Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| 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: | Site Audit |
| Activity date: | 6 December 2022 to 8 December 2022 |
| Performance report date: | 24 February 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 J Howard, 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 site audit conducted from 6 December 2022 to 8 December 2022. 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 Approved Provider’s response to the site audit report, received 21 December 2022.
* Other information and intelligence held by the Aged Care Quality and Safety Commission.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | 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:   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. | 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

The Quality Standard is assessed as Compliant as six of the six specific requirements were assessed as Compliant.

Consumers said staff treated them with dignity and respect and valued their identities, cultures and diversity, which the Assessment Team confirmed through observations. Consumers’ care plans included information about their cultural and spiritual histories. Staff understood consumers’ care preferences and cultural needs and described how these influenced care delivery. Consumers were supported to make choices about their care, decide when family and friends were involved in their care and maintain relationships of importance. Consumers spent time with loved ones, who confirmed the service involved them in care planning.

Consumers were supported to take risks which enabled them to live their best lives. The service used a risk assessment process for consumers wishing to take risks, which included consultation with the person before completing a dignity of risk form. Consumers were provided with information in easy to understand formats such as by newsletter, consumer handbook, an activities calendar, emails, noticeboards and staff who spoke directly with them. Consumers and representatives confirmed the service kept them well informed about activities, events and visiting allied health professionals. Consumers’ privacy was respected by staff who sought permission prior to entering their rooms.

# 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) | 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. | 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

The Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

The service considered risks to consumers’ health and well-being during the needs assessment and care planning process. Consumers and representatives were partners in care planning and consumers received the care and services they needed. The service assessed and monitored risks to consumers such as falls, weight loss, nutritional needs, choking hazards, sensory deficits, challenging behaviours and cognitive decline. Consumers’ care plans included risk prevention strategies which mirrored their assessments. Consumers’ care plans identified and addressed their current needs, goals and preferences, which included end of life planning where consumers wished.

The service partnered with consumers, their representatives and external service providers when assessing, planning and reviewing care needs. A review of care plans showed consumers were involved in a co-ordinated needs assessment which involved other organisations and allied health professionals. Consumers confirmed they were offered a copy of their care plans and staff spoke with them about their assessment outcomes. Consumers and representatives said the service notified them when consumers’ circumstances changed or their care plans were updated.

# 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:   1. is best practice; and 2. is tailored to their needs; and 3. 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:   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. | Compliant |

Findings

The Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as Compliant.

Consumers received safe and effective personal and clinical care which was tailored to their needs and optimised their health and wellbeing. Consumers were happy with the care provided and said their needs were met. The Assessment Team observed staff provided consumers with personal and clinical care which reflected their care plans. The service effectively managed high-impact and high-prevalence risks associated with consumers’ care, all of whom had management strategies included in their care plans, which staff understood. Consumers nearing end of life were cared for with dignity and in accordance with their assessed needs, goals and preferences. Staff who provided end of life care were guided by policies and procedures, which included annual training in palliative care.

Staff responded to changes in consumers’ conditions and care needs in a timely manner, which was confirmed by a review of their care plans and positive consumer representative feedback. Consumers were confident their information was well documented and shared with staff and other care providers. Staff received information about consumers’ conditions during shift handovers and by accessing documents in the service’s electronic care management system.

The service made timely and appropriate referrals to other care providers, which was confirmed by consumers and representatives. Staff described the service’s referral process, the details of which were recorded in consumers’ care plans and included the involvement of allied health practitioners and medical professionals. The service had processes in place to minimise infection-related risks and support the appropriate prescribing of antibiotics.

# 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:   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. | 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as Compliant.

Consumers received safe and effective services that met their needs, goals and preferences, which were recorded in their care plans. Staff understood what was important to consumers and the supports they required to optimise their quality of life, health, well-being and independence. Consumers were engaged in meaningful activities which supported their emotional and psychological well-being, such as attending religious services and spending one-on-one time with volunteers, the pastoral care team and staff. Consumers participated in their community, did things of interest to them and were supported to maintain personal relationships. Lifestyle staff assisted consumers to maintain family contact through digital communication, by phone and by email.

Consumers were happy with the quality, quantity and variety of food provided by the service. The service encouraged feedback on the quality of food provided. Consumers were offered a range of meal options if the daily menu selection was not to their liking. A review of consumers’ care plans included information about their dietary needs, preferences and allergies. Where the service provided equipment, consumers said they felt safe and knew how to report concerns. The equipment being used by staff was clean, well maintained and fit for purpose.

