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: | 9 January 2024 to 10 January 2024 |
| Performance report date: | 4 February 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 G-M. Cain, 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.
* the provider’s response to the assessment team’s report received 01 February 2024.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not Compliant |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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 2(3)(a) – The approved provider must demonstrate assessment and planning considers risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services. The service’s procedures to inform the assessment, planning and ongoing monitoring of consumers’ relating to fall, pain management, wound management and psychotropic medications are effectively implemented.
* Requirement 3(3)(a) – The approved provider must demonstrate consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being. Consumer pain and skin integrity is appropriately assessed, managed and monitored to optimise their health and well-being. Restrictive practice processes are best practice, including used as a last resort, and with informed consent from the consumer and/or representative.
* Requirement 7(3)(d) – The approved provider must demonstrate staff are trained, recruited, and supported to deliver the outcomes required by the Quality Standards. Regular and as required training is undertaken by staff, and evaluation of the effectiveness of the training is considered.
* Requirement 8(3)(e) – The approved provider must demonstrate the clinical governance framework implemented at the service is effective in ensuring safe and quality clinical care to consumers. This includes minimising the use of restrictive practices, antimicrobial stewardship, and open disclosure. Effective monitoring and oversight of the clinical care delivery at the service, with information provided to the organisations to ensure well-informed decisions.

# 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. | Not Compliant |

Findings

The performance report dated 04 April 2023 found the service non-compliant in Requirement 2(3)(a) with deficiencies relating to lack of processes for the initial and ongoing assessment and review of consumers, with care documentation not reflecting the assessment of and strategies to manage consumers risks. The Assessment Contact report contained information evidencing some improvements in the services assessment and planning processes, specifically for consumers who enter the service for respite care. However, ongoing deficiencies were identified in assessment and planning for consumers regarding mobility, pain management, falls risk, wound management, and other complex care issues. Clinical assessments were not consistently completed and did not always identify consumer risks or document strategies to minimise risk to inform the delivery of safe and effective care. The service did not demonstrate the consistent assessment and review of consumers prescribed psychotropic medication, as a result, consumers who are, or may be subject to chemical restrictive practices had not been identified. In response to the deficiencies identified, the service advised the implementation of a new clinical governance system in February 2024, and the recruitment of more registered nurse to ensure the monitoring and management of consumer assessment and care planning including consumers prescribed psychotropic medication occurs. The Approved Providers response submission accepted the findings as evidence in the Assessment Contact report and stated a Nurse Advisor had been appointed by the service to assist with the plan to remedy the deficiencies. It is my decision, Requirement 2(3)(a) is Non-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. | Not Compliant |

Findings

The performance report dated 04 April 2023 found the service non-compliant in Requirement 3(3)(a) with deficiencies relating to gaps in the assessment process to inform clinical care delivery, assessment and care planning, clinical care delivery not being undertaken by suitably qualified professionals; and a lack of clinical oversight in the delivery of clinical care for consumers. The Assessment Contact record contained information that consumers expressed satisfaction with the care provided and spoke of caring staff who know them well and are well trained. The service demonstrated some improvements, including regular communication with the medical officer and other health professionals and documentation by the medical officers to support consumers clinical care delivery. However, information evidenced ongoing deficiencies in relation to medication management including the appropriate storage of medication and the monitoring and review of consumers’ prescribed psychotropic medications. Care documentation for consumers experiencing falls did not consistently evidence review and reassessment of the consumers’, including implementation of strategies to minimise further falls, and consumer’s continued to experience falls. For one named consumer who experienced a fall, care documentation identified an assessment of pain was not completed, and despite the consumer verbally expressing pain the consumer was not reviewed by a medical officer nor was a review of the consumer’s care plan completed. Care documentation identified the consumer requested a medication which was administered by staff despite not being prescribed by a medical officer and management advised it was normal practice to administer consumer’s medication if they request it. The Approved Providers response submission accepted the findings as evidence in the Assessment Contact report and stated a Nurse Advisor had been appointed by the service to assist with the plan to remedy the deficiencies. It is my decision, Requirement 3(3)(a) is Non-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. | Not Compliant |

Findings

The performance report dated 04 April 2023 found the service non-compliant in Requirement 7(3)(d) with deficiencies relating to a lack of consistent training of the workforce, including low completion rates of mandatory training modules such as restrictive practices and the Serious Incident Response Scheme. Non-clinical management at the service completed consumer assessment and care planning and oversee clinical care delivery. The Assessment Contact record contained information which identified on going deficiencies, including lack of evidence the workforce are not consistently provided training; the service does not have a Registered Nurse rostered on-site and on-duty 24 hours a day, across 7 days of the week; and staff are undertaking tasks for which they are not qualified including consumer assessment and care planning, and clinical care delivery. While consumers and representatives spoke of staff being knowledgeable, clinical staff advised they do not receive required training, for example, on how to complete assessment and care planning and incident management. In coming to my decision in relation to this Requirement, I acknowledge the efforts made by the service to improve its performance under this Requirement including the recruitment of four Registered Nurses and as a result the service rosters a Registered Nurse for at least 1 shift per day; and some education and training for staff. The Requirement requires the workforce to be recruited, trained, equipped and supported to deliver the outcomes required by the standards. The service was unable to evidence staff education and understanding in consumer assessment and care planning, and aspects of consumer’s clinical care, as a result, consumer assessments and care plans were incomplete not evidencing information to guide clinical care delivery; consumers’ who are, or may be subject to chemical restrictive practices had not been identified by the service; and consumers pain and falls were not effectively managed. The Approved Providers response submission accepted the findings as evidence in the Assessment Contact report and stated a Nurse Advisor had been appointed by the service to assist with the plan to remedy the deficiencies. It is my decision, Requirement 7(3)(d) is Non-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. | Not Compliant |

Findings

The performance report dated 04 April 2023 found the service non-compliant in Requirement 8(3)(e) with deficiencies relating to the lack of an effective clinical governance system, including clear processes for the implementation of the clinical governance system. The service did not demonstrate an effective incident management system was in place, including the review and analysis of incidents to identify contributing factors, reassessment of consumers following incidents, and the implementation of preventative measures. The workforce at the service did not have the qualifications or knowledge to provide the oversight of consumers’ clinical care. The Assessment Contact record contained information which identified on going deficiencies, in clinical governance process including:

* Appropriate clinical oversight of medication management including the use of psychotropic medication, storage of medications, and the administration of medication only when prescribed by a medical officer.
* Deficiencies in consumer assessment and care planning resulting in gaps in the identification, monitoring and managing of risk for individual consumers. I have considered this under Requirement 2(3)(a).
* Deficiencies in the clinical monitoring and management of consumers in relation to falls, pain and medication management. I have considered this under Requirement 2(3)(a).
* Lack of training to ensure the workforce is qualified and has the knowledge and skills to ensure the delivery of safe, quality consumer care. I have considered this under Requirement 7(3)(d).
* Whilst the organisation had a clinical governance policy, it did not identify clearly the roles and responsibilities under the clinical governance framework.
* Policies and procedures to guide staff to ensure quality and safe care, such as falls, diabetes, recognising and responding to deterioration, and escalation were not evidenced.

The Approved Providers response submission accepted the findings as evidence in the Assessment Contact report and stated a Nurse Advisor had been appointed by the service to assist with the plan to remedy the deficiencies. In coming to my decision in relation to this Requirement, I acknowledge the efforts made by the service to improve its performance under this Requirement including the formation of a clinical governance team and improved reporting to the Board. However, it is my decision, Requirement 8(3)(e) is Non-Compliant.

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)