Performance

Report

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| Name of service: | Presbyterian Aged Care - Apsley Riverview |
| Service address: | 2E Hill Street WALCHA NSW 2354 |
| Commission ID: | 0362 |
| Approved provider: | The Presbyterian Church (New South Wales) Property Trust |
| Activity type: | Site Audit |
| Activity date: | 5 June 2023 to 7 June 2023 |
| Performance report date: | 12 July 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 Presbyterian Aged Care - Apsley Riverview (**the service**) has been prepared by D McDonald, 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 said staff treat them with respect and their identity, and dignity was valued. Staff interactions were observed to be respectful. Care documentation identified consumers’ backgrounds, personal preferences, identities, and cultural practices.

Consumers said staff value their culture and diversity and provide safe care and services. Staff were aware of consumers from different cultures and explained how care and services were tailored to ensure consumers’ culture was valued. Policies and procedures guided staff to deliver inclusive and consumer centred care.

Consumers confirmed they were supported to maintain their identity, make informed choices about their care and services, and include others when they wanted to have them included. Married consumers said they were supported to maintain their relationship by sharing a room and spending time together Care documentation comprised consumers’ preferences.

Consumers said they were supported to take risks to enable them to live the best life they can. Staff described how risks were explained to consumers and the support given to minimise risks. Care documentation evidenced consumers were supported to take risks, and mitigation strategies enabled consumer to engage with risk as per their wishes.

Consumers said they understood information provided to them, they participated in meetings, and were offered hard copies of care plans, meeting minutes and lifestyle calendars. Staff described how they facilitate consumer choice and vary communication methods to suit consumers’ needs. Consumers were provided with welcome packs and other information was displayed on noticeboards.

Consumers said their personal privacy was respected and they were confident their information was kept confidential. Staff described practical ways they respect the privacy of consumers, such as knocking on doors prior to entering a consumer’s room and were observed implementing practices which promoted privacy.

# 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

Consumers and representatives said consumers’ care is well planned, and staff take time to understand them. Staff described using validated assessment tools to identify risks to consumers and how these inform the development of a care plan. Care documentation identified the risks to consumers and the strategies planned to minimise those risks.

Consumers and representatives confirmed the consumer’s goals and preferences, including for advance and end of life care, were documented during entry processes. Staff confirmed and care documentation evidenced, consumers’ care plans contained their individual needs, goals and preferences.

Staff confirmed care consultations and case conferences are regularly held with consumers and their representatives. Care documentation reflected input from consumers, representatives, Medical officers and allied health professionals. Medical officers were observed contributing to consumer’s care.

Consumers and representatives said the outcomes of assessment and care planning were communicated, they have access to or knew how to request a copy of the care plan. Staff confirmed an electronic care management is used to ensure care plans were readily available. Medical officers were observed updating consumer representatives with the outcome after assessing a consumer.

Staff confirmed the routine review of care plans is scheduled with their completion monitored by management. Staff advised they are alerted by the care management system when review of a consumers care plan was due. Care documentation evidenced review had occurred every 4 months as scheduled or in response to an incident or change in consumer’s condition.

# 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 said consumers received tailored and safe care. Staff were guided by policies and procedures to deliver personal and clinical care which is best practice. Care documentation identified restrictive practices were managed in line with legislative requirements.

Staff described high impact or high prevalence risks for consumers and strategies to manage those risks. Consumer and representatives expressed satisfaction with the way risks were managed. Care documentation supported risks to consumers were effectively managed.

Staff confirmed the provision of palliative care is supported by a medical officer. Care documentation, for a consumer who received end of life care, evidenced care was provided in line with the consumer’s advanced care directive. Staff described how they maximise consumers’ comfort and support consumers’ families during palliative care.

Care documentation supported changes in condition or deterioration was identified quickly. A health deterioration policy guided staff practice and staff demonstrated knowledge of escalating changes for a consumer whose condition had deteriorated.

Consumers and representatives said the consumers’ needs and preferences were effectively communicated between staff. Care documentation evidenced information was effectively shared with health professionals involved in the consumer’s care. Staff were observed exchanging information on changes to consumers’ condition.

Staff were knowledgeable about referral processes with medical officers and allied health professionals observed attending to consumers. Care documentation reflected referrals to other health professionals were timely and occurred when needed.

Consumers said infection control practices were implemented effectively. Staff knew how to prevent transmission of infection and strategies used to reduce antibiotic resistance. An Infection Prevention and Control Lead guided staff practice in responding to infectious outbreaks.

# 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 said they were provided with services and supports for daily living which met their needs, goals and preferences. Care documentation included information on consumers’ choices and supports required to do the things they want to do, and informed staff of consumers likes and dislikes.

