Performance

Report

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| Name: | Presbyterian Aged Care - Ashfield |
| Commission ID: | 0534 |
| Address: | 40 Charlotte Street, ASHFIELD, New South Wales, 2131 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 6 February 2024 |
| Performance report date: | 15 April 2024 |
| Service included in this assessment: | Provider: 479 The Presbyterian Church (New South Wales) Property Trust  Service: 547 Presbyterian Aged Care - Ashfield |

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 G Cherry, 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.
* the provider’s response to the assessment team’s report [including a plan for continuous improvement (PCI)] received on 28 February 2024.
* The performance report dated 28 September 2023 for the Assessment Contact (performance assessment) conducted on 16-17 August 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements assessed** |
| **Standard 5** Organisation’s service environment | **Not Compliant** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements 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 5(3)(b) – implement an effective monitoring/observation system to ensure the environment is safe, clean, comfortable, well-maintained and enables consumers to move freely, both indoors and outdoors.
* Requirement 5(3)(c) – implement an effective monitoring/observation system to ensure furniture, fittings/equipment are safe, clean, well-maintained, and suitable for consumers.

# 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 |

Findings

A finding of non-compliance followed an assessment contact conducted on 16-17 August 2023. At an assessment contact conducted on 6 February 2024 the assessment team were provided with a current and ongoing plan for continuous improvement (PCI), detailing the approved provider’s improvement strategies and progress to address previous non-compliance.

Interviewed consumers and representatives gave positive feedback about clinical and personal care provision and staff demonstrate knowledge of individual consumer needs/preferences, consistent with documentation to guide/direct care delivery. Policies/procedures guide staff in provision of consumer care including professional practice in management of diabetes, weight loss, nutrition, and hydration. They outline staff responsibilities, including monitoring, reporting and escalation of changes.

Skin integrity risk assessments are completed for consumer’s pressure injuries, bruises, other skin conditions, upon return from hospital and interventions documented (such as pressure relieving devices, care practices and moisturisation). Wound care policies and procedures guide staff relating to best practice care and staff demonstrate knowledge of escalation and referral processes. Consistent recording of wound care provision/status is noted, including photography containing measuring devices to monitor changes/healing status. Documentation includes individualised treatment plans and monitoring records.

Diabetes management plans are evident, as is staff knowledge of escalation protocols and reporting of blood glucose changes when necessary. Medication is administered as required and blood glucose levels monitored post injection as directed. Deterioration in consumer’s condition, weight changes, hydration, appetite and/or swallowing ability is monitored and investigated when needed, including by medical officers and other allied health professionals. Staff demonstrate weight management conducted on a regular basis consistent with directives.

Falls risk assessments are contained in care planning document, reassessment is conducted in a timely manner post fall and escalation to medical officer/physiotherapist when required. Assessment tools contain prevention strategies and representatives notified when incidents occur and/or strategies change. Management of pain include non-pharmacological interventions such as repositioning and massage which is documented within individualised consumer pain assessments. Deficiencies in charted pain assessment were noted for one consumer, with medication charts confirming pain relief was provided although no ongoing pain assessments were indicated, however interviewed consumers consider their pain is management appropriately and in a timely manner.

Management personnel outlined several improvement actions concerning medication management, however the assessment team observed nutritional supplements stored in an unsecure environment. Management immediately rectified the issue and undertook to provide additional staff education. Individualised documented behaviour management strategies/interventions are used to minimise behaviours of concern. Staff were observed to demonstrate effective management/care for consumers. While staff demonstrate knowledge of daily management strategies/interventions for one consumer, recording of these is not consistently completed during January 2024.

Document evidenced active minimisation of psychotropic medication use, via regular review by medical officers, geriatricians/pharmacists resulting in cessation of psychotropic medication for some consumers and appropriate diagnosis supporting medication use. Behaviour support plans detail use of various non-pharmacological strategies, plus notation of effectiveness. Appropriate, current documentation supports use of restrictive practices where needed. Although the assessment team observed consistent, effective behaviour management via review of documentation, staff observation and positive consumer/representative feedback, documentation for one consumer did not evident recording of behaviours/subsequent strategies on a regular basis, however staff demonstrated knowledge of these.

