Performance

Report

**1800 951 822**

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| Name of service: | Uniting Nareen Gardens Bateau Bay |
| Service address: | 5 Yakkalla Street BATEAU BAY NSW 2261 |
| Commission ID: | 2680 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Assessment Contact - Site |
| Activity date: | 11 July 2023 |
| Performance report date: | 10 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 Nareen Gardens Bateau Bay (**the service**) has been prepared by B Bassett, 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 27 July 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 5** Organisation’s service environment | 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 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 |

Findings

The service had previously been found to be non-compliant in Requirement 3(3)(a) at a Site Audit conducted 15 June to 18 June 2021, and this related to management of chemical restrictive practice and changing behaviours.

The service has undertaken a variety of actions to address the previous non-compliance including the implementation of a behaviour monitoring tool and providing training to staff regarding its use, regular review of the psychotropic register to ensure consumers had a supporting diagnosis or were otherwise identified as being subject to chemical restrictive practice, and management monitoring of restrictive practices including ensuring that documentation is reviewed and consent and appropriate authorisations for the use of restrictive practices are current.

Staff confirmed training had been provided and demonstrated an understanding of strategies for managing consumers’ changing behaviours. Consumers and representatives said they were informed and consulted regarding the implementation and use of restrictive practices. Care documentation for all consumers subject to restrictive practices demonstrated authorisations and consent were in place monitoring was occurring.

Consumers and representatives said they were confident care being provided was right for consumers and reflected their individual needs. For example, the representative for a named consumer said her mother’s chemical restrictive practice had been ceased following discussions with the service. The representative said the medication had been causing the consumer to sleep most of the day and alternate strategies for managing her behaviours were now being used.

The care documentation for another named consumer included a diabetes management plan and details for supra pubic catheter (SPC) management. The diabetes management plan included frequent monitoring of blood glucose levels (BGL), parameters for escalation and/or when as required (PRN) insulin should be administered. The consumer’s BGL chart indicated appropriate measures were undertaken when his BGL level exceeded the parameters in accordance with the diabetes management plan. The consumer’s care plan included instructions for care of his SPC including daily cleaning of the SPC site. The consumer said staff manage his diabetes and SPC effectively. He said his SPC bag is changed every few days and the SPC ‘gets a proper change once a month’.

Care documentation indicated wounds were consistently attended to in accordance with the consumer’s wound management plans and pressure area care was completed as prescribed. Consumers with active Pressure Injuries or wounds had a wound care plan and chart which was completed following treatment and at every review.

The service demonstrated timely identification, effective assessment, management and evaluation of consumers subject to restrictive practices, falls risk, weight loss, skin integrity and pain. The service had policies and procedures to guide clinical practice.

Where restrictive practices were used, assessments, authorisation, consent and monitoring were demonstrated. Staff displayed knowledge of individual consumer’s personal and clinical care needs. Behaviour support plans (BSPs) were in place for consumers who were subject to restrictive practices and/or changed behaviours.

It is my decision that the service has taken appropriate measures to address the previous non-compliance in relation to Requirement 3(3)(a) and the improvements taken by the service are adequate and sustainable. Therefore, I have decided this Requirement is now Compliant.

# 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

The service environment was observed to be clean, tidy and well maintained. Outdoor areas for consumers to enjoy included an array of well-kept gardens and facilities. Furnishings, equipment and all areas of the service were observed to be clean and in good condition. Furnishing and decorations in the service provided a sense of home comfort and belonging for consumers.

Consumers and representatives said they enjoyed the service environment and that cleaning and maintenance processes were effective and staff were responsive to requests. Staff were able to describe the process when they find broken equipment or fittings including raising a work request online to the maintenance team. Maintenance staff said work requests were received and triaged based on urgency before being assigned to a particular maintenance officer. Maintenance records demonstrated all scheduled maintenance had been completed.

Cleaning staff described the processes and schedules completed to ensure all rooms are cleaned regularly including communal areas and high touch point areas. Cleaning is conducted daily with deep cleans of the service occurring twice yearly. Management provided schedules for the cleaning of consumers’ rooms, common and outdoor areas and explained how the schedules were monitored and reported on.

Consumers of different mobility levels were observed moving freely, both indoors and outdoors and were seen to be assisted by staff when required.

Based on the evidence outlined above, it is my decision that Requirement 5(3)(b) 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)