Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Uralba Retirement Village |
| Service address: | 5 Eulamore Street CARCOAR NSW 2791 |
| Commission ID: | 0220 |
| Approved provider: | Burswood Care Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 5 October 2022 |
| Performance report date: | 28 October 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 Uralba Retirement Village (**the service**) has been prepared by S. Hicks, 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 21 October 2022.

# Assessment summary

|  |  |
| --- | --- |
| Standard 7 Human resources | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | **Non-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.

**Standard 8:**

* **Requirement 8(3)(c)**
* The Approved Provider needs to continue to implement improvements and solidify them into strong robust processes.
* Ensure as a matter of importance that governance systems are developed and improved for information management, regulatory compliance and feedback and complaints.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |

Findings

Requirement 7(3)a is assessed as Compliant.

The Assessment Team found that the service had staff deficiencies across all levels of staff and at the time of the site audit the service had no IPC Lead and no registered nurses currently employed at the service. The service relies on a consultant and an agency registered nurse to provide clinical oversight. The service had only recently been overtaken by the new governing organisation with the new owners trying to recruit registered nurses. In addition, many care staff were not suitably qualified, and some consumers interviewed said they felt there were not always enough staff to always provide timely care. It should be noted that consumer feedback also included positive feedback about the staff and how well they treat the consumers.

From the evidence for requirement 7(3)(a) the Assessment Team determined that compliance with the requirement was unmet however based on the Approved Provider response and their PCI it was clear that the Approved Provider has completed, as stated to the Assessment Team at the time of the site audit, recruitment to gain suitably qualified staff. The Approved Provider in their response provided specific start dates and dates for unqualified staff to begin their qualifications. Therefore, based on this evidence and the fact there was no evidence of significant risk to consumer health and wellbeing, I do not find the Approved Provider is non-complaint with requirement 7(3)(a).

Based on the Assessment Team evidence and considering the submission from the Approved Provider, I find the following requirement is Compliant:

Requirement 7(3)(a)

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Non-compliant |

Findings

Requirement 8(3)c is assessed as Non-Compliant.

The Assessment Team found that the service was undergoing a transition as a new provider had taken ownership. Management advised that they are still developing governance frameworks to support safe inclusive and quality care and services. Currently, the service is not measuring or monitoring its own performance however, integrating the service into the organisation’s overall strategic plan was likely to commence shortly. The Assessment Team also found shortfalls in the information provided to consumers in relation to the new ownership of the service. Both staff and consumers provided some feedback that they felt they did not know enough about the ongoing changes being introduced by the new Approved Provider.

The organisation has methods for receiving information about regulatory obligations from a range of sources however, the current policies and procedures do not guide staff in their compliance with current regulatory requirements in relation to Serious Incident Response Scheme (SIRS) and restrictive practices. Management were unable to demonstrate how the changes were introduced and integrated into policy and procedures and advised they would update their PCI so that it was included.

The service did not demonstrate there is a functioning feedback and complaints system in place leading to complaints trends analysis to guide service improvements. The Approved Provider had developed a new feedback register and the Assessment Team observed a feedback box, complaints forms and advocacy service forms available for consumers to make complaints and provide feedback. However, when the Assessment Team reviewed complaints it did find that complaints had been made that had not yet been addressed. In contrast, the Assessment Team did find that the service has a comprehensive PCI was in place which addressed issues identified across the 8 Quality Standards.

The Approved Provider did submit a response which included a PCI that was updated to include the deficiencies identified by the Assessment Team. Whilst this has been taken into consideration the Approved Provider did not provide enough information to dispel the Assessment Team findings as seen on the day of the site audit. The Approved Provider has shown a strong commitment to improvements and it has been noted the service is in a transition phase with new ownership however I felt that the evidence did highlight the service was not yet compliant with requirement 8(3)(c) particularly in relation to regulatory compliance and feedback and complaints.

Based on the Assessment Team evidence and considering the submission from the Approved Provider, I find the following requirement is Non-Compliant:

Requirement 8(3)(c)

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)