Performance

Report

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| Name of service: | Uniting Irwin Hall Mayfield |
| Service address: | 13 Section Street MAYFIELD NSW 2304 |
| Commission ID: | 0112 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Assessment Contact - Site |
| Activity date: | 14 March 2023 |
| Performance report date: | 8 April 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 Irwin Hall Mayfield (**the service**) has been prepared by Melissa Buhagiar, 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 conducted 14 March 2023, 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 30 March 2023
* the following information given to the Commission, or to the Assessment Team for the Assessment Contact - Site of the service: Notice of Non-compliance dated 25 May 2022 following Site Audit 8-10 February 2022, Performance Report dated 7 April 2022 for Site Audit 8 - 10 February 2022.

**Assessment summary**

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **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 applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **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 1**

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| Consumer dignity and choice | |  |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

**Findings**

This Requirement was found non-compliant following a site audit from 8 February 2022 to 10 February 2022. The service did not have an effective system to ensure confidentiality and privacy of consumers’ personal details. Staff and visiting allied health personnel were observed discussing consumers’ individual needs and care related issues in an area easily accessible by visitors. The report refers to the entry and RAT testing area for visitors near the clinical officer and that staff frequently left the door open and private conversations regarding consumers could be overhead whilst visitors were waiting for their RAT’s to be completed. Information was accessible to anyone in the vicinity when the door was left open.

The service has implemented several actions to address non-compliance identified at the site audit from 8 February 2022 to 10 February 2022 which includes communication sent to all staff and raised at staff meeting regarding discussion of private information on 25 March 2022, confidentiality policy given to all staff on the 25 March 2022. The Nurses station door to be closed at all times. This was discussed at staff meetings and ongoing spot-checks are occurring for compliance, and privacy and confidentiality added as a standard agenda item at residents/representative meeting.

During the Assessment Contact undertaken on 14 March 2023 the service demonstrated it has processes in place for staff to follow to ensure that consumers’ privacy is being respected and their personal information is kept confidential. Most consumers interviewed said their privacy is respected and personal information is kept confidential.

The Assessment Team interviewed staff who described the way they maintain consumers privacy, including ensuring the doors of the rooms are closed when completing activities for daily living, knocking and waiting for a response before entering a consumer’s room and not discussing consumer information in common areas or areas where other people can hear.

The Assessment Team observed staff knocking on consumers’ doors, announcing themselves and asking permission to enter consumers’ rooms.

Computers were password protected and consumers’ personal information was stored securely.

I find that the approved provider is compliant with Requirement 1(3)(f).

**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**

This Requirement was found non-compliant following a site audit from 8 February 2022 to 10 February 2022. The service was not able to demonstrate that 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.

Risk assessments were not consistently completed and/or reviewed in relation to consumers choice to take risk. Documentation did not guide staff to the management of these risks. The report refers to a consumer who had pressure areas and skin tears without any reassessment of pressure area risk, dietitian review for wound improvement, skin assessment updated but no new strategies included since pressure areas commenced, inconsistent pain assessments following PRN administration, limited information on strategies to reduce reoccurrence of pressure areas/skin tears on assessments. No incident forms completed for pressure areas and therefore no investigation into how they occurred.

Environmental factors such as the placement of beds had not resulted in risk assessments to ensure consumers’ safety. Beds were up against the walls in most rooms due to small size of rooms and need for hoist access in emergencies i.e., falls. The service had not considered this as a potential risk to consumers.

Care plans reviewed identified some care plans were generic in nature and did not detail consumers individualised needs and preferences.

The service has implemented several actions to address non-compliance identified at the site audit from 8 February 2022 to 10 February 2022 including assessment and planning tools re-completed to encapsulate better detail on risks and their mitigation strategies. Risk assessments have been attended for all consumers with beds against the walls. All consumers have had a case conference to support decision-making conversations as of 13 July 2022. All care plans are updated to reflect individualised care needs and interventions. Clinical huddles occur to discuss the effectiveness of PRN medication and the effectiveness of pain and interventions used.

