

Performance Report

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**Name of service: Service address:**

**Commission ID: Approved provider: Activity type: Activity date:**

**Performance report date:**

Presbyterian Aged Care - Ashfield

40 Charlotte Street ASHFIELD NSW 2131

0534

The Presbyterian Church (New South Wales) Property Trust Assessment Contact - Site

16 August 2023 to 17 August 2023

28 September 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 - Ashfield (**the service**) has been prepared by Gill Jones, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)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 11 September 2023.

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1 The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018.

# Assessment summary

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| --- | --- |
| **Standard 1** Consumer dignity and choice | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Non-compliant** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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.

## Requirement 3(3)(a)

Ensure each consumer gets safe and effective clinical care, that is best practice, is tailored to their needs and optimises their health and well-being, particularly in relation to, managing unplanned weight loss, behaviour management, post fall clinical review and support to optimise mobility.

## Requirement 4(3)(f)

Ensure, where meals are provided, they are varied and of suitable quality and quantity and both the dining experience and food provided meets consumer expectations.

## Requirement 5(3)(b)

Ensure the service environment is safe, clean, well maintained and comfortable and provides a pleasant and hazard free place for consumers to live.

## Requirement 5(3)(c)

Ensure furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. Ensure the ongoing maintenance program is effective in maintaining safe equipment for consumer use.

## Requirement 6(3)(d)

Feedback and complaints are reviewed and used to improve the quality of care and services resulting in sustained improvements.

# Standard 1

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| **Consumer dignity and choice** | |  |
| 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 |

## Findings

## Requirement 1(3)(e)

An Assessment Team from the Commission undertook a Site Audit at the service in October 2022. Following this a decision was made by a regulatory official from the Commission that the service did not comply with this Requirement. Consumers and representatives reported there had been no consultation regarding meal choices and a lack of information relating to COVID- 19 and lockdown periods. Information had not been provided relating to consumer clinical or medical treatment.

The service implemented a range of actions in response to the non-compliance. The actions taken have been effective.

Consumers and representatives interviewed advised they are given information in a timely manner which keeps them informed about matters relating to their care and services which enables them to make choices. Management and staff described a range of ways information is provided to consumers on various topics. Review of documentation and observations made shows easy to understand information is being communicated to consumers.

The Approved Provider did not dispute or provide a response to the Assessment Teams findings for this Requirement. Having considered the Assessment teams report I find Requirement 1(3)(e) Compliant.

# 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. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

## Findings

## Requirement 3(3)(a)

Consumers and their representatives gave mixed feedback about the personal and clinical care consumers receive at the service. When interviewed, staff were aware of the needs and preferences of consumers, however there were gaps in the provision of safe and effective care. Information gathered by the Assessment Team showed that safe and effective care for consumers sampled is not being delivered, particularly in relation to managing unplanned weight loss, skin integrity, behaviour management and post falls assessment. Several consumers indicated that they would like more physiotherapy support to optimise their mobility. With regard to behaviour management, the service appeared slow to review the care being provided to two consumers and consider referral to a specialist service. A third consumer was given psychotropic medication to manage their agitation without evidence other options were explored first. With regard to skin integrity, one consumer reported issues which had not been reported to her GP for treatment. With regard to unplanned weight loss, two consumers both of whom were under the care of a speech therapist experienced unplanned weight loss and a referral had not been made for ongoing assessment by a dietician. Lastly one consumer did not receive appropriate clinical assessment post-falls following an unwitnessed fall.

The Approved Provider provided a response the Assessment Team’s report on 11 September 2023. A plan for Continuous Improvement was supplied with their response.

With regard to the management of unplanned weight loss, the Approved Provider disagreed with the findings of the assessment team regarding one consumer stating that their weight was stable and therefore no reason to refer. Regarding the second consumer, the Approved Provider has now referred this consumer for dietician review. In relation to skin integrity issues, the Approved Provider stated that the consumer’s skin is regularly assessed and they have no issues currently. With regard to behaviour management, the Approved Provider acknowledged the issues raised by the Assessment Team and has referred one consumer for specialist opinion. They have reminded staff that psychotropic medication, prescribed prn, should only be given when all other interventions have failed. The Approved Provider stated that they have increased the hours of the physiotherapy aid in response to issues raised by consumers about insufficient physiotherapy support.

