Performance

Report

**1800 951 822**

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| Name of service: | Uniting Osborne House Nowra |
| Service address: | 54-60 Osborne Street NOWRA NSW 2541 |
| Commission ID: | 0124 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Assessment Contact - Site |
| Activity date: | 15 August 2023 to 16 August 2023 |
| Performance report date: | 20 September 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 Osborne House Nowra (**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.
* Performance report dated 16 September 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 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 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals, or preferences of the consumer. | Compliant |

Findings

The Quality Standard was not fully assessed. Two of five requirements were assessed and found compliant.

A decision made on 16 September 2022 found the service non-compliant in requirements 2(3)(b) and (e) after an assessment contact visit 27-28 June 2022 and 25-28 July 2022.

Requirement 2(3)(b)

Previously the service was found non-compliant as they did not demonstrate assessment and planning is reviewed to ensure documentation contains current needs, goals, and preferences. In response, the service’s plan for continuous improvement (PCI) details actions including assessment review for consumers, documentation updated relating to pain/dietary/nutritional/skin integrity, meetings/discussions with (and care plans offered to) sampled consumers/representatives.

During this assessment contact information was gathered through interviews, observations, and document review. An effective process of assessment and planning to identify/address consumer’s current needs, goals and preferences, including advance care planning and end of life planning is evident. A suite of clinical assessments is used to develop care plans guiding staff in individualised care delivery. Consumers/representatives and multidisciplinary team members participate in the development of strategies/individualised interventions to ensure safe/effective care. The assessment team observed documentation detailing consumers needs, with evidence of directives being updated when changes occur and consumer/representative satisfaction.

Requirement 2(3)(e)

Previously the service was found non-compliant as they did not demonstrate meaningful care planning occurs when consumers' condition/needs change. Incidents did not demonstrate thorough investigation to determine nature and/or causal/contributing factors. In response, the service’s PCI details reissuing of falls management guidelines; training for registered nurses; implementation of processes to ensure incident reporting/monitoring.

During this assessment contact information was gathered through interviews, observations, and document review. The service demonstrates an effective process of reviewing consumers’ care to ensure appropriate care provision meets individual needs when incidents occur and/or circumstances change. Management team monitor and review reported incidents, conduct daily staff meetings to discuss care needs (with physiotherapist involvement) and ensure timely referral to medical officer/allied health/specialists. Electronic documentation systems alert staff to consumers changed needs, and incident analysis occurs. Ongoing staff education occurs, and a process ensures regular review of consumers care needs involve consumers/representatives and medical officer/allied health/specialists. Sampled consumers spoke of involvement regarding their care needs. Interviewed staff demonstrate knowledge of reporting and management processes giving examples of changes in care provision when incidents occur. Document review detail changes in care provision to ensure preventative/positive outcomes post incident.

# 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)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |

Findings

The Quality Standard was not fully assessed. Two of seven requirements were assessed and found compliant.

A decision made on 16 September 2022 found the service non-compliant in requirements 3(3)(a) and (f) after an assessment contact visit 27-28 June 2022 and 25-28 July 2022.

Requirement 3(3)(a)

Previously the service was found non-compliant as they did not demonstrate consumers’ clinical care provision is best practice and optimises health and wellbeing in relation to wound, pain management and unplanned weight loss. In response, the service’s PCI details enhanced escalation notification processes, monitoring/auditing/regular review of wound/pain management for consumers identified at risk.

During this assessment contact information was gathered through interviews, observations, and document review. Sampled consumers/representatives gave positive feedback regarding clinical/personal care expressing satisfaction staff provide safe/appropriate care to meet consumer’s needs. Documentation demonstrates individualised care tailored to consumers specific needs resulting in positive outcomes. Observation of staff practices relating to monitoring/management of falls, pain, weight loss, wound/skin integrity and specialised nursing care are consistent with best practice guidelines. Clinical policies/procedures guide staff who advise receipt of education/training supports care provision and registered nurses receive training relating to best practice clinical care.

Requirement 3(3)(f)

Previously the service was found non-compliant as they did not demonstrate timely and appropriate subsequent referrals following medical officer directives. In response, the service’s PCI details introduction of a documented process recording consumers medical officer/allied health specialist appointments.

During this assessment contact information was gathered through interviews, observations, and document review. The service demonstrates timely and appropriate referrals to individuals and other organisations/providers of care and services. Management and registered nurses advise of processes relating to referrals, noting a range of specialist services available to support consumer’s care. Interviewed staff demonstrate knowledge of referral processes and implementation of changes to care resulting from referrals. Recording and monitoring processes ensure timely response to referrals and subsequent directives/outcomes included in care documentation to guide staff in current care requirements. Documentation details regular review, subsequent strategies/directives and current needs documented to guide staff.

# 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

The Quality Standard was not fully assessed. One of five requirements was assessed and found compliant.

A decision was made on 16 September 2022 the service was non-compliant in requirement 8(3)(d) after an assessment contact visit 27-28 June 2022 and 25-28 July 2022. Previously they did not demonstrate organisational risk management frameworks ensure risks are assessed, and effectiveness of strategies used to manage high impact/high prevalence risks are employed. In response, the service’s PCI details an organisational meeting to conduct comprehensive review of clinical incidents, safety/risk, clinical governance meetings, monitoring processes and improved data system displaying risk alerts.

During this assessment contact information was gathered through interviews, observations, and document review. Effective systems ensure implementation of organisational risk management systems/practices and governing body oversight to ensure service compliance with expectations. Organisational risk modelling frameworks assign an overall level of risk and assessment processes consider clinical, facility attributed, financial and human resource (HR) risks. Documentation review and interviews with management demonstrate oversight of several methods to monitor/manage high impact/prevalence risks both at an individual consumer level and service-related risks. Electronic alerts ensure staff awareness and appropriate care to address individual needs. Policies/procedures guide staff in organisational expectations relating to Incident Management, outlining responsibilities in prevention/responding to consumer abuse and neglect. Review of processes following incidents occurs to identify continuous improvement activities and/or prevent reoccurrence. Effective use of an incident management system to report, assess/manage incidents, including reporting to the governing body is evident.

Organisational processes (including monitoring and oversight) support consumers to live their best life. Development of a consumer advisory body is in progress to enable feedback and engagement in tailoring services to meet their needs and wishes.

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