The Assessment Team found that during the Assessment Contact undertaken on 14 March 2023 the service demonstrated they are identifying and considering relevant risks when assessing and planning consumer care. The organisation has processes and procedures in place that support and guide staff to plan for consumer care that is safe and effective. Review of sampled care planning documentation indicate relevant risks to consumers’ wellbeing are assessed and discussed with consumers to support consumers to get the best care and services. Staff were able to describe the risks for consumers and how this was managed.

Management advised that the physiotherapist has conducted a risk assessment for consumers that have their beds against the walls. The Assessment Team reviewed consumers who have the bed against the wall and found risk assessments to be in place. A registered nurse said all new consumers entering the service are assessed for risks and risk mitigation strategies are implemented.

I find that the approved provider is compliant with Requirement 2(3)(a).

**Standard 3**

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

**Findings**

This Requirement was found non-compliant following a site audit from 8 February 2022 to 10 February 2022. The service was not able to demonstrate effective management of high-impact or high-prevalence risks associated with the care of each consumer.

Documentation and staff interviews identified consumers’ diabetic management, fluid restriction, falls and medication management were not managed to ensure consumers’ risks were minimised.

Directives were not consistently followed related to blood glucose management, monitoring of fluid intake and neurological observation post fall.

The effectiveness of pain management strategies was not evaluated to ensure minimisation of pain. PRN pain medications not consistently evaluated for efficacy after administration. Care plan directs to try alternative strategies prior to PRN medications; however, these had not been documented.

Consumers’ risk assessment documentation was not consistently completed and/or reviewed to ensure management and minimisation of risks. Includes the risk assessments not updated or did not have how they would monitor the risks to the consumers.

The service has implemented several actions to address non-compliance identified at the site audit from 8 February 2022 to 10 February 2022 including coaching of staff on timely and correct documentation of BGL’s, diabetic care plans reviewed and signed off by the doctor to ensure directives are correct to care plans and tasks in electronic care system. Falls risk assessment tools have been completed for all consumers who fall frequently. The weekly PRN medication report monitored for trends and PRN usage. Guidelines for fluid intake management was discussed with staff on the 24 August 2022 and discussion on neurological observations added to staff meeting agenda and discussed at staff meeting 20 July 2022. Guidelines for care staff for after-hours have been developed and staff have access to after-hours registered nurse on call for advice.

During the Assessment Contact undertaken on 14 March 2023 the service demonstrated they effectively manage high impact high prevalence risks for sampled consumers. Management said the service has processes in place to monitor high risk consumers and the prevalent clinical risks. Every day there is a clinical huddle meeting to discuss consumers at high risk, incidents, falls, hospital transfers and any clinical concerns. Risks such as wounds, pressure care, falls, pain and diabetes management are mostly identified, reviewed, and appropriate strategies are in place.

I find that the approved provider is compliant with Requirement 3(3)(b).

**Standard 4**

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |

**Findings**

This Requirement was found non-compliant following a site audit on 8-10 February 2022. The service was unable to demonstrate each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. The organisation has implemented several actions in response to the non-compliance including lifestyle survey completed, new activities calendar published and provided to consumers, the leisure and wellness program has been added to the consumer and representative meetings as a standing agenda item.

All care plans have been updated by the leisure and wellness coordinator who commenced full- employment on 8 August 2022.

During the Assessment Contact conducted on 14 March 2023 consumers and representatives said they were very satisfied with the leisure and wellness program that was provided. The leisure and wellness coordinator said she enjoyed her role very much. Leisure and wellness assessments were observed to be completed for consumers. The leisure and wellness coordinator was observed providing activities for consumers in a dedicated activities room and to be playing games with consumers and engaging them throughout the Assessment Contact.

Consumers provided feedback with one consumer saying they enjoyed exercises and bowls the morning of the Assessment Contact and they love to go on bus trips. The consumer said the communication about activities with consumers has really improved since the coordinator role has increased from 3 to 5 days. The consumer said they now have monthly meetings where consumers are asked to give feedback about the program and to make suggestions and this is always incorporated. Another consumer said a violinist came yesterday and ‘the music was beautiful’.

