



Performance Report

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Name of service:	Presbyterian Aged Care - Paddington
Service address:	74 Brown Street PADDINGTON NSW 2021
Commission ID:	0536
Approved provider:	The Presbyterian Church (New South Wales) Property Trust
Activity type:	Site Audit
Activity date:	5 December 2022 to 8 December 2022
Performance report date:	12 January 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 - Paddington (**the service**) has been prepared by J Earnshaw, 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 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.
- the provider's response to the assessment team's report received 3 January 2023
- other information and intelligence held by the Commission in relation to the service.

¹ The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018.

Assessment summary

	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		
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: <ul style="list-style-type: none"> (i) make decisions about their own care and the way care and services are delivered; and (ii) make decisions about when family, friends, carers or others should be involved in their care; and (iii) communicate their decisions; and (iv) 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 and representatives said consumers are treated with dignity and respect and staff value their identity, culture, and diversity.


Care planning documentation identifies consumers' cultural needs and preferences, who is involved in their care and how the service supports them to maintain relationships of importance to them.

Consumers and representatives confirmed that consumers are supported to maintain their identity, make informed choices about their care and services and live the life they choose.

Consumers and representatives reported consumers are encouraged to maintain their independence, supported to take risks and that staff know what is important to individual consumers. Consumers reported their social connections are supported both inside and outside the service.

The service was able to demonstrate information in relation to care and services provided to consumers and representatives is clear, easy to understand, in a timely manner, and allows them to make informed choices.

Staff respect consumer privacy, for example staff knocking before entering rooms and the service has an up-to-date dignity of risk policy, outlining its commitment to support consumers in making independent decisions and their right to take risks.



In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers response. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

Standard 2

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)	<p>The organisation demonstrates that assessment and planning:</p> <ul style="list-style-type: none"> (i) 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 (ii) 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 considered consumers are partners in the ongoing assessment and planning of consumers care and services, including consideration of consumer's wishes for care at end of life and how other providers of care are involved in the consumers' care. Consumers and representatives are informed about the outcomes of assessment and care planning by staff at the service and with external health care providers

Staff demonstrated an understanding of the service's assessment and care planning processes, and the organisation had policies, procedures and guidelines in regard to assessment and planning to guide staff practice, including a suite of evidence-based assessment tools.

The service had an electronic care management system. Review of consumers care planning documentation identified assessment and planning included the consideration of individual consumers' risk and reflected the consumer's current needs, goals and preferences, including advance care planning. Consumers' care and services were reviewed for effectiveness, including when circumstances changed or when incidents occurred.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers' response. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

Standard 3

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: <ul style="list-style-type: none"> (i) is best practice; and (ii) is tailored to their needs; and (iii) 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: <ul style="list-style-type: none"> (i) standard and transmission based precautions to prevent and control infection; and (ii) 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 considered consumers received personal care and clinical care that is safe, right for them and in accordance with the consumers' individual needs and preferences. Consumers and representatives said they had access to a Medical Officer and other health professionals as needed; and confirmed staff recognise and respond to changes in the consumers health and wellbeing in a timely manner.

Consumers and representatives expressed satisfaction that consumers' needs, and preferences were effectively communicated between staff.

Care planning documentation for consumers demonstrated effective assessment, management and evaluation of restrictive practices, skin integrity and pain. Where restrictive practices are used, assessments, authorisation, consent and monitoring were demonstrated.

Behaviour support plans are in place for consumers who are subject to restrictive practices and the service maintains a psychotropic medication register identifying consumer diagnosis, medications prescribed, whether medication used constituted a restrictive practice and consumers who have had their medications reduced or ceased.



Staff were able to describe the ways they recognise and respond to deterioration or change in the consumer's condition and clinical pathways are available to guide staff in identifying and responding to a change or deterioration in consumers' conditions.

The service had effective processes to manage high impact or high prevalence risks associated with the care of each consumer. Care documentation identified consumers at risk, and staff were able to describe risks to the consumers including falls, skin integrity, pain management and weight loss and the risk mitigation strategies that are used for these. The service review, trend and analyse clinical incident and quality indicator data which is reported within the organisation and to external bodies.

Staff described the ways in which information was shared amongst staff, which included within the electronic care management system, handover and staff meetings.

The service was able to demonstrate minimisation of infection related risks through standard and transmission-based precautions to prevent and control infection, and through antimicrobial stewardship.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers' response. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

Standard 4

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: <ul style="list-style-type: none"> (i) participate in their community within and outside the organisation's service environment; and (ii) have social and personal relationships; and (iii) 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 and representatives said consumers are engaged in a variety of leisure and lifestyle activities based on consumers individual needs and interests. Services and supports for daily living optimise consumers' emotional, spiritual and psychological well-being.