The assessment team observed limited access to outside garden area for consumers living within the secure environment and noted not all staff have appropriate knowledge/understanding of all aspects relating to restrictive practices (environmental and/or physical). They observed for one consumer, use of physical restrictive practice during meal service not in alignment with documented strategies/directives or principles of best practice. Management advised of ongoing engagement with the consumer’s representative and staff regarding effective strategies relating to meal provision.

In their response the provider advised of subsequent staff training/education in relation to aspects bought forward by the assessment team, enabled secured storage of nutritional supplements, and disabled locked doors in secure environment to enable free access. Investigation as to staff practice when provided meals to one consumer resulted in re-education and changes in processes to ensure compliance. In consideration of compliance while I note some deficiencies in documentation completion, I am swayed by the fact staff demonstrate knowledge of individual consumers and evidence needs are met, immediate actions by the provider to address issues bought forward and the volume of consumer/representative satisfaction. I find requirement 3(3)(a) is 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. | Compliant |

Findings

A finding of non-compliance followed an assessment contact conducted on 16-17 August 2023. At an assessment contact conducted on 6 February 2024 the assessment team were provided with a current and ongoing PCI, detailing the approved provider’s improvement strategies and progress to address previous non-compliance.

Via interview with consumers/representatives, management and staff, review of documentation and observation, the assessment team note further improvements including provision of meal variety, dietitian review of menus, monitoring processes to attain consumer satisfaction, staff education and training and consultation with consumers. Regular consumer feedback forums enable menu discussion and catering personnel sought feedback from individual consumers, resulting in menu improvements.

Most consumers and representatives consider the range of meals are varied and of suitable quality/quantity, confirming catering of special dietary needs/preferences occurs. While several consumers/representatives acknowledge recent improvements to meal preparation and delivery, one representative noted poor food handling practices. Management demonstrates appropriate response including reporting to the Serious Incident Response Scheme. The assessment team observed clean meal preparation and dining rooms, plus meal delivery aligned with displayed menus. They observed the dining experience for some consumers residing in the secure environment during delivery of one meal to be sub-optimal, due to lack of effective staff assistance and loud music resulting in some consumers not eating due to agitation. One consumer was observed to not be served meal options as per their care directives and another unable to reach/eat their meal due in inappropriate placement by staff.

In response the approved provider investigated issues relating to staff assistance with meals, provided additional education/training, implementing subsequent strategies to manage issues and ensure availability of alternative meal choices for all consumers. In consideration of compliance, I am swayed by immediate actions to address issues and the volume of consumer/representative satisfaction. I find requirement 4(3)(f) is compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(b) | The service environment:   * is safe, clean, well maintained, and comfortable; and * enables consumers to move freely, both indoors and outdoors. | Not Compliant |
| Requirement 5(3)(c) | Furniture, fittings, and equipment are safe, clean, well maintained, and suitable for the consumer. | Not Compliant |

Findings

Regarding requirement 5(3)(b) a finding of non-compliance followed an assessment contact conducted on 16-17 August 2023. At an assessment contact conducted on 6 February 2024 the assessment team were provided with a current and ongoing PCI, detailing the approved provider’s improvement strategies and progress to address previous non-compliance, including auditing of equipment and the environment, replacement, additional supervisory staff to oversee cleaning processes and implementation of equipment preventative maintenance processes.

Most interviewed consumers and representatives’ express satisfaction with cleanliness, safety and suitability of furniture/equipment and the environment, noting recent improvements. New systems have been introduced relating to cleaning and maintenance processes.

