Performance

Report

**1800 951 822**

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| Name of service: | Uniting Springwood |
| Service address: | 2 Lewin Street, SPRINGWOOD NSW 2777 |
| Commission ID: | 0151 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Assessment Contact – Site |
| Activity date: | 6 September 2022 |
| Performance report date: | 30 September 2022 |

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 Springwood (**the service**) has been prepared by Katrina Platt, 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 on 27 September 2022
* Notice of Requirement to Agree to Certain Matters and Consideration of Sanctions dated 13 September 2022 (‘Notice to Agree’).

# 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 | **Non-compliant** |
| **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 6** Feedback and complaints | **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

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) – the approved provider ensures each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice and is tailored to their needs and optimises their health and well-being particularly for falls management, skin integrity and wound management, pain management and deterioration of consumers and changes in behaviour.

# 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. | Non-compliant |

Findings

Consumers and consumer representatives interviewed were generally positive about the personal care and clinical care received and discussed some issues in relation to pain management, pressure injuries and wound care and falls management.

The Assessment Team found falls management did not reflect best practice, with initial risk assessments not identifying falls prevention strategies tailored to the needs of individual consumers. Post-fall observations and monitoring were not consistent with organisational policy and updated falls risk assessments were not demonstrated for consumers who experienced multiple falls. Timely hospital transfers were not demonstrated for two consumers, with post-fall fractures.

Skin integrity and pressure injuries were not effectively identified, assessed and monitored and interventions to optimise consumer health and well-being and wound healing were not always considered. Deficient wound charting for some consumers impacted effective monitoring and timely referrals for chronic wound management were not evident for two consumers who experienced significant wound deterioration.

The Assessment Team found some consumers requiring pain management were not regularly assessed and requirements were not tailored to the individual needs of consumers. Pain management strategies were not always effective and escalation was not evident for consumers who experienced minimal relief from initial interventions or those who had chronic pain issues.

Timely assessment and monitoring of consumer deterioration and behavioural changes were not evident for four consumers who sustained post-fall head injuries and when neurological observations showed signs of deterioration and changes in behaviour. Staff were not responsive to consumer deterioration and behavioural changes and when interviewed, were unaware of the deterioration and changes experienced by some consumers.

The Approved Provider responded to the Assessment Team report and acknowledged the opportunities presented to improve clinical care delivery in the management of wound/skin integrity, falls management, pain management and deterioration in consumer health and well-being. The Continuous Improvement Plan has been reviewed and updated to reflect targeted areas of improvement including clinical governance, clinical and personal care risk, falls management, skin integrity and wound management, pain management and management of consumer deterioration. To support the implementation of the continuous improvement plan, an Administrator and three senior and experienced Clinical Leads have been appointed.

The Approved Provider indicated a strategy to address stability and sufficiency in staffing has been developed to ensure continuity of care with more permanent staff. A comprehensive training plan for all care and clinical staff has been implemented to provide education on skin integrity and pressure injuries, falls management and management of consumer deterioration.

I acknowledge the significant efforts made by the Approved Provider in response to both the Assessment Team report and the Notice to Agree and their commitment to continuous improvement, staff training and development and the open disclosure shown to consumers and consumer representatives.

I have however, assessed this requirement as non-compliant noting the continuous improvement and additional staff education and training requires time to inform personal care and clinical care and improve overall consumer health and well-being.

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)