Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Presbyterian Aged Care – Minnamurra |
| Service address: | 12 – 14 Clements St DRUMMOYNE NSW 2047 |
| Commission ID: | 0845 |
| Approved provider: | The Presbyterian Church (New South Wales) Property Trust |
| Activity type: | Site Audit |
| Activity date: | 30 May 2023 to 1 June 2023 |
| Performance report date: | 5 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 – Minnamurra has been prepared by J. Howard, |

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 conducted from 30 May 2023 to 1 June 2023; 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 this service.

**Assessment summary**

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | Compliant |
| 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

This Quality Standard is assessed as Compliant, as six of the six specific requirements were assessed as compliant.

Staff treated consumers with dignity and respect, and were aware of their identities and cultural backgrounds. Care plans captured consumers’ details regarding their identities, backgrounds and cultural practices.

Consumers and representatives confirmed the service recognised and respected consumers’ cultural backgrounds, cultural traditions and preferences. Staff identified culturally and linguistically diverse (CALD) consumers and ensured they received the care required. Care plans included specific cultural needs.

Consumers were supported to exercise choice and independence, make decisions and maintain personal relationships. Staff described ways in which consumers were supported to maintain relationships of choice.

The service demonstrated that consumers were supported to make choices and take risks, which enabled them to live the best lives they could. Care planning documentation reflected how consumers were supported to take risks, and the safeguarding mechanisms in place to facilitate risk-taking.

Consumers were provided with information to assist them to make choices about their care and lifestyle which included meal selections. Staff described various ways they provided information to consumers which enabled them to exercise choice.

Consumers advised their privacy was respected, and personal information was kept confidential. The organisation had documented policies and procedures on protection of personal information.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | Compliant |
| 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

This Quality Standard is assessed as Compliant, as five of the five specific requirements were assessed as compliant.

Consumers were satisfied that their care was well planned, and considered risks to their health and well-being. Staff demonstrated sound knowledge of care planning systems and processes, and ensured care was reviewed regularly.

Consumers were provided the opportunity to discuss their care needs, goals and preferences,

including advanced care planning and end-of-life care. Care plans clearly identified consumers’ goals and preferences.

Care plans demonstrated consumers were consulted throughout the assessment and care planning process, and whenever required. Staff sought input from health professionals and allied services as required.

Consumers confirmed outcomes of assessments and planning were communicated to them and they could access their care plans upon request. Care plans were updated when consumers’ circumstances changed, and consumers were notified of all changes to their care.

Care plans contained evidence of regular review. Management and clinical staff described how and when consumer care plans were reviewed. Consumers and representatives said staff regularly discussed their care needs, and all changes were addressed in a timely manner.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | Compliant |
| 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

This Quality Standard is assessed as Compliant, as seven of the seven specific requirements were assessed as compliant.

Consumers received safe and effective care that was best practice, tailored to their needs, and that optimised their health and well-being. The service had policies and procedures in place to support the delivery of care provided. Management demonstrated effective monitoring and clinical oversight of these areas of care for consumers.

Care plans noted high impact or high prevalence risks were effectively identified and managed by the service. Management and clinical staff described high impact and high prevalence risks for consumers and the strategies in place to manage those risks.

The service demonstrated that consumers who were nearing the end of life, had their dignity preserved and care was provided in accordance with their needs, goals and preferences. Family members said they were involved in palliative care decisions, and staff were skilled in providing care. Consumer files indicated where an advanced care directive was in place.

Consumers said staff picked up changes in their conditions and responded with appropriate actions. The service had policies, procedures and clinical protocols to guide staff in the management of deterioration. Care plans, and observations demonstrated that deterioration was recognised and responded to quickly.

The service had systems and processes which ensured information about consumers’ care was documented and effectively communicated within the organisation, and with others where responsibility for care was shared. A review of progress notes and care plans identified adequate and accurate information to support effective and safe care.

Consumers said the service had access to, and referred them to appropriate providers, organisations or individuals to meet their care needs. Referrals were prompt and the services provided was appropriate.

The service demonstrated that infection-related risks were adequately managed, and measures were in place to prepare against an infectious outbreak. The service had processes in place to promote appropriate antibiotic prescribing and use, to support optimal care and reduce the risk of increasing resistance to antibiotics. Staff detailed strategies to reduce the inappropriate prescription of antibiotics, such as increasing fluids, completing pathology testing and providing personal hygiene to prevent infection.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | Compliant |
| 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

This Quality Standard is assessed as Compliant, as seven of the seven specific requirements were assessed as compliant.

Consumers and representatives were satisfied services and supports provided met their needs, goals and preferences, and enabled them to maintain their independence and quality of life. Staff described the needs and preferences of consumers, which aligned with care plans.

Consumers advised the service provided supports for daily living which promoted their emotional, spiritual and psychological well-being. Staff supported the religious, spiritual and psychological needs of its consumers and demonstrated detailed knowledge of individual needs.

