Performance

Report

**1800 951 822**

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| Name of service: | Presbyterian Aged Care - Thornleigh |
| Service address: | 3 Hillmont Avenue THORNLEIGH NSW 2120 |
| Commission ID: | 0530 |
| Approved provider: | The Presbyterian Church (New South Wales) Property Trust |
| Activity type: | Assessment Contact - Site |
| Activity date: | 8 March 2023 |
| Performance report date: | 28 April 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 - Thornleigh (**the service**) has been prepared by T Solomon, 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 - 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 14 April 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **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

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

During the assessment contact undertaken on 8 March 2023, The Assessment Team identified gaps in the management of high impact or high prevalence risk, specifically related to restrictive practices, skin integrity and pain management. The management team stated they had already identified that assessment, monitoring, and evaluation charts were not completed regularly, and care plans did not reflect the needs of consumers.

The organisation has a restrictive practice policy which identifies the varying forms of restraint, and under environmental restraint it includes the following: fenced areas with locked gates, locked exit doors and exit doors. However, the service has entry and exit points that require a swipe card to release the doors. Management reported that the consumers had to ask staff to open/unlock exit points if they wanted to exit the service.

The Assessment Team identified that pain levels and management were not always monitored and evaluated in line with the organisations policy and procedure, as well as incomplete charts related to skin integrity and pressure area care for consumers.

The Approved Provider responded with a detailed plan for continuous improvement including but not limited to education for staff on high impact/high prevalence risk, development of a simplified document for high impact/high prevalence risk, a review of the pressure area care procedures to align with best practice requirements, review restrictive practice guidelines specifically related to environmental restraint, complete a comprehensive behaviour support plan for consumers identified as having a restrictive practice in place.

Based on the information provided by the Approved Provider, and the limited impact the identified gaps had on consumers, I am satisfied that requirement 3(3)(b) 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

During the assessment contact undertaken on 8 March 2023, The Assessment Team found that consumers and/or representatives provided positive feedback about food. Documentation review and observations confirmed the meals and dining experience are meeting consumers needs and preferences and enhancing their wellbeing and quality of life.

The Chef and Corporate Catering Manager were able to provide information on how they consult with consumers through various avenues, including food focused forums, resident meetings, surveys, and feedback from staff when they are interacting with consumers during meals. They explained the menu is reviewed by a dietician, and due to the diverse demographics of each service, the menu is modified to reflect the preferences of each service.

Staff reported they know which consumers need to be assisted with their meals and which consumers need their meals delivered to their rooms. Staff is aware of consumer preferences and could identify consumers at risk during mealtimes.

Therefore, I am satisfied that requirement 4(3)(f) is compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)