The Assessment Team observed consumers in the activities room to be enjoying coffee from the new coffee machine that had arrived the day before.

The leisure and wellness coordinator showed the Assessment Team handwritten minutes for the recent meeting on 2 March 2023, which indicated consumers asked for a raffle for Easter, were informed the new coffee machine would arrive on 13 March 2023 and one consumer had requested blackcurrant juice to have in his Guinness beer on St Patrick’s Day on Friday. Consumers were reminded of events for the next month such as a bus trip to the Morpeth pub and a shopping trip to the Jesmond shopping centre.

The Assessment Team enquired about one-to-one activities for consumers who were bed bound and the lifestyle and wellness coordinator said there was no schedule developed for this yet, but progress notes were audited regularly to ensure care staff provided individualised activities to these consumers according to their daily preference and the coordinator supported the staff with this.

I find that the approved provider is compliant with Requirement 4(3)(a).

**Standard 5**

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| Organisation’s service environment | |  |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |

**Findings**

This Requirement was found non-compliant following a site audit on 8-10 February 2022. The service was unable to demonstrate the service environment was safe, clean, well maintained, comfortable and consumers were not able to move freely both indoors and outdoors. The organisation has implemented several actions in response to the non-compliance.

The service has installed automatic doors for easier access to outdoors, the barbeque has been replaced and new outdoor furniture purchased. A deep clean has been completed for all common areas including furniture and fittings, the curtains have been replaced and the veranda access hazard has been fixed, there have been 3 basins replaced in bathrooms and one bathroom has been widened for the consumer.

During the Assessment Contact conducted on 14 March 2023 consumers and representatives said they were satisfied with the service environment and felt very welcome at the service. Staff said they felt the service was like one big family. The Assessment Team observed there were new curtains in the dining room. Gardens were manicured and clean and tidy. External paths were clean and free of debris. A new barbeque was covered in the outdoor area and a fire blanket had been checked for compliance 3 months ago despite being very faded. No paintwork was observed to be peeling on walls or skirting boards. Two bedrooms are currently being renovated, rooms 22 and 23. Security cameras are being installed into the clinical room and common areas of the service. This commenced two weeks ago, and three bundles of cables were hanging from the ceiling without any signage. All beds against the walls in consumer bedrooms have been risk assessed by the physiotherapist. A new sliding door has been installed to allow consumers to move freely out to the courtyard area as they wish.

The head of senior services and quality specialist confirmed toilets and basins in consumers rooms noted in the 2022 site audit report were investigated and new fittings of a different size were installed for the safety of consumers that suited the size of the room. The service manager and property manager said the building next door is going to be demolished in May 2023 and the laundry will be moved inside the service building from the older building. The service manager advised there is a five-year plan to move the service to a new building at Charlestown. The property manager said rooms will be renovated as required at the service until then.

However, two fire doors that were not to be obstructed at any time in the kitchen and in the corridor behind the kitchen and staff room were observed to have trolleys that kitchen staff and maintenance staff had left obstructing the doorways. Management was informed and this was rectified immediately, and the service manager followed up with staff involved. Management also placed signage about the risk of the cables hanging from the celling immediately after being informed and said the fire blanket would be replaced and a fire extinguisher would be purchased for the courtyard smoking area. It was also observed there are not enough storage areas at the service. The service manager and the updated continuous improvement plan confirmed this is to be rectified by June 2023 and space has already been allocated for this in the back carpark. Also, the building has no signs to assist consumers with cognitive impairment and visitors in wayfinding that is congruent with dementia enabling design principles. This feedback was provided to management. Management said they would follow up and organise for signs to be erected at the service to assist consumers to find their way to their bedrooms and service areas.

I have found that the approved provider is compliant with Requirement 5(3)(b).