The assessment team observed limited access to outside garden area for consumers living within the secure environment, equipment placed at exit doorways, not stored in appropriate designated areas, unclean shared equipment, outdoor furniture to contain dirt/debris and personal protective equipment not maintained in a manner fit for use. They note strong cigarette odour in one area of the building to which management immediately investigated to ensure safety. Management personnel directed removal of unused/broken equipment. Maintenance staff detailed preventative maintenance relating to pest control noting recent increase in regularity due to increased sightings; documentation review detail recent inspection/treatments. Maintenance and cleaning staff detailed monitoring processes and staff demonstrate knowledge of processes to report maintenance issues/hazards.

In their response the provider advised of subsequent staff training/education in relation to aspects bought forward by the assessment team. They advise locking of external doors in the secure environment (on the day of assessment contact) due to weather conditions, however provided subsequent staff education and disabled locked doors enabling free access to the outside garden area. Immediate cleaning of identified areas, rearrangement (and or removal) of some equipment, action plans and amended monitoring requirements to address all areas. In consideration of compliance, while I note responsive actions to evidence bought forward by the assessment team and acknowledge consumer/representatives feedback, the service has a responsibility to ensure compliance with this requirement. I am concerned the service’s self-monitoring systems/processes did not identify these issues. While acknowledging monitoring processes now include regular inspections of areas of concern, I consider it will take some time for the approved provider to demonstrate effectiveness and sustainability in new processes to ensure compliance. I find requirement 5(3)(b) is non-compliant.

Regarding requirement 5(3)(c) a finding of non-compliance followed an assessment contact conducted on 16-17 August 2023. At an assessment contact conducted on 6 February 2024 the assessment team were provided with a current and ongoing PCI, detailing the approved provider’s improvement strategies and progress to address previous non-compliance, including auditing of equipment and the environment, replacement, additional supervisory staff to oversee cleaning processes and implementation of equipment preventative maintenance processes.

The service did demonstrate all furniture/equipment is suitable for consumer use including being safe/clean. Whilst most consumers and representatives’ express satisfaction, the assessment team note this is not the case for all consumers. They observed equipment to be damaged, and in an unkempt/threadbare/unclean condition. While staff advise of cleaning processes, the assessment team observed consumers wheelchairs/walkers contained soiled marking and mobility equipment/shower chairs contain dirt/debris. Soft furnishings were observed to be marked/stained and a consumer seated in a comfort chair containing cracked vinyl on arm/head rest plus metalwork containing rust. Management advised of purchase orders awaiting arrival of new chairs and completion of monitoring processes to identify equipment which required cleaning. Interviewed staff gave conflicting information in relation to responsibility in cleaning some chairs/equipment, resulting in cleaning not occurring.

In their response the provider advised cleaning of consumer’s chairs/equipment had occurred and implemented changed processes to ensure review/cleaning an ongoing regular basis. Orders for new lounge chairs and other equipment has occurred and the service is awaiting delivery. In consideration of compliance, while I note responsive actions to evidence bought forward by the assessment team and acknowledge consumer/representatives feedback, the service has a responsibility to ensure compliance with this requirement. I am concerned self-monitoring systems/processes did not identify these issues. While acknowledging monitoring processes now include regular inspections of areas of concern, I consider it will take some time for the approved provider to demonstrate effectiveness and sustainability in new processes to ensure compliance. I find requirement 5(3)(c) is non-compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

A finding of non-compliance followed an assessment contact conducted on 16-17 August 2023. At an assessment contact conducted on 6 February 2024 the assessment team were provided with a current and ongoing PCI, detailing the approved provider’s improvement strategies and progress to address previous non-compliance.

Consumers and representatives express overall satisfaction in complaints management including action, response, and resolution. They demonstrate knowledge of the process to make complaints, described actions implemented to resolve these and detailed resultant improvements in care and services. Interviewed management and staff explained processes in accordance with the organisation's feedback/complaints guidance procedure. Staff detail knowledge/experience in escalation processes and service management have oversight of issues raised, reporting trends and subsequent strategies to senior management. Active analysis and review lead to improved care and services. I find requirement 6(3)(d) is compliant.

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)