**Performance**

**Report**

**1800 951 822**

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| Name: | Anglican Care Home Care - Central Coast |
| Commission ID: | 200225 |
| Address: | 171 Mataram Road, WOONGARRAH, New South Wales, 2259 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 30 August 2023 |
| Performance report date: | 3 November 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 Anglican Care Home Care - Central Coast (**the service**) has been prepared by Gill Jones, 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.

# Services included in this assessment

**Home Care:**

* Anglican Care Home Care Wyong, 17274, 171 Mataram Road, WOONGARRAH NSW 2259

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk 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 5 October 2023.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **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 1

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| 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 | Not applicable |

Findings

This requirement was assessed during a Quality Audit conducted 1 to 3 March 2023. On 3 April 2023 a decision of non-compliance was made. The service was unable to demonstrate 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. This finding particularly pertained to the home care budget statement and monthly statements which were not itemised, clear and easy to understand by consumers.

During the assessment contact desk conducted 30 August 2023 consumers interviewed said that they mostly understand the information provided to them by the service. Two consumers interviewed stated that they understood the monthly statements provided to them. One consumer noted that they found the statement difficult to understand at first, but after the coordinator explained how the charges work and they had been provided with an explanatory document on how to understand their statement and what each charge means, they understood. Both consumers felt they could speak to staff if they needed further assistance to understand these documents.

Management informed that an explanatory document ‘Understanding your Statement’ has recently been developed and is provided to consumers during a meeting with a case coordinator, after they receive their first budget breakdown and statement. The service is planning to implement a new information management system in 2024 and it is anticipated this will streamline how consumer statements are generated and provided to consumers.

The Approved Provider did not provide a response in relation to this Requirement. Having considered the information in the Assessment Team’s report I find Requirement 1(3)(e) compliant.

# Standard 5

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| --- | --- | --- | --- |
| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Not applicable |

Findings

This requirement was assessed during a Quality Audit conducted 1 to 3 March 2023. On 3 April 2023 a decision of non-compliance was made. The service was unable to demonstrate that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. This finding pertained to furniture being used that was not suitable for the client group as very heavy to move and not fit for purpose for social interaction and activities.

In response to the non-compliance management purchased a range of new chairs and tables so that there are options for consumers to choose from. During the assessment contact desk conducted 30 August 2023 consumers interviewed spoke positively of the furniture they use when attending the service. Consumers described the furniture as comfortable and that the tables are large enough to allow a good conversation. Photographs provided by the service demonstrated that the furniture was clean. An assessment completed by an Occupational Therapist found it was fit for purpose.

The Approved Provider did not provide a response in relation to this Requirement. Having considered the information in the Assessment Team’s report I find Requirement 5(3)(c) compliant.

# Standard 6

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| --- | --- | --- | --- |
| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Not applicable |

Findings

This requirement was assessed during a Quality Audit conducted 1 to 3 March 2023. On 3 April 2023 a decision of non-compliance was made as the service was unable to demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services. This related particularly to trending complaints and using this information to drive improvements in services. Whilst the provider had established a complaints and feedback mechanism it was not being utilised to its full potential. Feedback and complaints were not being fed into into the Continuous Improvement Register and reported to the Board.

During the assessment contact desk conducted 30 August 2023 Management stated that consumers continued to express dissatisfaction on the changes to what is included as part of supports and services in HCP. Management advised that these were not complaints, but feedback passed on during care plan reassessments. The Assessment Team reviewed the complaints and feedback register and noted that there were no entries regarding this feedback. Management stated that feedback and complaints is discussed in leadership meetings and this information is fed to the Board but the Assessment Team were unable to evidence this claim.