Consumer care documentation demonstrated assessment processes capture who and what is important to individual consumers to promote their well-being and quality of life, and included information about external services, individuals and community groups who support consumers to maintain their interests and participate in the community outside the service.

Staff were able to describe what is important to consumers, what is of interest to them, and their social, emotional, cultural, and spiritual needs.

Staff described how changes in consumers' care and services needs or preferences are communicated within the service, and with other health care providers as required.

The service was able to demonstrate timely and appropriate referrals occurred for consumers, to individuals, other organisations and providers of other care and services. Lifestyle staff described how the service works in conjunction with external parties and organisations to supplement the services and supports for daily living offered to consumers.

Consumers provided positive feedback in relation to the meals and reported having input into the menu. Consumers dietary needs and preferences are accommodated and staff



demonstrated an awareness of consumers' nutrition and hydration needs and preferences which are available and recorded within the electronic care management system.

Consumers reported feeling safe when using equipment and knew how to report any concerns they may have about the safety of the equipment. The service demonstrated effective arrangements for purchasing, servicing, and maintaining equipment. Mobility and lifestyle equipment were observed to be clean and well maintained.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers response. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

Standard 5

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: (i) is safe, clean, well maintained and comfortable; and (ii) 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

The service environment was observed to be welcoming, and easy to move around, both inside and outside. Consumers were observed to move freely around communal and garden areas of the service; and consumer rooms were personalised and decorated to reflect their individuality.

Consumers reported feeling at home in the service and felt safe and comfortable in the service environment. Consumers and representatives expressed satisfaction with the service environment and advised the service is safe, clean, comfortable, well maintained and suitable for consumers and their visitors. The memory support area included signage and directional arrows to key areas to support consumer independence and navigation.

The service demonstrated the environment, furniture, fittings and equipment was safe and well maintained through scheduled preventative maintenance and reactive maintenance and maintenance issues were reported and actioned promptly. The service was able to demonstrate processes for fixing or replacing furniture, fittings or equipment that were unsuitable or broken. Staff reported there is sufficient equipment to allow them to deliver quality service.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers response. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

Standard 6

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, representatives, and staff advised they are encouraged and supported to provide feedback and make complaints, and that appropriate action is taken by management following the raising of concerns.


The Site Audit report provided information that staff were unable to demonstrate a shared understanding of the internal and external complaints/feedback avenues, and advocacy and translation services available to consumers and representatives. However, information on access to external complaints options and/or advocacy services were observed to be available to consumers and representatives. Consumers and representatives did not provide negative feedback regarding complaint management or access to external services to support provision of feedback.

The service's complaints and feedback policies and procedures, consumer handbook and consumer meeting minutes demonstrate the service supports and encourages consumers/representatives to provide feedback and make complaints. The plan for continuous improvement and consumer meeting minutes identified concerns raised by consumers are documented and timely actions taken to address the concerns.

Management and staff demonstrated an understanding of open disclosure and were able to give examples of how they work with the consumer or representative to resolve the issues to the consumer's satisfaction and described changes that have been made at the service as a result of feedback received.

Feedback, complaints, and suggestions from consumers and representatives are sought through written feedback, surveys, meetings and informal ways including speaking to staff or management. However, the Assessment Team raised with Management during the site audit, that staff were unable to demonstrate a process for capturing and reviewing unsolicited feedback or concerns raised, although staff did not believe such matters required escalation as they had resolved the matter at the time. During the site audit, Management introduced several secure boxes to enable complaints/ issues/feedback to be raised anonymously.

The service trends and analyses complaints, feedback, and concerns raised by consumers or representatives and uses this information to inform continuous improvement activities across the service which are documented under the Plan for continuous improvement.



In relation to Requirement 6(3)(b) whilst Consumers and Staff may not have articulated avenues available to raise or resolve complaints including advocacy services or language services, Information on access to external complaints options and/or advocacy services was observed to be available to consumers and representatives. Consumers and representatives provided positive feedback regarding complaint management and the Approved Provider's response included examples of how they provide information, access and support to consumers and/or representatives wishing to raise a complaint or access external bodies. I am persuaded by the Approved Providers' response therefore it is my decision that this requirement is met.

In relation to Requirement 6(3)(d) whilst the Site Audit report provided information that feedback and concerns raised directly with staff are not captured, overall consumer feedback was positive in regard to feedback management. Management was able to describe improvements, which were driven by consumer and representative feedback. The Approved Provider, in its response, outlined actions taken to support two named consumers in relation to the matters raised and advised of other actions taken including the implementation of a feedback log for staff to complete daily and reviewed monthly by Management to capture and trend incidental matters raised and resolved.

