Presbyterian Aged Care - Ashfield

Performance Report

40 Charlotte Street
ASHFIELD NSW 2131
Phone number: 02 9797 3100

**Commission ID:** 0534

**Provider name:** The Presbyterian Church (New South Wales) Property Trust

**Assessment Contact - Site date:** 12 June 2020

**Date of Performance Report:** 9 July 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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.
* the provider’s responses to the Assessment Contact - Site report received 16 June 2020 and 3 July 2020
* Assessment team report from 1 June 2020 monitoring assessment contact.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

## The Assessment Team did not assess all requirements and therefore an overall compliance rating and summary for this Quality Standard is not provided.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

The Assessment Team provided information that care and services are not always tailored to the needs of consumers to optimise their health and well-being. Where consumers have specific needs or behaviours, they are not always recorded in the care planning documentation. Wound care photography is not always attended according to best practice recommendations, and for one consumer all current wounds were not documented in the wound charts. Where behaviours occur, or are included on behaviour charts, the Assessment Team was not able to identify that pain was ruled out or evaluated as a possible trigger.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report as well as clinical records extracts, progress note extracts, goals of care summaries, pain assessments, wound records and best practice information on wound care. The Approved Provider does not agree with the Assessment teams findings.

I have considered the Assessment Teams information and the Approved Provider response, and I find that the Approved Provider is able to demonstrate they meet this requirement. I accept the additional information provided demonstrates that for named consumers care goals and interventions are documented, pain is assessed and managed including in relation to behaviour management. I accept the wound care information provided demonstrates that the service is aware of best practice guidelines for wound care. I also note the improvements undertaken by the Approved Provider as outlined in the monitoring report from 1 June 2020.

I find this requirement is compliant.

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team provided information that the service did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Where directives for care are changed, the Assessment Team found that they are not always updated in consumer care plans. Diabetes management plans, including the testing of blood glucose levels are not always conducted according to medical directives. Where consumers are prescribed a restricted fluid intake, the service could not demonstrate that they adequately monitor the consumer’s fluid consumption in a 24-hour period. Standard care plan risk screening is not always reflective of current consumer condition

The Approved Provider provided a response that included clarifying information to the Assessment Teams report as well as clinical records extracts, progress note extracts, and goals of care summaries. The Approved Provider does not agree with the Assessment teams findings.

I have considered the Assessment Teams information and the Approved Provider response, and I find that the Approved Provider is able to demonstrate they meet this requirement. I accept the additional information provided demonstrates that for named consumers diabetic and fluid restriction monitoring and management is occurring. I accept that care plans may not have been consistently updated to reflect new care interventions, however I note that staff were aware of the high impact and high prevalence risks to named consumers and progress note entries indicated that the new interventions were being implemented. I also note the improvements undertaken by the Approved Provider as outlined in the monitoring report from 1 June 2020.

I find this requirement is compliant.

# STANDARD 5 Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

## The Assessment Team did not assess all requirements and therefore an overall compliance rating and summary for this Quality Standard is not provided.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

The Assessment Team provided information that external surfaces were found to be slippery. There was observed to be an external staircase that had no controls at the top or bottom of the stairs. Capital works were out to tender to address concerns raised at the last assessment contact. Gardens and grassed areas have become overgrown.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report as well as photographs of the living environment. The Approved Provider does not agree with the Assessment teams findings.

I have considered the Assessment Teams information and the Approved Provider response, and I find that the Approved Provider is able to demonstrate they meet this requirement. I accept that due to covid-19 restrictions and lockdown, access to tradesmen to conduct works was a challenge for the Approved Provider. I accept the Approved Providers explanation is response to issues raised in the Assessment Teams report regarding the gardens, maintenance and risk mitigation. I note the consumer representative feedback on improvements to the living environment. And I note the improvements undertaken by the Approved Provider as outlined in the monitoring report from 1 June 2020.

I find this requirement is compliant.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

## The Assessment Team did not assess all requirements and therefore an overall compliance rating and summary for this Quality Standard is not provided.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

The Assessment Team provided information that while some consumers felt that staffing levels and call bell response times were adequate to meet their needs, this was not the case for all consumers. This feedback in conjunction with complaint documentation, observations by the Assessment Team and current average call bell response time of 23 minutes, identified situations where staffing numbers resulted the delay of care delivery, staff availability and impacted consumer supervision in the memory support unit.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report as well as additional information on staffing numbers, and call bell response times.

I have considered the Assessment Teams information and the Approved Provider response, and I find that the Approved Provider is able to demonstrate they meet this requirement. I note the consumer and representative feedback in the assessment teams report and accept the Approved Provider response in relation to the one consumers feedback about staffing. I also not that staff did not raise any concerns in relation to completion of tasks or staffing sufficiency. I accept the Approved Providers explanation and additional data on the call bell response times. I accept that the Approved Provider has responded to complaints raised in relation to staffing, the last of which was approximately 10 weeks ago. And I note the improvements undertaken by the Approved Provider as outlined in the monitoring report from 1 June 2020.

I find this requirement is compliant.

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

The Assessment Team provided information that observations by the Assessment Team and documentation reviewed evidenced that workforce interactions with consumers are kind, caring and respectful of consumers identity.

I find this requirement is compliant.

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

The Assessment Team provided information that the service has systems in place to facilitate regular performance assessments for each member of the workforce. Staff interviewed confirmed they had participated in a recent review.

I find this requirement is compliant.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

## The Assessment Team did not assess all requirements and therefore an overall compliance rating and summary for this Quality Standard is not provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*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.*

The Assessment Team provided information that the Assessment Team found that the service has effective risk management systems and practices to manage high impact and high prevalence risks for consumers. The service has policies and procedures in place to respond to reports of abuse and neglect and support consumers to live the best life they can.

I find this requirement is compliant.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.