Accreditation Decision and Report

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Mildred Symons House |
| **RACS ID:** | 2640 |
| **Name of approved provider:** | Anglican Community Services |
| **Address details:** | 15 Lenna Place Jannali NSW 2226 |
| **Date of site audit:** | 23 July 2019 to 26 July 2019 |

**Summary of decision**

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| **Decision made on:** | 02 September 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:** | 30 September 2019 to 30 September 2022 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Standard 3 Personal care and clinical care | | Met |
| Standard 4 Services and supports for daily living | | Not Met |
| Standard 5 Organisation’s service environment | | Met |
| Standard 6 Feedback and complaints | | Met |
| Standard 7 Human resources | | Met |
| Standard 8 Organisational governance | | Met |
| **Timetable for making improvements:** | By 04 November 2019 | |
| **Revised plan for continuous improvement due:** | By 17 September 2019 | |

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

## Introduction

**This is the report of an assessment of Mildred Symons House (the Service) conducted from 23 July 2019 to 26 July 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 details the findings of this performance assessment and contains a detailed report about the performance of the Service against each Quality Standard assessed and the requirements within each Quality Standard assessed rated as either, Met or Not Met.

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not 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 | 22 |
| Consumer representatives | 7 |
| Residential manager | 1 |
| Care manager | 1 |
| Operations manager | 1 |
| Regional managers | 2 |
| Rosters administrator | 1 |
| Educator | 1 |
| Registered nurses | 4 |
| Palliative care clinical nurse consultant | 1 |
| Occupational therapist | 1 |
| Care staff | 15 |
| Lifestyle staff | 3 |
| Chaplain | 1 |
| Catering staff | 4 |
| Cleaning staff and supervisor | 3 |
| Maintenance staff | 2 |
| Medical officer | 1 |
| Laundry staff | 1 |
| Volunteer | 1 |

## 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 that all six of the requirements in relation to Standard 1 were met.

Consumer experience interviews show that all consumers interviewed agreed that staff treat them with respect. The organisation uses regular consumer surveys and an anonymous feedback and complaints mechanism to ensure that consumers are satisfied that 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, and that the service actively promotes a culture of inclusion. Staff were observed to interact with consumers respectfully and could readily identify consumer’s individual preferences and interests. The service promotes the value of culture and diversity through staff training, in the wide range of activities it offers for consumers with diverse backgrounds and preferences and in delivery of care that is tailored to the person.

Staff could provide meaningful examples of how they help consumers make choices, including giving consumers clear and accurate information and options to inform their choice. Consumers said they feel heard when they tell staff what matters to them and that they can make decisions about their life.

Consumers said they are satisfied that care and services, including personal care, are undertaken in a way that respects their privacy. Staff could demonstrate their understanding that consumers receiving personal care can feel vulnerable and what they do to ensure consumers are made to feel respected and comfortable. The organisation demonstrated how electronic and filing systems support the protection of confidential information including consumer information, consistent with documented policies and procedures.

#### 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 that all five of the requirements in relation to Standard 2 were met.

Of consumers randomly sampled, all agreed that staff meet their healthcare needs always or most of the time. Consumers said their direct engagement in the initial and ongoing assessment and planning of their care helps them to get the care and services they need. Consumers reported their goals and preferences are met by staff, and that the organisation seeks input from other professionals to ensure they get the right care and services to meet their needs.

Staff could describe how consumers and others who contribute to the consumer’s care (including medical practitioners, allied health professionals, carers and family) work together to deliver a tailored care plan and monitor and review the plan as needed.

Consumers and representatives reported that their care is regularly reviewed and that when something goes wrong, or their needs or preferences change, the organisation is quick to communicate with them and seek their input to update the care they are getting. Each of the consumer care plans sampled showed plans had been regularly reviewed with changes made as consumers needs or preferences changed. Staff demonstrated an understanding of adverse incidents or near-miss events and how these were identified, documented and reviewed by the service, to inform continuous improvement.

Advance care planning and end of life planning formed part of care planning. This was evidenced by the organisation working with consumers to provide an advanced care directive and record their end of life and palliative care wishes. Evidence that the outcome of planning for those consumers with directives in place was documented in the consumers clinical file and care plan.

#### 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 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 that all seven of the requirements in relation to Standard 3 were met.

Of consumers randomly sampled, all agreed that staff meet their healthcare needs always or most of the time. Consumers reported feeling safe and confident that they are receiving quality care.

Staff could describe how they ensure care is best practice, their opportunities for continuing education and how they ensure that information is shared within the organisation. Care staff and registered nurses demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Care manager and registered nurses could also identify the highest prevalence risks for different cohorts of consumers and how incidents were used to inform changes in practice.

Consumers gave various examples of how staff ensured the care provided was right for them, including regularly asking them about their care and the way it is delivered.

Each of the consumers care plans reviewed indicated the delivery of safe and effective care. This included the review of care of consumers who had been palliated with care reflecting attention to the needs and preferences of these consumers at the end of their life. A focus on pain relief, review of pain management strategies and close involvement of family and others was evident.

