Performance

Report

**1800 951 822**

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| Name of service: | Ashburn House Aged Care Facility |
| Service address: | 20-34 Ashburn Place GLADESVILLE NSW 2111 |
| Commission ID: | 2018 |
| Approved provider: | Christadelphian Homes Limited |
| Activity type: | Site Audit |
| Activity date: | 7 February 2023 to 9 February 2023 |
| Performance report date: | 15 March 2023 |

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 Ashburn House Aged Care Facility (**the service**) has been prepared by G.Hope-Simpson, 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 Site Audit; the Site Audit 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 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives said members of the workforce showed dignity and respect towards consumers, and the service provided an environment that made them feel valued. Staff spoke about consumers in a respectful manner, and described how they treat consumers with respect, such as seeking consent first before providing care. The service informed consumers of their rights, including having their dignity maintained, and treated with respect.

Consumers said staff respected any culture and religion they identified with. Care planning documents reflected information relevant to consumers’ identity, cultural needs and preferences. The service respected consumers’ culture through celebrating days of cultural significance and hosting monthly food and music events associated with consumers’ culture.

Consumers were supported to exercise choice and independence for their care, who should be involved, and to maintain relationships. The service supported married consumers to maintain their relationship.

Consumers said they were supported to take risks which enabled them to live their best lives. The service undertook risk assessments for consumers who wished to take risks. Care planning documentation evidenced the service supported consumers to make informed choices about their care and any accompanying risks.

Consumers were provided timely information that was accurate, easy to understand and enabled them to exercise choice. Staff described how they facilitated consumers’ choice and varied communication methods to suit their needs, such as members of the workforce conversing in the preferred language of some consumers. Menus, activity calendars and notices were displayed throughout the service.

Consumers said their privacy and confidentiality was respected, and described staff practices such as knocking on doors prior to entry and closing the door during provision of personal care. Staff were observed maintaining consumers’ dignity, conducting handover privately and storing consumers’ confidential information securely.

# 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 |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Care planning documents reflected a comprehensive assessment and care planning process was undertaken when consumers enter the service to identify their needs, goals and preferences. Advance care and end of life planning were included in care plans if the consumer wished.

Consumers and representatives confirmed involvement in the assessment and care planning process, and other health professionals were involved when relevant. Staff said the outcomes of assessments were documented in care plans and discussed with the consumer and their representative. Risk assessment tools were used to evaluate risks, such as consumers who wished to self-medicate.

Consumers and representatives said staff explained information about care and services, they could access a copy of the consumer's care plan when they wanted to and knew how to do so. The service had policies and procedures that guided a suite of assessment and charting tools, as well as, care and services plans were reviewed for effectiveness every three months, and when circumstances changed or when incidents occurred.

# 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives considered they received safe and effective care that was tailored to their needs and optimised their health and well-being. Staff were guided by organisational policies and procedures to direct care that was best practice. Restrictive practices were managed in line with legislative requirements. Skin integrity and pain management care were effectively delivered.

Consumers and representatives said they were satisfied high impact or high prevalence risks were effectively managed. Care planning documents reflected risks associated with clinical and personal care had been identified and were effectively managed, and risk mitigation strategies were in place.

Care planning documents for consumers who were nearing end-of-life showed their needs, goals and preferences were recognised, and their comfort maximised. Staff described, and service documentation demonstrated the comprehensive assessment, care and communication processes incorporated into the end-of-life care pathway. The service had links with the Community Health Palliative Care team.

Care plans reflected changes in consumers’ care needs were recognised and responded to in a timely manner. Staff described action taken to recognise and respond to deterioration or changes in a consumer’s condition, including engaging the Local Health District Aged Care Rapid Response Team in the instance a consumer’s GP was unavailable.

Information about consumers’ condition, needs and preferences were documented and communicated where the responsibility of care was shared. Staff described how information about consumer needs, conditions, and preferences were documented and communicated, including through verbal handover processes, meetings, accessing care plans, and through the service’s electronic care management system (ECMS).

Consumers and representatives said referrals to other health professionals were timely and occurred when needed. Staff described the process to refer clinical matters to other providers and how this informed delivery of care and services.

Consumers and representatives were satisfied with the service’s management of COVID-19 and the minimisation of infection-related risks. The service had an Infection Prevention Control lead, and member of the workforce understood the precautions required to prevent and control infection, and the steps they would take to minimise the need for antibiotics. The service had a staff and consumer vaccination program, and records were maintained for influenza and COVID-19.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers were satisfied with services and supports for daily living, which maintained their independence, well-being, and quality of life. Staff said consumers were involved with developing the activities program, and participated in outings, cultural events and games. The Assessment Team observed consumers going on a morning bus trip, including consumers who required wheelchair access.

Consumers said they were supported in their spiritual, emotional, and psychological well-being. The service’s spiritual and well-being coordinator organised religious services, and a book club through the service’s library.

Consumers were supported to keep in touch with people who were important to them, participate in the community, and engage in activities of interest. Care planning documents identified how consumers wished to participate in activities and maintain relationships.

