Performance

Report

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| Name of service: | Anam Cara |
| Service address: | 52 Lavarack Road BRAY PARK QLD 4500 |
| Commission ID: | 5355 |
| Approved provider: | The Uniting Church in Australia Property Trust (Q.) |
| Activity type: | Assessment Contact - Site |
| Activity date: | 25 May 2023 |
| Performance report date: | 23 June 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 Anam Cara (**the service**) has been prepared by K. Reed, 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 02 June 2023
* Other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **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 2

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| 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 |

Findings

Consumers and representatives were included in and were satisfied with the service's assessment and care planning processes. Care documentation included relevant assessment and risk identification such as falls, changed behaviours, skin integrity, infectious conditions, and specialised care needs. Registered staff described the assessment and care plan development processes that identified risks to consumers’ health, safety, and well-being. Consumer care documentation evidenced the service’s assessment and planning processes to identify consumers' needs, goals and preferences and any related risks to their health and well-being.

Staff described, and review of care documentation confirmed, other health professionals such as a medical officer, physiotherapist, geriatrician, or dietitian were included in assessment and planning for consumers. The service used an electronic care management system, which guided registered staff assessments to be completed as part of the initial consumer assessment and provided alerts when assessments were due. Care plans were reviewed every three months or triggered by a change in consumer condition. Registered staff confirmed the outcomes of assessments were documented in care plans and discussed with the consumer or representative. Care staff advised this information guided them in delivering safe and effective care. The organisation had policies and procedures to guide staff practice regarding consumer assessment and care planning.

# Standard 3

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| 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:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | 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 |

Findings

Requirement 3(3)(a) Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

1. is best practice; and
2. is tailored to their needs; and
3. optimises their health and well-being.

Consumers and representatives were satisfied with the personal and clinical care consumers are receiving. The service demonstrated effective assessment, management, and evaluation of consumers’ care needs. Care planning documentation identified consumers’ clinical was tailored to their individual needs and changes were made to consumers’ care when their circumstances change, or incidents occur. Staff demonstrated knowledge of individual consumers’ needs and clinical care. Care documentation supported wounds were consistently attended to in accordance with consumers’ wound management plans.

The service has identified there are 30 consumers subject to environmental restrictive practice in a memory support unit and 16 consumers were subject to chemical restrictive practice. Care documentation for consumers who were identified as subject to restrictive practices had a risk assessment, medical officer authorisation, consent and behaviour support plans completed. For one named consumer who receives anti-psychotic medication, the service had not identified this constituted chemical restraint. In the Approved provider’s response to the Assessment contact-site report, the named consumer now has the appropriate assessment and authorisation for the chemical restraint. The service had a range of tools and charts available for use in the electronic care system which guided staff to deliver best practice care and support for consumers.

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.

Consumers’ care planning documentation reflected the identification of, and response to, deterioration or changes in their condition. Registered staff explained the assessment process following changes to a consumer’s condition. Staff said they report changes to the clinical manager and/or clinical nurse. If a consumer deteriorated after business hours, staff could contact an after-hours Medical officer or transfer the consumer to hospital. Clinical records indicated consumers were monitored by registered staff and if deterioration or change of a condition occurred, this was recognised and responded to in a timely manner and representatives were notified.

For one named consumer who sustained burns to their legs which subsequently became infected, the Assessment contact-site report includes information the service failed to recognise this incident was a reportable incident to the Serious incident response scheme. Following feedback, a retrospective incident form was submitted to the Serious incident response scheme.

Staff described how changes in consumers’ condition were communicated through progress notes and at handover. Handover notes provided details of consumers current care needs and any changes to consumers’ condition. Staff had access to clinical information to guide them in recognising and responding to a deterioration or changes in a consumer’s condition which were available in nurses’ stations. Registered staff were available 24 hours a day, seven days a week at the service. Other specialist care services were available including a physiotherapist, podiatrist, dietitian and speech pathologist.

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