Performance

Report

**1800 951 822**

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| Name: | Anglican Care C A Brown |
| Commission ID: | 2365 |
| Address: | 87 Toronto Road, BOORAGUL, New South Wales, 2284 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 2 July 2024 |
| Performance report date: | 22 July 2024 |
| Service included in this assessment: | Provider: 3186 Anglican Care  Service: 780 Anglican Care C A Brown |

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 C A Brown (**the service**) has been prepared by J Durston 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 provider’s response to the assessment team’s report received 18 July 2024.

# Assessment summary

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| Standard 7 Human resources | Not Applicable as not all requirements were assessed. |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 |

Findings

This Requirement was found non-compliant following a Site Audit conducted from 4 December 2023 to 6 December 2023. The service did not demonstrate it had sufficient staff to meet the needs of consumers.

During the current Assessment Contact conducted on 2 July 2024 the Assessment Team found the service has implemented several actions in response to the identified non-compliance. Their plan for continuous improvement noted the service is conducting ongoing recruitment to ensure the master roster is covered by permanent staff. This involved reviewing duty statements, increasing the casual pool and a review of care minutes and the master roster.

The Assessment Team found that the actions the service has taken in response to the non-compliance have been effective. The service demonstrated there is sufficient staff with a range of skills rostered across most shifts in line with their master roster. Most consumers and or representatives indicated that consumer needs are met in a timely manner and they do not feel rushed. Staff advised they are able to complete their workloads during their shifts. There are 2 registered nurses rostered on all shifts, with another registered nurse acting as a ‘floater’ 4 days per week. The registered nurses are supported by 2 clinical care coordinators from Monday to Friday.

However, some consumers raised general concerns around staffing levels but they could not describe impacts to their care. One consumer advised they felt agency and casual staff leave the hard work to permanent staff, which is not being monitored. The consumer described the impact as some staff were slower than others, but said they were happy overall with their care and had discussed their concerns with management.

Another representative raised concerns that there are not enough staff checking their consumer’s continence care and sometimes their oral care is not provided. When this feedback was raised with management, they indicated they were aware of the concerns. Management provided care planning documentation to evidence regular checks of the consumer’s continence aid and oral care. Management confirmed they would review staff levels with both the consumer and representative who raised concerns.

In their response to the Assessment Team report the approved provider did not dispute the findings of the Assessment Team report.

Having considered the evidence provided by the Assessment Team, I am satisfied that while there was some feedback regarding insufficient staffing, overall, I have put weight on the feedback from most consumers and representatives that indicated consumers’ needs were being met in a timely manner. Accordingly, I find the service has demonstrated its return to compliance in Requirement 7(3)(a).

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)