Accreditation Decision

**Service and approved provider details**

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| **Name of service:** | AnglicareSA Brompton |
| **RACS ID:** | 6195 |
| **Name of approved provider:** | Anglicare SA Inc |
| **Address details:**  | 2-10 First Street BROMPTON SA 5007 |
| **Date of site audit:** | 09 October 2019 to 11 October 2019 |

**Summary of decision**

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| **Decision made on:** | 13 November 2019 |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. |
| **Decision:** | To re-accredit the service under section 41 of the Rules. |
| **Further period of accreditation:** | 15 December 2019 to 15 December 2022 |
| **Assessment of performance with the Aged Care Quality Standards** |
| Standard 1 Consumer dignity and choice | Met  |
| Requirement 1(3)(a) | Met  |
| Requirement 1(3)(b) | Met  |
| Requirement 1(3)(c) | Met  |
| Requirement 1(3)(d) | Met  |
| Requirement 1(3)(e) | Met  |
| Requirement 1(3)(f) | Met  |
| Standard 2 Ongoing assessment and planning with consumers | Met  |
| Requirement 2(3)(a) | Met  |
| Requirement 2(3)(b) | Met  |
| Requirement 2(3)(c) | Met  |
| Requirement 2(3)(d) | Met  |
| Requirement 2(3)(e) | Met  |
| Standard 3 Personal care and clinical care | Met  |
| Requirement 3(3)(a) | Met  |
| Requirement 3(3)(b) | Met  |
| Requirement 3(3)(c) | Met  |
| Requirement 3(3)(d) | Met  |
| Requirement 3(3)(e) | Met  |
| Requirement 3(3)(f) | Met  |
| Requirement 3(3)(g) | Met  |
| Standard 4 Services and supports for daily living | Met |
| Requirement 4(3)(a) | Met  |
| Requirement 4(3)(b) | Met  |
| Requirement 4(3)(c) | Met  |
| Requirement 4(3)(d) | Met  |
| Requirement 4(3)(e) | Met  |
| Requirement 4(3)(f) | Met  |
| Requirement 4(3)(g) | Met  |
| Standard 5 Organisation’s service environment | Met  |
| Requirement 5(3)(a) | Met  |
| Requirement 5(3)(b) | Met  |
| Requirement 5(3)(c) | Met  |
| Standard 6 Feedback and complaints | Met  |
| Requirement 6(3)(a) | Met  |
| Requirement 6(3)(b) | Met  |
| Requirement 6(3)(c) | Met  |
| Requirement 6(3)(d) | Met  |
| Standard 7 Human resources | Met  |
| Requirement 7(3)(a) | Met  |
| Requirement 7(3)(b) | Met  |
| Requirement 7(3)(c) | Met  |
| Requirement 7(3)(d) | Met  |
| Requirement 7(3)(e) | Met  |
| Standard 8 Organisational governance | Met  |
| Requirement 8(3)(a) | Met  |
| Requirement 8(3)(b) | Met  |
| Requirement 8(3)(c) | Met  |
| Requirement 8(3)(d) | Met  |
| Requirement 8(3)(e) | Met  |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance
Assessment Report

The Commission makes the decision taking into account this Site audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this Site audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of AnglicareSA Brompton (the Service) conducted from 9 October 2019 to 11 October 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met.

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 13 |
| Consumer representatives  | 1 |
| Management | 3 |
| Clinical staff | 5 |
| Care staff | 6 |
| Hospitality and environmental services staff | 2 |
| Lifestyle staff | 2 |
| External contractors | 0 |
| Visiting service providers such as allied health professionals | 0 |
| Other | 3 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

#### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found the service demonstrated all six requirements under Standard 1 were met.

Of consumers and representatives randomly sampled, in response to the statement ‘I am encouraged to do as much as possible for myself’ and ‘do staff treat you with respect’ 100% of respondents said most of the time or always.

The service has regular consumer surveys and feedback and complaints mechanisms to ensure consumers are satisfied staff treat them with respect and support them to maintain their identity and live the life they choose.