Consumers said they have access to a Minister to support their spiritual and emotional wellbeing. Staff gave practical examples of spending time with individual consumers and volunteers, who visit with pets, which assists consumers psychologically. Care documentation captured consumers religious and mental health needs.

Consumers said they were supported to participate within and outside the service environment, keep in touch with people important to them, and do things of interest. Staff described the supports in place to enable consumers to participate in the wider community. Care documentation contained information about consumer interests and personal relationships.

Consumers said their needs and preferences were communicated effectively, and they do not have to repeat themselves. Staff described consumers’ care and service information was communicated through handover processes and the electronic care management system.

Care documentation evidenced, and consumers confirmed, they were referred to other organisations when needed. Consumers were observed accessing supports from external services.

Consumers gave positive feedback on the quality, quantity, and variety of meals, and felt their dietary needs were accommodated. Hospitality staff described processes in place where consumers can order what they want from the menu, including alternative options. Consumers were observed sitting together and enjoying the meals served.

Consumers said they found the equipment to be suitable, safe, and well-maintained for their use. Staff confirmed they had a good range of clinical and lifestyle equipment to deliver quality care and services, and cleaning was performed regularly. Equipment was observed to be clean and in good condition.

# 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

Consumers said they feel safe and at home at the service, and the service environment was easy to navigate. Staff said consumers were encouraged to decorate their rooms with personal belongings. Consumers had access to a hairdressing salon, reading areas and outside courtyards.

Consumers said they can move freely both indoors and outdoors, and the service was clean and well-maintained. The maintenance team outlined their responsibility for reactive and preventative maintenance. Documentation evidenced cleaning and maintenance processes were completed in a timely manner.

Furniture, fittings, and equipment were observed to be safe, clean, well-maintained and suitable for consumers’ needs. Staff described how shared equipment is cleaned, how they check equipment safety and function, and how they report maintenance requirements. Consumers indicated furniture, fittings and equipment were safe, clean and maintained.

# 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 supported to provide feedback or make complaints and knew the process. Staff described how they supported consumers to provide feedback, and how they would assist them to complete feedback forms. Management described the feedback and complaint processes, including feedback forms, meetings, handovers and surveys.

Consumers and representatives said they were aware of other avenues for raising complaints and were comfortable raising concerns with management. Staff were knowledgeable of advocacy services to support consumers with diverse needs. Brochures, newsletters, feedback forms and consumer handbooks promoted internal and external advocacy and complaints mechanisms.

Consumers and representatives said management promptly responds and seeks to resolve their concerns after they make a complaint. Staff explained the underlying principles of open disclosure, and training records showed staff had received education on open disclosure.

Trends and analyses in complaints, feedback, and concerns raised by consumers or representatives were used to inform continuous improvement activities across the service which were documented in the Plan for Continuous Improvement. Consumers gave examples of changes implemented from feedback and complaints, such as new furniture in the communal lounge areas.

# 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

Roster documentation showed the workforce was planned with a mix of staff allocated to support the delivery of safe and quality care and services. Consumers considered the number of staff sufficient and confirmed their staff’s timely response to call bells.

Consumers and representatives said staff engage with consumers in a respectful, kind and caring manner. Staff were observed interacting respectfully and knew of consumers’ needs, preferences, and their cultural backgrounds.

Consumers felt confident staff were skilled to meet their care needs. Management detailed processes for ensuring the workforce were competent and had the qualifications or knowledge to effectively perform their roles. Staff records evidenced members of the workforce had relevant qualifications to perform their duties.

Staff said they were trained, equipped, and supported to deliver safe and effective care. Education records identified staff participated in mandatory training and other training identified as required. Consumers and representatives expressed confidence in the abilities of staff.

Management said staff performance was monitored through formal performance appraisals, competency assessments, feedback and data analysis. Staff described the annual performance appraisal process, and staff records reflected appraisals were up to date.

# 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 and representatives said they were involved in discussions and development of the service through several strategies including, feedback forms, surveys, and resident and representative meetings. Feedback and suggestions made by consumers and representatives were shared directly with the governing body.

Management described how the organisation’s governing body promoted a culture of safe, inclusive, and quality care and services. Reports submitted to the board captured information, including but not limited to, clinical indicators, incidents and complaint trends.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Consumer feedback is recorded in the organisation’s electronic system, and serious complaints are escalated to the governing body, who work with the service to implement change.

A risk management system was used to monitor and assess high impact or high prevalence risks associated with the care of consumers. Members of the workforce had been trained in their obligations to identify and respond to abuse and neglect, under the Serious Incident Reporting Scheme.

A clinical governance framework that included policies promoting antimicrobial stewardship, minimising use of restrictive practices and using open disclosure was available. Staff said they had been educated in these areas and were able to provide examples of how it applied to their work.

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