Information about the consumer’s condition, needs and preferences were communicated within the organisation, and with others where responsibility for care was shared. Staff described how changes in consumers’ care and services were communicated through both verbal and documented handover processes. Care planning documents provided adequate information to support effective and safe sharing of consumers’ care.

Regular, timely and appropriate referrals were made to other individuals, organisations, and providers of care to maximise consumers’ health and well-being. The service utilised volunteers to help supplement the lifestyle activities offered within the service.

Consumers gave positive feedback about the quality and quantity of food at the service. The Assessment Team observed meals being served were visually appealing for consumers and the food temperature maintained. Hospitality staff had completed mandatory kitchen hygiene, and food charts on noticeboards identified various types of puree diets, with suggestions for serving.

Equipment for daily living and lifestyle supports were safe, suitable, clean and well maintained. Consumers and staff said they had access to equipment to assist consumers with their daily living activities, and consumers said they felt safe when using equipment.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The service environment was open, welcoming, light-filled with signage enabling ease of navigation. Consumers said they were encouraged to personalise their rooms with furniture and photos. The Assessment Team observed consumers interacting and eating in communal areas with their visitors.

Consumers and representatives said the service environment was clean and well-maintained. Communal areas and outdoor spaces were observed to be tidy and free of hazards. Staff and consumers described how maintenance was managed at the service, and the steps they would undertake if they identified a hazard or safety issue. Documentation reviewed evidenced cleaning and maintenance processes were completed in a timely manner.

Furniture, fittings, and equipment were observed to be safe, clean, and suitable. Consumers and staff confirmed sufficient equipment was available. Staff described how shared equipment was cleaned and maintained, and they had been trained in how to use it.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives said they were encouraged to provide feedback, and were comfortable to raise any concerns with management or staff, and felt safe doing this. Staff described the process they follow should an issue be raised with them directly. Feedback forms, brochures, and posters for complaints services were readily available and accessible.

Consumers were comfortable raising concerns within the service and were aware of advocacy services if needed. Staff described how they assisted consumers with a cognitive impairment or difficulty communicating to raise a complaint or provide feedback. Brochures and other written information in relation to advocacy and language services were provided on admission, and displayed throughout the service.

Members of the workforce described the process they follow when feedback or a complaint was received, and knew what open disclosure was. Consumers and representatives felt the service generally responded to complaints appropriately. However, the Assessment Team found two consumer representatives felt their complaints were not responded to appropriately. Management described, and review of the service’s Plan for Continuous Improvement (PCI) identified the service had addressed the complaints, and an open disclosure process was used.

Feedback and complaints were logged and used to improve the quality of care and services provided. Trends in complaints were analysed monthly and discussed at staff and consumer meetings. This was confirmed by consumer feedback.

# Standard 7

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| 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives considered staffing levels were adequate and call bells were answered quickly. The service had effective rostering processes to deploy sufficient staff and replace absences. Call bell data identified most call bells were answered under 10 minutes, and those over, occurred during night shift hours. Management evidenced through the service’s PCI, a plan to roster additional care staff on night shifts to improve call bell response times. Care delivery was observed to be calm, professional and planned.

Consumers said staff were respectful, kind and caring. The Assessment Team observed several kind and respectful interactions between staff and consumers, including staff addressing consumers by their preferred name and being jovial with them.

Consumers and representatives considered staff perform their duties effectively, they were confident staff were trained appropriately, and were skilled to meet their care needs. Position descriptions set out the expectations for each role and recruitment processes include verification of minimum qualification and registration requirements. Staff said they received training and supervision to do their job well.

Staff were supported in their induction and onboarding process and had access to training to perform their duties. The service provided regular toolbox training, and other individualised training for staff. Training needs were identified through analysis of incidents and consumer feedback. Training records reflected most staff had completed mandatory training.

Management outlined how the performance of staff was monitored through formal performance appraisals and informal monitoring and review. Staff described the performance appraisal process, confirmed they occur annually and said they were supported by management through the process.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| 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. | Compliant |
| Requirement 8(3)(d) | 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 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| 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

Consumers participated in the development, delivery and evaluation of care and services through care plan reviews, Resident and Representative Meetings, feedback mechanisms, surveys, and focus groups. Consumers and representatives were aware of the various feedback mechanisms available to them.

The service’s governing body promoted a culture of safe, inclusive and quality care and services and was accountable for their delivery. The organisation monitors the service’s performance against the Quality Standards through review of regular monthly reporting and internal and external audits and has oversight of risks and incidents.

The service had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. For example: the organisation monitors changes to legislation, and accesses industry peak bodies to ensure they are up to date with changes to legislation and regulations.

The organisation had an effective risk management system to monitor and assess high impact or high prevalence risks associated with the care of consumers. The service had a policy and procedure to support consumers’ dignity of risk and staff had been trained in their obligations to identify and respond to abuse and neglect, under the Serious Incident Reporting Scheme.

The service had a documented clinical governance framework, which included policies and guidelines relating to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff described processes in relation to minimising the use of restrictive practices, antimicrobial stewardship and providing open disclosure to consumers and representatives when things went wrong.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)