Performance

Report

**1800 951 822**

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| Name: | Anglican Care Bishop Tyrrell Place |
| Commission ID: | 0896 |
| Address: | 60 Princes Street, CUNDLETOWN, New South Wales, 2430 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 29 November 2023 to 30 November 2023 |
| Performance report date: | 8 January 2024 |
| Service included in this assessment: | Provider: 3186 Anglican Care  Service: 5864 Anglican Care Bishop Tyrrell Place |

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 Anglican Care Bishop Tyrrell Place (**the service**) has been prepared by E Woodley, 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 (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives, and others.
* the performance report dated 6 April 2023, following the Site Audit conducted 21 February 2023 to 23 February 2023.

# 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** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **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 |
| 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)(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 was not fully assessed, and therefore has not received a compliance rating. Three of the five specific Requirements have been assessed and found compliant.

The service was previously found non-compliant in Requirement 2(3)(a), Requirement 2(3)(c), and Requirement 2(3)(e) following a Site Audit conducted 21 February 2023 to 23 February 2023.

At the Assessment Contact conducted 29 November 2023 to 30 November 2023, the service demonstrated assessment and planning includes consideration of risks to consumer’s health and well-being to inform the delivery of safe and effective care. The service has a suite of policies and procedures to guide assessment and management of risks, and these were being followed by staff. Care planning documents evidenced initial and ongoing assessment and planning including of individualised risks to sampled consumer’s health and well-being. For example, risks associated with falls, pressure injuries, continence care, and pain.

The service demonstrated they involve consumers and others they wish to involve in the assessment, planning and review of care and services. All consumers and their representatives interviewed confirmed they are involved in care planning upon entering the service and on an ongoing basis, including regarding risks to their health and well-being. Care documentation reviewed demonstrated other providers of care when appropriate are involved in assessment and planning of consumer care.

The service demonstrated care and services are reviewed regularly for effectiveness and when circumstances change or incidents impact on the needs, goals and preferences of the consumers. The service demonstrated an effective process for the regular review of consumer care and services, and improved incident identification and review processes. For consumers sampled who had experienced a fall, incident reviews had been completed, falls assessments were updated, the consumer was reviewed by appropriate medical or allied health staff, and new interventions to prevention further falls were incorporated when required.

I find Requirement 2(3)(a), Requirement 2(3)(c) and Requirement 2(3)(e) are compliant.

# 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)(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)(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 was not fully assessed, and therefore has not received a compliance rating. Three of the seven specific Requirements have been assessed and found compliant.

The service was previously found non-compliant in Requirement 3(3)(a), Requirement 3(3)(e), and Requirement 3(3)(g) following a Site Audit conducted 21 February 2023 to 23 February 2023.

At the Assessment Contact conducted 29 November 2023 to 30 November 2023, consumers and representatives interviewed by the Assessment Team were satisfied with the personal and clinical care provided at the service. Care documentation reviewed by the Assessment Team demonstrated individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. For consumers sampled, this included safe and effective management of pain, oxygen therapy, behaviours requiring support, wounds, and diabetes. The service demonstrated that information about the consumer's condition, needs, and preferences is documented and effectively communicated with those involved in their care. Consumers and representatives interviewed were satisfised with the processes for sharing information regarding consumer’s care. Staff demonstrated meetings and handover processes occur and are documented to communicate changes in condition and needs.

The Assessment Team found the service has policies and procedures that provide guidance for staff to follow for standard and transmission-based precautions and infectious outbreaks. Clinical and care staff interviewed showed a good understanding of antimicrobial stewardship and infection control. Consumer care documentation reviewed demonstrated practices implemented to support appropriate antibiotic prescribing and use.

I find Requirement 3(3)(a), Requirement 3(3)(e) and Requirement 3(3)(g) are compliant.

# Standard 4

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| Services and supports for daily living | |  |
| 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 |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the seven specific Requirements has been assessed and found compliant.

The service was previously found non-compliant in Requirement 4(3)(c) following a Site Audit conducted 21 February 2023 to 23 February 2023.