The organisation demonstrated that consumers are treated with dignity and respect. The Assessment Team observed staff interacting with consumers respectfully. The service promotes the value of culture and diversity, through the wide range of activities it offers for consumers with diverse backgrounds and preferences, through staff training and in delivery of care tailored to each person.

The organisation has systems to ensure the privacy and confidentiality of consumer information is maintained. Staff were able to describe and give examples of how they maintain the privacy of consumers. The organisation demonstrated how the electronic documentation systems assists staff in maintain accurate information which can be communicated in a way that is clear.

#### Requirements:

##### **Standard 1 Requirement 3(a) Met**

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### **Standard 1 Requirement 3(b) Met**

The organisation demonstrates that care and services are culturally safe.

##### **Standard 1 Requirement 3(c) Met**

The organisation demonstrates that 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.

##### **Standard 1 Requirement 3(d) Met**

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### **Standard 1 Requirement 3(e) Met**

The organisation demonstrates that 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.

##### **Standard 1 Requirement 3(f) Met**

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Met

#### Consumer outcome:

1. I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

#### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

#### Summary of Assessment of Standard 2:

The Assessment Team found the service demonstrated all five requirements under Standard 2 were met.

Of consumers and representatives randomly sampled, 100% of respondents say they have a say in their daily activities most of the time or always. Consumers said they are assessed when they enter the organisation and ongoing basis. Consumers confirmed they are consulted about the care and services they are receiving.

Clinical and other staff, including lifestyle, chaplain and hotel service staff were able to describe how they complete a range of assessments when consumers enter the organisation and ongoing which is documented in the electronic documentation system.

Consultation with the consumer is conducted during the assessment and review processes with the outcomes discussed and documented.

The review of care and services occurs on a six monthly schedule or as needed when changes are identified.

The organisation has a range of policies and procedures to guide staff in the assessment process and a range of monitoring systems which includes audits, handover and incident reporting.

#### Requirements:

##### **Standard 2 Requirement 3(a) Met**

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(b) Met**

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(c) Met**

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.

##### **Standard 2 Requirement 3(d) Met**

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(e) Met**

The organisation demonstrates that 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.

### Standard 3:Personal care and clinical care Not Met

#### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

#### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

#### Summary of Assessment of Standard 3:

The Assessment Team found the service did not demonstrate one of the seven requirements in relation to Standard 3 was met.

Of consumers and representatives randomly interviewed, 100% of respondents say they get the care they need and feel safe most of the time or always.

The organisation did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer are effectively identified and managed. Two consumers did not have their clinical risks identified and planned for.

The organisation has range of clinical assessments and policies and procedures to ensure they are best practice. This is monitored by corporate clinical governance and communicated through the monthly clinical meeting.

Staff were able to describe completing assessments for consumers and documenting the outcome of assessment in the services electronic documentation system which is used to inform the care plan.

The organisation demonstrated a process to ensure changes to consumer needs are identified and responded to and a procedure to ensure assessments are reviewed when consumers return from hospital.

The organisation demonstrated the minimisation of infection related risks through monitoring the use of antibiotic prescription and providing education to staff on antimicrobial stewardship.

#### Requirements:

##### **Standard 3 Requirement 3(a) Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(b) Not Met**

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

##### **Standard 3 Requirement 3(c) Met**

The organisation demonstrates that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

##### **Standard 3 Requirement 3(d) Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(e) Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(f) Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### **Standard 3 Requirement 3(g) Met**

The organisation demonstrates 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.

### Standard 4:Services and supports for daily living Met

#### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and
well-being and that enable me to do the things I want to do.

#### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

#### Summary of Assessment of Standard 4:

The Assessment Team found the service demonstrated all seven requirements under Standard 4 were met.

Of consumers and representatives randomly sampled 100% of respondents say they are encouraged to do as much as possible for themselves most of the time or always and 86% of respondents say they like the food most of the time or always. Fourteen percent of respondents said they like the food some of the time.