The Approved Provider did not provide a response to all of the issues raised for each consumer in the Assessment Teams report.

Having reviewed the Approved Provider’s response I disagree with their statement that there was no cause to refer one consumer to the dietician as their weight was stable because the consumer was continuing to lose weight and there was no evidence provided of continued assessment and review. The Approved Provider largely acknowledged the findings of the Assessment Team and put in place a Plan for Continuous Improvement, however, this plan does not address all of the issues raised in the Assessment team’s report.

Having considered the Assessment teams report and the response from the Approved Provider, I find Requirement 3(3)(a) Non-Compliant.

Requirement 3(3)(b)

Consumers and representatives interviewed advised consumer falls are being managed effectively. Management spoke about, and provided documentation showing, what the service considers to be their principal high impact, high prevalence risks associated with the care of consumers. The Assessment Team reviewed consumer care and service documentation, interviewed management and staff and made observations to understand how high impact, high prevalence consumer risks have been managed. For the consumers sampled, high impact, high prevalence risks have been effectively managed overall.

The Approved Provider did not dispute or provide a response to the Assessment Teams findings for this Requirement. Having considered the Assessment teams report I find Requirement 3(3)(b) Compliant.

**Standard 4**

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| **Services and supports for daily living** | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Non-compliant |

## Findings

## Requirement 4(3)(f)

An Assessment Team from the Commission undertook a Site Audit at the service in October 2022. Following this a decision was made by a regulatory official from the Commission that the service did not comply with this Requirement. Deficiencies were identified relating to the quality and variety of the meals, the respect of consumers’ choice and preferences, and staff assistance during meal services.

The service implemented a range of actions in response to the non-compliance.The actions taken have been ineffective. Whilst some consumer representatives provided positive feedback about the meals, most consumers raised concerns about the meals. The Assessment Team observed that some of the consumers who raised concerns about the meals had food and condiments in their rooms to either supplement the meals provided or make them more tasty. In the main, consumers unhappy about the food were maintaining their weight or are putting on weight, but one consumer had lost weight. For those consumers needing a texture modified dietary the meal and drink provided to them was consistent with their assessed needs.

However, the Assessment Team observed that, during mealtimes, all parts of the meal (main meal, dessert) were served together on a tray at the same time. Food temperatures were not being effectively maintained so icecream was melting prior to being served to the consumer. Staff were observed standing over consumers to assist them, rather than sitting. The Assessment Team observed that the kitchen was not clean in all areas, dishwashing temperatures were not routinely recorded which had previously been identified by the NSW Food Authority, and the cleaning schedule did not include all relevant areas. Management advised the Assessment Team of initiatives currently being undertaken to improve the quality of the meals and the dining experience.

The Approved Provider provided a response the Assessment Team’s report on 11 September 2023. A plan for Continuous Improvement was supplied with their response. In their response the Approved Provider stated that the menu will now include supper. The Plan for Continuous Improvement contained numerous actions to improve the dining experience, food quality and quantity, the cleanliness of the kitchen and ensure consumer’s feedback is heard. All of these activities are to be completed and time will be needed to see if these improvements are effective and sustained.

Having considered the Assessment teams report and the response from the Approved Provider, I find Requirement 4(3)(f) Non-Compliant.

**Standard 5**

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| **Organisation’s service environment** | |  |
| 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. | Non-compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Non-compliant |

## Findings

## Requirement 5(3)(b)

An Assessment Team from the Commission undertook a Site Audit at the service in October 2022. Following this a decision was made by a regulatory official from the Commission that the service did not comply with this Requirement. The reasons were the Assessment Team observed equipment including wheelchairs and mobility devices being stored throughout the service in communal areas and shower recesses and observed skips of dirty washing being kept in shower rooms. Several toilets were found to not to be appropriately cleaned with a strong odour of urine. There was a trip hazard caused by uneven concrete on the disability access ramp to the service. Consumers and representatives provided negative feedback relating to the cleaning and maintenance of consumer rooms and bathrooms and equipment.

The service implemented a range of actions in response to the non-compliance.The actions taken have been ineffective.