At the Assessment Contact conducted 29 November 2023 to 30 November 2023, consumers and representatives interviewed by the Assessment Team confirmed staff support them to participate in the community, maintain personal relationships, and do things of interest. Consumers said staff support them to participate in activities of daily living with as much independence as possible. Care documentation reviewed demonstrated consumers and representatives are involved in care assessment and planning regarding lifestyle services and supports. The service’s activities calendar shows activities available to cater for a wide variety of leisure interests.

I find Requirement 4(3)(c) is compliant.

# Standard 7

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| 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)(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 was not fully assessed, and therefore has not received a compliance rating. Four of the five specific Requirements have been assessed and found compliant.

The service was previously found non-compliant in Requirement 7(3)(a), Requirement 7(3)(c), Requirement 7(3)(d) and Requirement 7(3)(e) following a Site Audit conducted 21 February 2023 to 23 February 2023.

At the Assessment Contact conducted 29 November 2023 to 30 November 2023, the service demonstrated the workforce is planned and deployed to enable the delivery and management of safe and quality care and services. Consumers and representatives interviewed considered there is sufficient staff at the service to meet their needs in a timely manner. Service management has contingency plans to replace staff when required and rosters are reviewed on a regular basis to ensure staff allocations are meeting changing consumer needs and preferences.

Consumers and representatives interviewed considered that staff have the knowledge and skills to provide safe and quality care and services to meet consumer’s needs and preferences. The service conducts mandatory and role-specific training and competencies for staff and has processes to analyse the effectiveness of the training provided. Records reviewed by the Assessment Team demonstrated all staff had completed relevant mandatory training. The service has effective onboarding and orientation processes, including to confirm that staff meet minimum qualification and registration requirements and relevant criminal history checks.

The service demonstrated effective processes to ensure there is regular assessment, monitoring and review of the performance of each member of the workforce. The service is following the organisation’s formal performance review procedure, including a schedule to ensure this is completed for all staff. Staff performance is reviewed using consumer and staff feedback, investigation of incidents, review of clinical data, staff meetings, and observations by senior staff.

I find Requirement 7(3)(a), Requirement 7(3)(c), Requirement 7(3)(d) and Requirement 7(3)(e) are compliant.

# Standard 8

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| 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)(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 |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. Three of the five specific Requirements have been assessed and found compliant.

The service was previously found non-compliant in Requirement 8(3)(a), Requirement 8(3)(c) and Requirement 8(3)(d) following a Site Audit conducted 21 February 2023 to 23 February 2023.

At the Assessment Contact conducted 29 November 2023 to 30 November 2023, the service demonstrated that consumers are supported to engage in the development, delivery and evaluation of care and services through a broad range of consultative strategies. A care governance committee has been introduced to address key issues for the service and identify strategies to make improvements. This working group provides an avenue for communication between the consumers and the Board Committees to influence care and service delivery.

The service demonstrated effective organisation wide governance systems in the key areas of information management, continuous improvement, workforce governance, regulatory compliance, and feedback and complaints. The service’s information systems were effective to ensure all stakeholders have the information they need. The organisation demonstrated continuous improvement is identified through a range of mechanisms including consumer and representative feedback, complaints, audits, surveys, staff suggestions, review of clinical indicators, incidents, and governance meetings. The organisation monitors changes to aged care regulation and legislation, and updates policies and procedures to reflect these changes. The organisation monitors the workforce through ongoing review of consumer care needs, clinical data, feedback from consumers and staff, and performance review data.

The Assessment Team found the organisation has effective risk management systems and practices to manage high impact and high prevalence risks, manage and prevent incidents, respond to abuse and neglect, and support consumers to live their best life. The organisation reviews and manages high impact and high prevalence risks through review and analysis of clinical information at governance meetings, and maintenance of risk registers. The organisation has oversight of incidents, including those reportable to the serious incident response scheme. The service has implemented a risk management system to ensure reporting and root cause analysis of incidents, and to develop and implement measures to prevent reoccurrence.

I find Requirement 8(3)(a), Requirement 8(3)(c) and Requirement 8(3)(d) are compliant.

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