The organisation demonstrated they have a suite of policies and procedures underpinning the delivery of care and how they review practice and policies to ensure they remain fit-for-purpose, informed by advice from consumers and other experts.

#### 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) 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 Not 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 that six of seven requirements in relation to Standard 4 were met.

Of the consumers interviewed 100% said they were mostly or always satisfied with the services they receive especially in relation to their physical care and spiritual and emotional wellbeing.

However, the service and organisation were unable to demonstrate that meals were of a consistent standard, meeting the needs and satisfaction of consumers. In particular, that meals were being monitored consistently and effectively to ensure taste, quality and quantity were being maintained. Eight consumers/representatives raised concerns regarding food and as a service which could be improved. Consumer/representative dissatisfaction concerned the main lunch service. Although the service took immediate action to address the issues raised, it was identified the service was aware prior to this audit there were ongoing issues being raised by their consumers regarding aspects of the food service. The actions taken prior to this audit did not adequately address consumer dissatisfaction with the food service.

#### 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) Not 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 that all three of the requirements in relation to Standard 5 were met.

All but one consumer said they feel included and safe in their living environment. One consumer said that due to their age and the deterioration in their physical and cognitive abilities they feel trapped in their body and this makes them feel unsafe. Management and staff are aware of this and provide emotional and practical support including medical officer review as required. Consumer representatives said they have peace of mind as they know their loved ones are being well cared for.

Consumers are actively encouraged to personalise their rooms and this was observed to be the case. Rooms were individualised with favourite pieces of furniture, art works, ornaments, photographs, books and plants. A number of consumers expressed their rooms were ‘homely’. Likewise, consumers and representatives said they were satisfied with the internal and external living environments saying these were accessible, tidy, clean, uncluttered with attractive indoor and outdoor furnishings and furniture. The Assessment Team’s observation was all areas were well utilised by consumers, representatives and family members and consumers were seen moving freely through the different spaces and enjoying these.

#### 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 that all four of the requirements in relation to Standard 6 were met.

Consumers reported they were confident to raise concerns and were encouraged by the organisation, management and staff to do so. Two representatives described concerns they had raised with the management team, that these were addressed in a timely manner and they were satisfied with the outcome. Overall, consumers said they were satisfied their concerns would be addressed in a timely manner and that they would be involved in the process of resolution. Although one consumer did raise they had raised their concerns about the meal service and this did not change. Another said they raised issues about meal portion size with staff serving meals and this was not addressed to their satisfaction. However, these matters were addressed during this audit and actions taken to manage their concerns and they were satisfied with the outcome. Consumers were aware they could raise concerns through resident meetings and through complaint forms or informally through staff or management. The management team were highly visible during this site audit and observed regularly engaging with consumers and representatives.

The organisation uses complaints as a quality indicator to ensure they deliver best practice and continuously improve on care and services. The organisation promotes open disclosure principles in complaint management. When required, complaints are escalated up to organisational management or board level. For example, the service had an outstanding complaint from a family member that went to an external complaints body – this was escalated to include regional management and board oversight. This complaint was completed in April 2019 but management continue to regularly meet with the family member concerned to ensure any issues are dealt with expediently and to the consumer’s family satisfaction.

#### 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 that all five of the requirements in relation to Standard 7 were met.

Overall consumers/representatives reported staff are knowledgeable, capable in their work role, kind and caring in their engagement with consumers. Overall, they are satisfied that staff have the appropriate qualifications specific to their work role. On the whole, they said staff understand them, their values, cultural and spiritual needs. Staff said they have clear role descriptions and sufficient time in which to complete their work tasks. Staff said they are satisfied with their education and professional development opportunities and these support them in their day-to-day roles. New staff said they have had comprehensive orientation, including mandatory education and ongoing support including regular appraisal from work supervisors. Staff spoke to ongoing education around the new standards and the person-centred focus. We observed numerous interactions between staff and consumers (and consumer representatives) and these were seen to be kind and respectful.

The organisation demonstrated it has a consistent human resources framework. The service monitors consumer need in relation to staffing levels and is able to adjust rosters to manage changes in care or services. Consumers are being actively encouraged to take part in key staff interviews and to be confident in providing managers with feedback concerning staff practices and engagement. For example, some consumers and consumer representatives raised issues regarding the communication skills of some staff and the use of casual staff. This is being addressed by the management team.

#### 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 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 that all five of the requirements in relation to Standard 8 were met.

The organisation demonstrated that they involve consumes in the development, evaluation and delivery of care and services. The governing body (the board) meets regularly, sets clear governance expectations of the organisation within a quality governance framework. There are clear lines of accountability and responsibility within the organisational structure and effective information management systems.The organisation demonstrated it has effective systems for delivering regulatory and legislative requirements. Systems are in place to manage potential high impact risk such as an organisational focus to minimise falls and falls injuries. The organisation is applying principles of open disclosure including reporting on how these apply in practice at service level. The clinical governance frame work includes anti-microbial stewardship, open disclosure and applying the guidelines in minimising the use of physical and chemical restraint. Staff interviewed understood these concepts and could explain how they were applied in practice.

#### 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) 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) 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.