**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 |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

**Findings**

Requirements 7(3)(a) and 7(3)(d) were found to be non-compliant following a site audit on 8-10 February 2022. The service was unable to demonstrate 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. The service was also unable to demonstrate that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

The organisation has implemented several actions in response to the non-compliance by the service manager reviewing the roster in consultation with staff, ongoing recruitment, call bells monitored and discussion with staff with reminders to answer in a timely manner and the purchase of more DECT phones for staff. The organisation has also provided education on the Quality Standards, provided ongoing education and mentoring of registered nurses by the clinical nurse educator and service manager and had ongoing discussion with staff on deterioration of consumers.

During the Assessment Contact conducted on 14 March 2023 consumers said they felt there were enough staff to attend to their needs when required. Staff were interviewed and said they felt there is enough time to complete their duties during their shift and if there is anything not completed this is handed over to the next shift to follow up. A report for unfilled shifts in the last week was provided and showed all shifts had been replaced.

The service manager and head of senior services advised there has been substantial workforce changes since the Site Audit in 2022. A learning attendance form for call bell education indicated 14 staff attended on 31 January 2023 and staff were reminded about the timely answering of call bells and ensuring consumers had call bells within easy reach. No call bells were heard ringing unanswered at the service during the Assessment Contact. DECT phones were observed to be with care staff and ample DECT phones were observed in the clinical office. The registered nurse was observed to be monitoring call bells ringing on the afternoon shift. There were no complaints to the Assessment Team from consumers sampled about long call bell waiting times.

Consumers provided feedback that they felt staff were appropriately trained to provide them what they needed. The service manager explained care staff are being supported in the transition process to working with a registered nurse on duty on the afternoon shift as senior care staff have worked for a long time on their own. The Assessment Team observed systems in place to monitor mandatory education for all staff and saw evidence of targeted delivery of education for staff in a number of topics over the last 12 months including subjects related to the gaps found during the site audit on 8-10 February 2022. Staff said they felt they received all the training they required and felt supported at the service by management. The service also provided evidence of education and competencies of staff and other improvements made in relation to medication administration.

I have found that the approved provider is compliant with Requirements 7(3)(a) and 7(3)(d).

**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**

This Requirement was found non-compliant following a site audit on 8-10 February 2022. The service was unable to demonstrate effective risk management systems and practices, to ensure the appropriate identification and management of all high-impact or high-prevalence risks associated with the care of consumers.

The organisation has implemented several actions in response to the non- compliance where registered nurses have completed the process of assessment of risk, complex care needs and pain management, case allocation of consumers to registered nurses, peer reviews being conducted by registered nurses. All care plans and assessments have been reviewed and updated. The service manager meets regularly with registered nurses to monitor progress.

Policies and procedures have been provided to all staff, clinical nurse educator has been providing training and mentoring to registered nurses and registered nurses attended online clinical webinars conducted by clinical nurse consultants.

During the Assessment Contact conducted on 14 March 2023 consumers sampled said they felt they are satisfied with the care and services provided. Staff said they are committed to supporting consumers to live the best life they can and feel consumers are ‘like their family’. Staff were able to explain what they would do in the event of witnessing the abuse of a consumer or in the event of any incident and described appropriate steps such as reporting to the registered nurse in charge immediately and completing incident reports.

The service has restructured to ensure the effective management of risks for consumers. The restructure has seen an increase in quality specialists and accommodation specialists across the organisation and the service now has a dedicated health and safety worker. The head of senior services said workforce remains a high risk for the sector and a workforce steering committee has been looking at initiatives for prompt recruitment processes.

The head of senior services gave an example of a report that is sent from the director to the board every Friday and a copy of the report is then sent to herself. A new deteriorating resident audit has been commenced across the organisation to attempt to close out further gaps in quality care. This is being implemented region by region and there is a new escalation process in place now for all leadership staff in relation to risks. The report example showed discussion about Covid-19 impacts, reaccreditation and workforce crisis response.

The organisation has rectified the issues that were reported in the Site Audit on 8-10 February 2022 and continues to improve care and services.

I have found that the approved provider is compliant with Requirement 8(3)(d).

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