The Approved Provider, in its response, provided documented evidence of how feedback is recorded and used to inform continuous improvements. I am persuaded by the Approved Providers' response; therefore, it is my decision that this requirement is met.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers response. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

Standard 7

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

The service demonstrated the workforce is planned to meet the needs of consumers and the service has systems and processes in place to ensure there is sufficient staff rostered across all shifts. Call bell response times were monitored, with delays in response for assistance investigated by management.

Consumers and representatives consider they received quality care and services when they need them from people who were knowledgeable, capable and caring. Consumers reported staff were kind, caring and respectful of their identity, culture and diversity.

Staff considered there were sufficient staff, and the right mix of staff, to plan and deliver care and services in accordance with the consumers' needs and preferences.

The Site Audit report described staff interactions with consumers to be kind and respectful and care planning documentation reflected respectful language. Staff had a shared understanding of consumers and what was important to them.

Management described how they determine whether staff are competent and capable in their role, which included induction on commencement of employment, and completion of mandatory training programs.

Management described how the workforce are recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards. Systems and processes were in place to identify training needs, provide education to staff, monitor staff performance, professional registrations and national criminal history checks.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers response. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

Standard 8


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: (i) information management; (ii) continuous improvement; (iii) financial governance; (iv) workforce governance, including the assignment of clear responsibilities and accountabilities; (v) regulatory compliance; (vi) feedback and complaints.	Compliant
Requirement 8(3)(d)	Effective risk management systems and practices, including but not limited to the following: (i) managing high impact or high prevalence risks associated with the care of consumers; (ii) identifying and responding to abuse and neglect of consumers; (iii) supporting consumers to live the best life they can (iv) 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: (i) antimicrobial stewardship; (ii) minimising the use of restraint; (iii) open disclosure.	Compliant

Findings

Consumers and representatives advised they felt the service was well run, and they can partner in improving the delivery of care and services and expressed satisfaction with the way information about care and services is managed and how the information is provided to them.

Management described various ways the Organisation involves consumers in the development, delivery and evaluation of care and services, which included regular consumer meetings surveys, case conferencing, quarterly Chief Executive Officer and Board Chairman forums, conversations, and feedback avenues.

Management described the various ways in which the organisation communicates with consumers and representatives and staff regarding updates on policies, procedures or changes to legislation.



The organisation's governing body promotes a culture of safe, inclusive and quality care and services and was accountable for their delivery. The Board satisfies itself that the Quality Standards are being met within the service through internal audits, consumer surveys, clinical indicators and clinical governance reports. The organisation's governance framework identifies a leadership structure with the governing body holding overall accountability for the delivery of, and promotes a culture of safe, inclusive, and quality care and services for consumers.

The organisation's documented clinical governance framework and policies in relation to antimicrobial stewardship, minimising the use of restrictive practices, complaints management and open disclosure were applied by staff in the delivery of clinical care. Staff had received training in relation to the framework and policies and provided examples of how they were applied to their practice.

Staff advised feedback and the analysis of clinical indicators was used to inform continuous improvement activities. Staff advised they were able to access the information they needed to perform their roles. Staff demonstrated an understanding of consumers with high impact or high prevalence risks; these included falls, behavioural incidents, infections, and weight loss and demonstrated how they implement the service's policies in alignment with best practice.

The service was able to demonstrate established governance frameworks, policies and procedures that supports the management of risk associated with the care of consumers.

The service demonstrated systems are in place to monitor workforce competency and ensure the workforce is appropriately planned to facilitate the delivery of safe and effective consumer care.

The service demonstrated systems are in place to encourage the provision of consumer feedback and complaints and ensure appropriate and proportionate action is taken. Evidence of open disclosure was observed within staff practices and how consumer feedback and complaints positively contribute to improvement initiatives and outcomes.

The service has policies and procedures in relation to incident reporting, including reportable incidents and reporting timeframes. The service was able to demonstrate consumers are supported to take risks and participate in activities to enable them to live the best life they can.

Management and staff described, and the incident management system and reportable incidents register demonstrated, incidents are managed through an electronic Incident management system, and, how the service identifies, responds to, and reports incidents, including serious incident reporting.

The service has a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices and open disclosure. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship, minimising the use of restraint and open disclosure was implemented within their daily tasks.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers' response. Therefore, it is my decision that each requirement and the overall quality standard are compliant.