Consumers have a range of meal options available and consumers have input into the menu through a range of forums which includes the resident meeting. Documentation showed consumers are able to be raised feedback about food and feedback is considered.

Consumers are assessed by lifestyle staff, hotel service staff and clinical staff in relation to the types of services and supports to assist them in their daily living. This involves recognising cultural and spiritual needs and implementing lifestyle activity plans based on the needs and preferences of consumers. The service has a range of activities which is communicated to consumers through a monthly calendar and consumers have input into the activities through the resident meetings and activity evaluations.

The organisation has established networks with other service providers and supports consumers in accessing those services. This includes a community garden plot, supporting consumers to access hydrotherapy and has established networks with providers who can assist consumers with managing their alcohol and smoking consumption.

The organisation has a range of equipment available to consumers such as mobility aids which is maintained by the service. Consumers are referred to allied health staff to ensure equipment used by the service is safe and appropriate.

#### Requirements:

##### **Standard 4 Requirement 3(a) Met**

The organisation demonstrates that 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.

##### **Standard 4 Requirement 3(b) Met**

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### **Standard 4 Requirement 3(c) Met**

The organisation demonstrates that 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.

##### **Standard 4 Requirement 3(d) Met**

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### **Standard 4 Requirement 3(e) Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### **Standard 4 Requirement 3(f) Met**

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### **Standard 4 Requirement 3(g) Met**

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5:Organisation’s service environment Met

#### Consumer outcome:

1. I feel I belong, and I am safe and comfortable in the organisation’s service environment.

#### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

#### Summary of Assessment of Standard 5:

The Assessment Team found the service demonstrated all three requirements under Standard 5 were met.

The service was observed to be clean, welcoming and well maintained, with secured entry and exit points. The service has recently undergone a major refurbishment which included:

* Refurbishment of consumer rooms and ensuite,
* Replacement of roller shutters on consumer’s balcony to allow natural light and improve ventilation,
* Refurbishment of the activity rooms and dining rooms,
* Reconfiguration of the reception area and foyer (removal of wall to allow better flow of traffic) and
* Landscaping and refurbishment of the courtyard areas, including a defined walking path, raised garden beds and a natural grass area.

Consumers said they can decorate their rooms with personal items to help make it a ‘more like environment’. Consumers who utilise their own personal equipment, including mobility aids and recliner chairs are assessed to ensure they are safe and fit for use. Furniture and fittings are clean, well maintained and comfortable and there is appropriate signage throughout the service to help consumers and representatives navigate the service. There are internal and external areas where consumers and their representatives can sit and socialise, including a designated smoking area.

Consumers said the service:

* Is clean, makes them feel at home and they can personalise their room.
* The renovations have made the home nice.
* They can have a fridge in their room if they want one.
* Management ask them for their feedback on how the environment could be improved.
* There are inside and outside areas, where they can meet with their family and other consumers.

Management said there are established systems to ensure there is sufficient funding for the purchase, servicing, maintenance and replacement of equipment. External service providers are utilised to maintain the living environment and equipment. Management said, and observations and documentation viewed demonstrated, the environment is clean, well maintained and environmental risks to consumers are identified, and staff have strategies to reduce or mitigate any risk to consumers. Staff interviewed said they know how report incidents and hazards and confirmed their understanding of the systems, including the maintenance system.

#### Requirements:

##### **Standard 5 Requirement 3(a) Met**

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

##### **Standard 5 Requirement 3(b) Met**

The organisation demonstrates that the service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

##### **Standard 5 Requirement 3(c) Met**

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6:Feedback and complaints Met

#### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

#### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

#### Summary of Assessment of Standard 6:

The Assessment Team found the service demonstrated all four requirements under Standard 6 were met.

Of consumers and representatives interviewed 100% said staff follow up when they raise things with staff most of the time or always.

