Performance

Report

**1800 951 822**

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| Name: | Ashburn House Aged Care Facility |
| Commission ID: | 2018 |
| Address: | 20-34 Ashburn Place, GLADESVILLE, New South Wales, 2111 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 1 February 2024 |
| Performance report date: | 6 March 2024 |
| Service included in this assessment: | Provider: 1008 Christadelphian Homes Limited  Service: 613 Ashburn House Aged Care Facility |

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 M.Wyborn, 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, and
* the provider’s response to the assessment team’s report received 19 February 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable, as not all requirements were 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 3

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| Personal care and clinical care | |  |
| 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 |

Findings

The Assessment Team Report noted that the service was unable to demonstrate that consumer deterioration or change in mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Consumer care documentation highlighted that some consumer deterioration was not identified and/or escalated in a timely manner, and consumers and representatives were unable to provide feedback regarding the service's effectiveness in responding to consumer deterioration. In their response to the Assessment Contact Report however, the Approved Provider supplied their action plan and highlighted immediate and responsive action undertaken to remediate non-compliance at the service. The service has implemented a two clinical manager model thus allowing for clear allocation of care responsibility and improved workload management for the team. The service has improved communication pathways between relevant senior management and implemented a strategic increase to registered nurse (RN) staffing hours as well as assistant in nursing (AIN) staff hours in the service’s memory support unit. The Approved Provider highlighted that the service has ensured that registered nursing staff have undertaken mandatory training across a range of personal and clinical care topics. This incident management and assessment training was provided by the organisation’s Quality Team and includes assessment and care plan procedures, clinical deterioration, falls management and prevention, serious incident response scheme (SIRS), and wound assessment and management.

These response actions demonstrate appropriate measures undertaken at the service, including immediate and proportionate action to address consumer concerns mentioned in the Assessment Contact Report, and I find the Approved Provider’s findings to be more compelling in regard to compliance for this requirement. The Approved Provider’s response demonstrates that the service ensures safe and effective personal and clinical care and with these considerations, I find the service compliant in Requirement 3(3)(d).

The service demonstrated appropriate consumer care and service planning documentation, however, consumer care documents are not consistently monitored for accuracy when a consumer's condition changes. In their Assessment Contact Report, the Assessment Team noted that communication systems at the service are not regularly or routinely reviewed. This results in key information used to inform those responsible for care to consumers being inaccurate or not up to date. Representatives advised that they were not satisfied with the information they received when incidents occur or when a consumer’s condition changes. Staff highlighted that key information is shared via handover notes, a communication book and via consumer progress notes, however, the Assessment Team’s review identified inconsistency in the care delivered to consumers. In addition, consumer incident and accident information is not routinely included in consumer care documentation, thus not maximising mitigation strategies to support staff and other care and service providers to deliver positive outcomes for consumers. In their response to the Assessment Contact Report, the Approved Provider supplied their action plan and highlighted immediate and responsive action undertaken to remediate non-compliance at the service. The service has implemented channels to ensure improved communication and escalation of consumer clinical deterioration by amending key ‘in charge’ rosters and also rostering additional registered nursing staff to both morning and evening shift to provide greater focus on communication, escalation and follow up. I have considered these response actions as well as impact on consumers and I deem that the service has demonstrated appropriate measures, including immediate and proportionate action to address consumer concerns mentioned in the Assessment Contact Report. With these consideration, I find the Approved Provider’s findings to be more compelling in regard to compliance for this requirement. The Approved Provider’s response demonstrates that the service ensures safe and effective personal and clinical care and therefore, I find the service compliant in Requirement 3(3)(e).

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)