# 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:   1. is safe, clean, well maintained and comfortable; and 2. 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 Quality Standard is assessed as Compliant as three of the three specific requirements were assessed as Compliant.

Consumers and representatives said the service welcomed them and was easy to navigate. Consumers felt at home within the service, particularly as they personalised their rooms with furniture and possessions of choice. The service environment was clean, well maintained and consumers moved freely, both within and outside the building. Consumers enjoyed outdoor gathering spaces, barbecues and a Men’s Shed. Maintenance was promptly attended to so consumers were safe and comfortable in their environment.

The Assessment Team noted furniture, fittings and equipment were safe, clean, well maintained and suitable for consumer use. Maintenance staff were observed checking, cleaning and repairing equipment used by consumers. Furniture and equipment was maintained under a scheduled, preventative and corrective maintenance plan. Consumers confirmed equipment was well maintained, safe and clean.

# 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

The Quality Standard is assessed as Compliant as four of the four specific requirements were assessed as Compliant.

The service encouraged consumers and representatives to make complaints and provide feedback. Consumers were comfortable raising concerns directly with staff or in writing. Staff were guided by a feedback and complaints policy, which included providing information to consumers via posters, pamphlets, forms and collection boxes throughout the service. Staff understood the complaints process and a review of the service’s feedback folder confirmed consumers were encouraged to raise concerns and provide feedback. Consumers were aware of how to access internal and external complaints mechanisms, access advocates and find support through an interpreting service.

The service took appropriate action in response to feedback and complaints and used open disclosure when something went wrong, which was confirmed by consumers. Consumers also expressed satisfaction with staff responsiveness to matters raised. Management advised they apologised to consumers when they were dissatisfied with care and services, which was confirmed by a review of previous complaint forms. The service used feedback and complaints to improve the quality of care and services, which was reiterated by consumers and confirmed by a review of the service’s plan for continuous improvement.

# 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 Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

Consumers, representatives and staff agreed the service was short-staffed on occasion. However, the Assessment Team did not identify any instances where lower staff numbers had a negative impact on consumer care. Consumers, representatives and staff concurred with the Assessment Team’s conclusion that instances of short-staffing had not affected consumer care. Management said staffing levels were adjusted to meet changing consumer needs and a registered nurse was rostered 24 hours a day. Consumers and representatives said staff were kind, caring, gentle and respectful of cultural preferences when providing care and services, which was also noted by the Assessment Team.

The service’s workforce was competent and had the qualifications to effectively perform their roles, which was reflected in positive consumer feedback. Staff said they were supported by management to participate in training upon commencement with the service and in response to identified knowledge gaps. Staff were guided in their roles by position descriptions which required them to hold qualifications, knowledge and competencies specific to their employment. Consumers were confident with staffs’ abilities to meet their care needs. A review of staff training records showed learning modules were developed in line with legislation, regulation and direction of the organisation. The service regularly assessed, monitored and reviewed staff performance, which included annual performance reviews.

# 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:   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. | Compliant |
| Requirement 8(3)(d) | 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 4. 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:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

Consumers said the organisation was well operated, the management team was approachable and consumers were engaged in the design, delivery and evaluation of services through meetings and surveys. A review of consumer meeting minutes, activity calendar and the service’s plan for continuous improvement confirmed consumers were engaged in service development and improvement.

The organisation’s governing body promoted a culture of safe, inclusive and quality care and services, for which it was accountable. The organisation’s board of directors (the board) maintained visibility of the service’s performance through sub-committees focused on clinical governance, as well as audit, finance and risk. The board received monthly reports which addressed clinical data, identified needs at the service, incidents at the service, complaints received, emerging risks and audit outcomes. The board and service’s management team developed action plans in response to identified needs and recorded the measures to be taken in the continuous improvement plan.

The service had organisation-wide governance systems that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. With respect to high-impact and high-prevalence risks, these were reported, trended, analysed and benchmarked each month and reported to the board. The report included risks related to falls, skin integrity, infections, unplanned weight loss, behaviours of concern, pressure injuries and serious incidents documented with the Commission’s Serious Incident Response Scheme. Staff understood risks to consumers and how those risks could be mitigated.

The service had systems in place to support clinical governance, the delivery of safe care, promote antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)