Performance

Report

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| Name: | Uralba Hostel |
| Commission ID: | 0285 |
| Address: | 50 Tor Street, GUNDAGAI, New South Wales, 2722 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 2 July 2024 |
| Performance report date: | 6 August 2024 |
| Service included in this assessment: | Provider: 758 Gundagai and District Hostel Accommodation Inc  Service: 301 Uralba Hostel |

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 Uralba Hostel (**the service**) has been prepared by V Plummer, 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.
* other information and intelligence held by the Commission in relation to the service.

# 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 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 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

Consumers and representatives considered assessment and care planning delivered safe and effective care and services for consumers. Consumers confirmed they are assessed and reviewed for their ongoing care needs and their clinical risks are assessed by a registered nurse, allied health professionals and their medical officer. Documentation demonstrated consideration of risks to consumers’ health and well-being and informed the delivery of safe and effective care and services. The service utilises a range of validated clinical risk assessment tools which are completed on entry and when a change to a consumer’s condition occurs. Registered staff demonstrated an awareness of assessment and care plan review processes, which identified risks to consumers’ health, safety, and well-being. Identified risks included, but were not limited to, falls, pain, skin integrity, and pressure injuries. Consumers were referred to medical officers, allied health professionals or medical specialists if required.

While the service has implemented risk assessments for pain management, it was identified at the Assessment contact, not all pain assessments were being completed in line with the consumer’s needs, with self-administration of pain medication for one consumer not always being documented and reviewed for effectiveness. Management responded stating education would be provided to registered staff on effective pain management and assessments. The Assessment Team identified the care plan for the named consumer was updated at the time of the visit.

Actions have been taken to address deficits in this Requirement identified during an Assessment Contact conducted on 9 January 2024 to 10 January 2024. These actions have included:

* In February 2024 the service implemented a clinical management system which includes an electronic clinical documentation component. This system incorporates clinical flowcharts and prompts to guide staff in monitoring, assessments and care planning, including assessment of risks for consumers’ health and wellbeing in areas such as falls, pain, changed behaviours, incidents and wound care.
* Completed training for registered staff on the new falls risk assessment tool.
* Implementation of a new post falls protocol and monthly physiotherapy visits to the service.

In relation to the actions taken to address the previous Non-compliance, it is my decision these actions were effective and sustainable, and it is my decision this Requirement is now Compliant.

# 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

Consumers provided positive feedback in relation to personal and clinical care received by them at the service. Staff demonstrated knowledge of individual consumers’ care needs and interventions in place to manage risks to their health and wellbeing. The service has clinical policies and procedures to guide staff practice in care delivery.

Care planning documentation identified consumers are receiving individualised care which is safe and right for them with care planning documentation aligned with best practice, including in relation to wound care, falls, and medication management. The service reports there are no consumers subjected to restrictive practices and the service maintains a psychotropic medication register with regular consumer reviews.

Actions have been taken to address deficits in this Requirement identified during an Assessment Contact conducted from 9 January 2024 to 10 January 2024. These actions have included:

* Implementation of a clinical documentation system which includes flowcharts aligning with the organisational policies and procedures to inform staff of their responsibilities and the designation of tasks. The system is remotely monitored 24 hours a day, 7 days per week by registered nurses, who provide advice to staff and monitor clinical reports and escalate to the management team as required.
* Engaged additional registered nurses who are on site each day and rostered for morning and evening shifts.
* Training has been provided to staff on clinical best practice and staff are able to describe consumers’ clinical needs and preferences in a manner consistent with the information documented in their care plans and the feedback provided by the Assessment Team.
* The service has improved its monitoring of psychotropic medications through the implementation of a psychotropic medication audit tool. A review of the psychotropic medication register confirms this improvement has been successfully implemented

In relation to the actions taken to address the previous Non-compliance, it is my decision these actions were effective and sustainable, and it is my decision this Requirement is now Compliant.

# Standard 7

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

Findings

Consumers said staff are well trained, competent and know what they are doing. Staff described the induction and onboarding processes, and said they are supported to complete additional studies depending on their roles and responsibilities. A review of the mandatory training identified 100% have completed the annual training, either face to face or online. Staff said they are provided with training and support to equip them to perform their roles with confidence and can ask for further training if needed. The service has provided staff with training in the following topics including but not limited to, workplace health and safety, fire safety, food safety, incident management, including serious code of conduct, restrictive practices, completed medication competencies, behaviour support and open disclosure.

Actions have been taken to address deficits in this Requirement identified during an Assessment Contact conducted from 9 January 2024 to 10 January 2024. These actions have included:

* Staff completion of mandatory training ensured with review of documentation identifying 100% of staff have completed mandatory training.
* All staff have access to a centralised learning system which can be utilised for additional training as required. Management said they subscribe to various organisations to canvas training and offer it to their staff where required, for example Dementia Services Australia and the Commission.
* The service now employs 5 registered nurses, who are rostered across most morning and afternoon shifts to provide clinical care to consumers.

In relation to the actions taken to address the previous Non-compliance, it is my decision these actions were effective and sustainable, and it is my decision this Requirement is now Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The service has a clinical governance framework and documented policies in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated knowledge of these policies and described how they apply them as relevant to their roles. Mandatory training documentation evidenced staff have completed training on infection control processes, antimicrobial stewardship, and restrictive practices.

The service demonstrated an effective incident management system that includes the review and analysis of incidents to identify contributing factors, reassessment of consumers needs following incidents, and the implementation of preventive measures. The system includes prompts to assist in determining whether each incident is a reportable incident. Management advised there have been no reportable incidents in the past 6 months. Information about consumer incidents is shared at the service level with the clinical team and discussed at the Board level, with agreed-upon actions aimed at driving improvements when necessary.

Actions have been taken to address deficits in this Requirement identified during an Assessment Contact conducted from 9 January 2024 to 10 January 2024. These actions have included:

* Contracted a clinical advisory service who have implemented a remote registered nurse on-call service and electronic care management system.
* Registered nurse support via on-call is now in place for when a registered nurse is not on site or on duty at the service. All consumer information, including care documentation is available to the registered nurse on-call via remote access to the electronic clinical management system. The registered nurse can now provide real time advice to staff on site and actions can be allocated to staff to complete. This includes care staff assisting with as required medications and following a consumer post fall or incident.

In relation to the actions taken to address the previous Non-compliance, it is my decision these actions were effective and sustainable, and it is my decision this Requirement is now 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)