Consumers and representatives felt the service, and staff assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships, and do things of interest to them. Care plans reflected the feedback provided by consumers and staff on this matter.

Consumers and representatives indicated consumers’ conditions, needs and preferences were effectively communicated within the service and with others responsible for care. Care plans recorded information that supported effective and safe care for consumers.

Consumers said they were referred to individuals and other organisations for care and services in an appropriate and timely manner. Staff described, and care plans confirmed, timely and appropriate referrals to other providers.

Consumers and representatives expressed satisfaction with the quality, quantity and variety of the meals provided. Care plans included correct information regarding dietary requirements and preferences of consumers.

Staff had access to equipment that was safe, well maintained, and suitable for use. Consumers and representatives stated the equipment provided was safe, suitable for their needs, clean and well maintained.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | | Compliant |
| 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

This Quality Standard is assessed as Compliant, as three of the three specific requirements were assessed as compliant.

The service was a four-story building with two wings, of which three floors were for consumers and the ground floor was for reception. The Assessment Team observed adequate space for consumers, with no clutter and with clear signage to aid movement around the service. The outdoor areas were easy to navigate and there were shaded areas and outdoor furniture.

Consumers and representatives stated the service was clean, well-maintained and comfortable, and they could move around freely, with easy access to both indoor and outdoor areas.

The Assessment team reviewed maintenance registers, and identified consumer equipment such as slings, lifting hoists, walking frames and wheelchairs were cleaned regularly. Consumers indicated furniture and equipment were suitable, clean, well maintained and safe.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | Compliant |
| 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

This Quality Standard is assessed as Compliant, as four of the four specific requirements were assessed as compliant.

Consumers and representatives were encouraged to provide feedback or make complaints, and understood how to do so. Staff were aware of the avenues available to consumers and representatives to provide feedback, and supported consumers to lodge complaints.

Consumers and their representatives were comfortable raising concerns with management and staff. The Assessment Team observed information on advocacy services, language services and external complaints resolution avenues in brochures, posters and in the monthly newsletter.

The service demonstrated it took appropriate action in response to feedback or complaints, and utilised an open disclosure process when things went wrong. Management and staff demonstrated an understanding of open disclosure by responding to complaints and acknowledging the issue, apologising to the consumer and their representative, and by keeping them informed throughout the investigation process. All complaints reviewed by the Assessment Team were resolved in a timely manner with open disclosure used throughout the resolution process.

Consumers and representatives confirmed the service used feedback and complaints received from them to improve care and services. Management demonstrated feedback and complaints were used to improve the quality of care and services provided to consumers.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | | Compliant |
| 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

This Quality Standard is assessed as Compliant, as five of the five specific requirements were assessed as compliant.

Consumers and representatives said there were enough staff at the service. Call bells were answered within an acceptable timeframe, and staff gave them the care they needed. Rostering documentation showed no unfilled shifts in the weeks prior to the site audit.

Consumers and representatives felt staff were kind, caring, respectful and gentle when delivering care and services and responsive to their needs. Staff demonstrated they were familiar with each consumer’s individual needs and identity.

Management ensured the workforce was competent and had the qualifications or knowledge to effectively perform their roles. Consumers and representatives felt confident staff were sufficiently skilled to meet their care needs.

Management demonstrated staff were trained, equipped and supported to deliver care and services that met consumers’ needs and preferences. The Assessment Team reviewed written materials and training reports which provided evidence staff were trained and supported to deliver outcomes required by the Quality Standards.

Management regularly undertook assessment, monitoring and review of the performance of staff members. The service had a formal process for annual performance appraisals. Management informally reviewed performance through observation, surveys, monitoring of feedback and complaints and supervision of staff practice.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | Compliant |
| 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

This Quality Standard is assessed as Compliant, as five of the five specific requirements were assessed as compliant.

Consumers assisted the organisation in the development, delivery and evaluation of care and services provided, which was confirmed through discussions with consumers and management. The service involved consumers and their representatives in the development of service delivery.

The organisation’s governing body promoted a culture of safe and inclusive care, and was accountable for the delivery of safe, quality care and services. Consumers and representatives felt safe, and lived in an inclusive environment with access to quality care and services.

The service demonstrated there were processes and mechanisms in place for effective, organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Management described how the governing body and quality team had oversight over the service's governance systems and a corporate Continuous Improvement Plan had been developed to facilitate the service's merger with Anglicare.

The service had effective risk management systems in place for high impact or high prevalence risks. Risks were reported, escalated, and reviewed by management at the service level, and by the organisation’s executive management. Management demonstrated various components of the risk management system, which included incident reports, audits, and communication with consumers and staff. A review of the SIRS register confirmed the service followed its policies and procedures on incident management, risk management and SIRS reporting, which also outlined the roles and responsibilities of staff members in the event of an incident.

The organisation’s clinical governance framework ensured the delivery of safe and effective clinical care across areas, which included antimicrobial stewardship, minimising the use of restrictive practice, and the use of open disclosure. Staff demonstrated understanding of, and the practical applications of, these policies.

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)