Consumers and representatives interviewed by the Assessment Team confirmed that consumers are able to move freely. The Assessment Team observed doors to courtyards and balconies were unlocked and consumers could and were accessing those areas. Most consumers and representatives interviewed by the Assessment Team expressed satisfaction with the safety and comfort of the service environment and with the cleaning and maintenance of services, however, some raised concerns about fixtures not working or being broken and that cockroaches were a problem. The Assessment Team’s observations show the service environment is not safe, clean or well-maintained. Medications were not kept secure and were accessible to consumers, hazards on the floor were ignored by staff and utility rooms containing chemicals, sharps and infectious waste were not locked. Surfaces were visibly dirty in bathrooms and corridors, cockroaches were observed, and multiple fixtures and fittings were in need of maintenance. Items belonging to staff were observed in consumer areas. Maintenance requests had not been attended to and issues identified at a previous environmental audit had not been addressed. A safety culture was not evident with many hazards, maintenance and cleanliness issues not being identified, reported and actioned.

The Approved Provider provided a response the Assessment Team’s report on 11 September 2023. A plan for Continuous Improvement was supplied with their response. The Approved Providers response and the Plan for Continuous Improvement contained numerous actions to address pest control, secure storage and handling of medication, cleaning, outstanding

maintenance issues and storage of staff belongings in staff areas. A number of these issues have not yet been completed and time will be needed to see if these improvements are effective and sustained. It is noted that the Plan for Continuous Improvement does not addressed the lack of a safety culture amongst staff resulting in many hazards, maintenance and cleanliness issues not being identified, reported and actioned.

Having considered the Assessment teams report and the response from the Approved Provider, I find Requirement 5(3)(b) Non-Compliant.

Requirement 5(3)(c)

An Assessment Team from the Commission undertook a Site Audit at the service in October 2022. Following this a decision was made by a regulatory official from the Commission that the service did not comply with this Requirement. The reasons were the Assessment Team observed equipment including wheelchairs and mobility devices being stored throughout the service in communal areas and shower recesses and observed skips of dirty washing being kept in shower rooms. Several toilets were found to not be appropriately cleaned with a strong odour of urine. There was a trip hazard caused by uneven concrete on the disability access ramp to the service. Consumers and representatives provided negative feedback relating to the cleaning and maintenance of consumer rooms and bathrooms and equipment.

The service implemented a range of actions in response to the non-compliance. The actions taken have been ineffective.

Most consumers and representatives interviewed by the Assessment Team expressed satisfaction with the safety and suitability of equipment and furniture and with its cleaning and maintenance, however, some raised concerns about equipment that was broken, needed replacing or cleaning. Whilst staff interviewed knew how to report safety and maintenance issues it was not evident that staff are identifying and/or reporting when furniture and equipment is in need of maintenance or cleaning. Numerous maintenance requests relating to furniture and equipment had not been attended to. The Assessment Team observed equipment, furniture and fittings that were not safe, clean or well-maintained. The Assessment Team also observed unsafe medication administration practices which staff said was due to them being unable to manoeuvre the medication trolley properly due to the floor covering.

The Approved Provider provided a response the Assessment Team’s report on 11 September 2023. In their response the Approved Provider stated all equipment referred to in the Assessment Team’s report had been repaired/was in the process of being repaired and all hazardous items had been removed with education provided to staff on safe medication practices. The Continuous Improvement Plan continued items that will not be completed till end December 2023 and time will be needed to see if these improvements are effective and sustained.

Having considered the Assessment teams report and the response from the Approved Provider, I find Requirement 5(3)(c) Non-Compliant.

# Standard 6

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| **Feedback and complaints** | |  |
| 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. | Non-compliant |

## Findings

## Requirement 6(3)(c)

An Assessment Team from the Commission undertook a Site Audit at the service in October 2022. Following this a decision was made by a regulatory official from the Commission that the service did not comply with this Requirement. Consumers and representatives had expressed dissatisfaction with the actions taken by the service in response to complaints. Ongoing complaints were made relating to meals, cleaning, and laundry services which were reflected in the service’s complaints register.

The service implemented a range of actions in response to the non-compliance. The actions taken have been effective.

