly quality risk meeting between service management and the executive management team to improve oversight of risk activities at the service by the governing body.

Documentation reviewed at the meetings include data on wounds, weight loss, falls, polypharmacy, consumers with deterioration, incidents, serious incidents, risk register information, hospital transfers, care alerts, call bell data, complaints, and other information. The risk rating for these areas was either met or not met to indicate areas of priority from week to week and to ensure logged improvements are actioned in a timely manner.

The Assessment Team reviewed the governance risk report data for December 2023, which was discussed at the monthly clinical meeting in January 2024. The data included details of consumers identified with high priority in each of the risk categories listed, and the information was also reflected in the service's risk register. The categories were standard for each month and included falls, wounds, pressure injuries and polypharmacy, behaviour planning, serious incident reports, abuse, restrictive practices, psychotropic medication, medication management, specialised care, communication with high-risk consumers, clinical risk review, complaints, and incidents.

Management advised the Assessment Team that appropriate assessment, investigation, root cause analysis occur to prevent incidents from happening again and to enable consumers to receive safe and effective quality care and services. Management provided an example of an incident that occurred, how it was reported and escalated to the required organisations and departments for oversight and implemented actions to prevent a similar incident from occurring.

The service has a comprehensive documented incident management procedure to guide staff practices. The organisation outlines its roles and responsibilities for all staff, registered nurses, service managers, deputy service managers, area managers, service and clinical leads and heads of departments.

Consumers and/or representatives confirmed they are supported to live the best life they can. Examples included freedom and support to access activities outside of the service, including activities where risk to the consumer has been assessed, strategies implemented to mitigate risk and equipment provided to increase safety for the consumers.

There are a wide range of activities for consumers to participate in, including pastoral care, friendship groups and volunteers to increase socialisation for consumers. An electronic care application has recently been introduced where consumers, their representatives and staff can communicate using their mobile phones and computers about consumers' care activities and record notes, photographs, and videos. Feedback recorded indicated that the care electronic application is well received by consumers and their representatives and is effective in enhancing communication to ensure consumers are living the best life they can.

The service's inaugural consumer advisory body meeting was conducted on 6 February 2024, involving ten consumers and two representatives covering a variety of topics including a feedback forum about care, infection control, household homemakers, a new care electronic application, continuous improvement, fire safety, door codes, gardens and grounds, dignity, privacy and confidentiality and food. This enables consumers and/or representatives to partner with the service and organisation to improve the delivery of care and services.

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)