The Approved Provider submitted further information on 5 October 2023 in response to both the Assessment Teams report and a request from the Commission. Information provided included a Plan for Continuous Improvement (PCI) dated 5 October 2023 evidencing continuous improvements implemented based on feedback from consumers or other sources since the Quality Audit. Actions or tasks were identified in the PCI and assigned to individuals with milestones showing completion. The improvements in the PCI included producing an explanatory document for consumers on ‘Understanding your Statement’ and replacing the furniture being used by consumers in the service environment to ensure it was fit for purpose. Other, much larger projects were noted in the PCI to improve the organisations information management systems. A new Complaints Procedure was created 29 June 2023 and roles and responsibilities for actioning continuous improvement are outlined in the Complaints Policy. The Approved Provider also provided evidence of a revised checklist being used with consumers to prompt discussion and seek feedback and complaints when reviewing care and services.

The Approved Provider included their current feedback register for 2023. It was noted this register only holds 21 entries since January 2023. A review of this notes that up until end August 2023 only two consumers provided negative feedback about accessing the service by phone and only two provided negative feedback about the rules around what a HCP can provide. Both issues were addressed individually with each consumer and neither of these issues have been raised again by these consumers or other consumers. The Approved Provider acknowledges that levels of feedback captured could be improved and is rolling out a new system currently which will provide each consumer with a QR code which consumers will be able to use in their own homes to provide feedback on care and services.

I am satisfied that the Approved Provider is introducing new technologies to improve the level of feedback obtained from consumers and has demonstrated that feedback and complaints is being collected and used to improve the quality of care and services.

Having considered the information in the Assessment Team’s report and the further information provided by the Approved Provider I find Requirement 6(3)(d) compliant.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| 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 | Not applicable |

Findings

This requirement was assessed during a Quality Audit conducted 1 to 3 March 2023. On 3 April 2023 a decision of non-compliance was made as the service was unable to demonstrate that information management systems were effective. Consumers said that phone communication is sometimes difficult with the service. A support worker also stated that 9 times out of 10 she gets the answering machine when she phones the office which bothers her. Management advised that staff at all levels were frustrated with the multiple systems in use post merger with Samaritans. Management explained their current Continuous Improvement Plan had been generated from the ACQSC Self-Assessment Tool, however this will move to the digital Plan for Continuous Improvement generated from the Moving on Audits (MOA) platform that commenced in February 2023.

During the assessment contact desk conducted 30 August 2023 Management acknowledged that the organisation has identified that the capture and use of complaints and feedback was an area for improvement. It was noted that upgrades to the risk management system will address this by enabling complaints and feedback information to be captured more effectively for use by the Board.

The Approved Provider submitted information on 5 October 2023 in response to the Assessment Team’s report and a request for further information by the Commission. Information provided included a Plan for Continuous Improvement (PCI) dated 5 October 2023 evidencing continuous improvements implemented based on feedback from consumers or other sources since the Quality Audit. Actions or tasks were identified in the PCI and assigned to individuals with milestones showing completion. Large projects were noted in the PCI to improve the organisations information management systems. This included moving to a new Client Management System in early 2024 and a new Risk Management System in 2023 which is currently being rolled out. The Approved Provider stated in their response that they have improved their usage of the MOA system to log, review and track improvement actions an improved their reporting to governance bodies in relation to financial performance, clinical quality, complaints and feedback. A new Complaints Procedure was created 29 June 2023 and roles and responsibilities for actioning continuous improvement are outlined in the Complaints Policy. The Approved Provider also provided evidence of a revised checklist being used with consumers to prompt discussion and seek feedback and complaints when reviewing care and services. The Approved Provider submitted information demonstrating their policies and procedures for information management. The information provided by the Approved Provider demonstrated effective governance systems are in place to manage the flow of information to both frontline workers and consumers in relation to delivering care and maintaining privacy and confidentiality.

The Approved Provider submitted information regarding their financial governance system and how the service tracks unspent funds.

The Approved Provider submitted information about their workforce governance including how they support staff with training and ensure they have enough adequately qualified staff who meet the regulatory requirements.

The Approved Provider submitted information about how the service is ensuring compliance with relevant legislation and regulatory requirements.

I have reviewed this information and I am satisfied that the organisation has effective organisation wide governance systems relating to information management; continuous improvement; financial governance; workforce governance; regulatory compliance and feedback and complaints.

Having considered the information in the Assessment Team’s report and the further information provided by the Approved Provider I find Requirement 8(3)(c) 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)