Consumers interviewed who had made a complaint in 2023 provided information indicating the complaint procedures had been followed. The service’s complaint records show that complaints are being acknowledged, investigated, actioned and that open disclosure is being practised.

Overall, it was demonstrated appropriate action is taken in response to complaints and open disclosure is being practiced.

The Approved Provider did not dispute or provide a response to the Assessment Teams findings for this Requirement. Having considered the Assessment teams report I find Requirement 6(3)(c) Compliant.

Requirement 6(3)(d)

An Assessment Team from the Commission undertook a Site Audit at the service in October 2022. Following this a decision was made by a regulatory official from the Commission that the service did not comply with this Requirement. Issues relating to the meals and laundry services had been raised over several months as reflected in the service’s Plan for Continuous Improvement. Consumers and representatives continued to raise these concerns with the Assessment Team during the Site Audit and most consumers and representatives reported being disappointed with the actions taken by the service in response to their feedback and complaints.

The service implemented a range of actions in response to the non-compliance.The actions taken have been ineffective.

A review of the service’s complaint records for 2023 confirms trends in complaints about the food and laundry service, but also about pests (cockroaches in particular) and about consumer care with related communication issues. Some of these are the same issues as raised in October 2022. Information gathered about improvements made in relation to feedback and complaints about the food, laundry service and pests shows that while some actions have been taken, the care and services have not improved. Whilst there has been some improvement in

the food some consumers continued to express dissatisfaction. Issues relating to missing clothing and delays in laundry being returned have not satisfactorily been addressed to consumer satisfaction. Complaints around pests, particularly cockroaches, continue. It was not demonstrated that the service continuously reviews feedback and complaints to identified sufficient, timely and effective actions to achieve sustained service improvement.

The Approved Provider provided a response the Assessment Team’s report on 11 September 2023. A plan for Continuous Improvement was supplied with their response. The Approved Providers response contained numerous actions either taken or planned.

A number of issues cited in this requirement, particularly the management of pests and consumer dissatisfaction with the food, pertain to other non-complaint requirements which have been non-compliant since October 2022.

Having considered the Assessment teams report and the response from the Approved Provider, I find Requirement 6(3)(d) Non-Compliant.

# Standard 8

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| **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. | Compliant |

## Findings

## Requirement 8(3)(c)

An Assessment Team from the Commission undertook a Site Audit at the service in October 2022. Following this a decision was made by a regulatory official from the Commission that the service did not comply with this Requirement. The reasons were the Assessment Team found deficiencies in governance systems relating to information management, continuous improvement and feedback and complaints. The service implemented a range of actions in response to the non-compliance. The actions taken have been effective.

A review of reports to and minutes of governance meetings shows the governing body receives information about to industry-wide matters as well as information about the service’s performance and outcomes for consumers, including as this relates to complaints and serious incidents.

A review of meeting minutes shows there is an organisational Plan for Continuous Improvement and that a continuous improvement report is reviewed and discussed at governing body meetings. They also show the governing body is made aware of service non-compliance with the Quality Standards and the related corrective actioning and improvements.

In relation to workforce governance, the governing body receives reports including information from the organisational people and culture team with information about a range of relevant matters including recruitment and retention, vacant shifts, staff overtime and agency personnel usage, staff induction, performance management, education and training.

In relation to regulatory compliance information is received on an ongoing basis about regulatory changes. Reports used to inform reporting to the governing body routinely include data and information about service level regulatory compliance checks and whether these are up to date.

In relation to feedback and complaints reports to the governing body include data and information about consumer feedback and complaints. Meeting minutes include that resident experience surveying will form part of the organisation’s feedback system, and review of other documentation shows regular surveying has commenced.

Whilst some of the information obtained during this Assessment Contact indicated gaps in the link between consumer feedback/complaints and continuous improvement and in minimising the use of restrictive practices which is a regulatory compliance matter, information obtained about organisational governance shows related organisational oversight and actioning.Overall, effective organisation wide governance systems were demonstrated.

The Approved Provider did not dispute or provide a response to the Assessment Teams findings for this Requirement. Having considered the Assessment teams report I find Requirement 8(3)(c) Compliant.