The organisation could demonstrate consumers know how to give feedback and make complaints and feel safe and comfortable to do so. Management demonstrated information is available in languages other than English and consumers can access advocates, language services (Translating and Interpreting Services and the National Relay Service) and other methods of raising and resolving complaints. Management demonstrated feedback is logged and collated to identify trends and identify improvement opportunities. Management have feedback as a standard agenda item at the ‘Resident Meetings’ and feedback is provided to consumers and or their representative within specified timeframes. The service uses an open disclosure methodology to resolve and drive improvements.

Consumers interviewed said they feel comfortable to raise any issue or concern with staff, and the services management who they confirmed are very approachable. Consumers said they know about the feedback forms and are asked to provide feedback at the meetings and other established forums.

#### Requirements:

##### **Standard 6 Requirement 3(a) Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### **Standard 6 Requirement 3(b) Met**

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### **Standard 6 Requirement 3(c) Met**

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### **Standard 6 Requirement 3(d) Met**

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7:Human resources Met

#### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

#### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

#### Summary of Assessment of Standard 7:

The Assessment Team found the service demonstrated all five requirements under Standard 7 were met.

Of consumers sampled 100% of consumers were satisfied they get the care they need most of the time or always, staff are kind and caring most of the time or always and ‘staff know what they are doing’ most of the time or always.

For example:

* Three consumers said when they need help they get it.
* One consumer said they are supported to see allied health staff, including the medical officer if they need.
* One consumer said staff ask them if they need and provide the assistance as needed.
* Three consumers said they are independent and like to do things themselves.

The service demonstrated they have sufficient staff to provide safe quality care and services to consumers. Workforce interactions with consumers are kind, caring and respectful of consumer’s identity, culture and diversity. Staff are trained and feel competent to perform their roles. Recruitment, training and monitoring process ensure the workforce is competent in the provision of clinical care and personal services to consumers. Clinical and care staff generally identify risks to consumers, including potential risks. There are monitoring process and supports in place to facilitate consumers to undertake these activities safely. Staff are guided in their roles by established processes, and organisational monitoring processes ensure the service their meets legislative requirements. Staff interviewed said they have enough time to provide care to consumers and are supported to attend education.

#### Requirements:

##### **Standard 7 Requirement 3(a) Met**

The organisation demonstrates that 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.

##### **Standard 7 Requirement 3(b) Met**

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### **Standard 7 Requirement 3(c) Met**

The organisation demonstrates that the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

##### **Standard 7 Requirement 3(d) Met**

The organisation demonstrates that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

##### **Standard 7 Requirement 3(e) Met**

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

### Standard 8:Organisational governance Not Met

#### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

#### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

#### Summary of Assessment of Standard 8:

The Assessment Team found the service did not demonstrate that two of five requirements in relation to Standard 8 were met.

The service demonstrated that consumers are engaged in the development and evaluation of their care and service plan. The organisation’s Board and management, while active in promoting a culture of safe, inclusive quality care and services did not demonstrate their financial governance systems or how consumers are engaged in the financial governance of the service. Management could not demonstrate effective assessment, monitoring and referral systems for consumers at risk of high prevalence high impact risks. Management are not effectively monitoring that staff are managing high-impact or high prevalence risks to consumers. Mandatory reporting incidents are reported within legislative timeframes. The service is supported by organisational wide systems for compliance with legislation, information management, continuous improvement and feedback and complaints. The service promotes a clinical governance framework that address anti-microbial stewardship, open disclosure and minimising the use of restraint.

Of consumers and representatives randomly sampled, 100% indicated the service is well run, they feel safe and enjoy living at the service and they supported to live the best life they can.

#### Requirements:

##### **Standard 8 Requirement 3(a) Met**

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### **Standard 8 Requirement 3(b) Met**

The organisation demonstrates that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

##### **Standard 8 Requirement 3(c) Not Met**

The organisation demonstrates 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.

##### **Standard 8 Requirement 3(d) Not Met**

The organisation demonstrates 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.

##### **Standard 8 Requirement 3(e) Met**

The organisation demonstrates that 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.