

Report

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| Name of service: | Anglican Care Jesmond Grove |
| Service address: | 101 Mordue Parade Jesmond NSW 2299 |
| Commission ID: | 0516 |
| Approved provider: | Anglican Care |
| Activity type: | Site Audit |
| Activity date: | 14 February 2023 to 16 February 2023 |
| Performance report date: | 28 March 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 Jesmond Grove (**the service**) has been prepared by K. Spurrell, 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; 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.

# Assessment summary

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| 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

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| 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

Consumers said they were valued by the service and are treated with respect and dignity, with their culture and diversity valued. Staff were observed treating consumers with dignity and respect and understood consumers individual choices and preferences. Care planning documentation identified consumers from linguistically diverse backgrounds and recorded individual preferences to maintain identity.

Consumers and representatives confirmed the service recognised and respected their cultural background and culturally safe care was provided per their preferences. Care planning documentation reflected the consumer’s cultural background, linguistic abilities, and activities the consumer wished to maintain. Staff described how they adapt the way care and services are offered so they are culturally safe for each consumer.

Consumers and representatives stated they were given choice about when and how care and services were provided and described how staff supported their decisions to maintain their independence and relationships. The Assessment Team reviewed care planning documents that reflected these choices and recorded who consumers wished to involve in their care.

The service demonstrated consumers were supported to exercise choice and independence including taking risks that enable them to live the life they choose. Consumers described risks they wished to take and confirmed the service had explained the risks and possible outcomes. Care documentation showed mitigation strategies and a Dignity of Risk form to support the decisions and activities chosen by consumers, which may involve risk.

Consumers and representatives said they were satisfied with information on how to exercise choice and described the information as easy to understand. Staff described various methods to communicate information such as discussions, phone calls and emails. The Assessment Team observed daily activities were written on a chalkboard for consumers with vision concerns and noticeboards throughout the service displayed newsletters, activity calendars and posters.

Consumers explained how their privacy was respected by staff and said their boundaries were respected. Staff described practical strategies used to ensure a consumer’s privacy preferences were respected, such as closing doors when providing personal care. Clinical information was observed to be secured electronically and password protected on computers at nurses’ station.

# 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)(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 service demonstrated assessment and planning is effective and includes the consideration of risks to consumer’s safety, health and well-being. Consumers and representatives said they were actively involved in the assessment and planning process at the service, and care documentation demonstrated how care and services are delivered to consumers.

Care planning and assessment documentation evidenced the current needs, goals and preferences of consumers’ and include end-of-life preferences. Consumers and representatives felt supported to discuss their end-of-life wishes, and the service has policies for palliative care and end-of-life care planning to guide staff practice.

Consumers and representatives reported the service partnered with consumers and others who consumers wish to involve in their care planning including health providers and medical officers. Reviewed care plans demonstrated consumers were collaboratively managed with support from staff, family, medical officers and allied health professionals to assess and plan care services.

Consumers and representatives described how the outcomes of assessment and planning have been communicated to them through care plans readily available upon request. All staff have access to consumers care plans outlining individualised care and a copy consumer’s care and service plan is provided electronically for representatives.

Care planning documentation confirmed care plans are reviewed on a regular basis and when the consumer’s circumstances change, or incidents have occurred. Management and staff described the three-monthly review process, where consumers care and service needs are reviewed, this includes a clinical review by registered staff, further daily review of incidents, and a review of charting.

# 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)(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

Consumers and representatives stated consumers receive safe and effective care that is best practice, tailored to their needs and optimises their health and well-being. The service has policies, procedures and guidelines for key areas of care including but not limited to, restrictive practices, skin integrity and pain management, all of which are in line with best practice.

Consumers and representatives were satisfied that high impact and high prevalence risks for consumers at the service were effectively managed. Staff reported consumers at high risk were monitored daily and the service has policies to support staff, such as a documented Falls Risk Assessment Tool which guides how risk is identified, managed, and recorded.

Care planning documents reflected consumers received end of life care outlined in advanced care directives and end of life wishes. The Medical Officer oversees consumers complex end of life care needs and specialist palliative staff available 24 hours a day, 7 days a week encourage families to be present during consumers end of life care. Staff described support for consumers end-of-life care and explained the processes in place to maximise comfort and dignity to align with consumers wishes.

Deterioration or changes in a consumer’s health is recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Staff described the various ways they recognise and respond to deterioration or change in the consumer’s condition and health status; this included processes to refer for medical review or transfer to hospital.

Consumers and representatives confirmed their needs and preferences are effectively communicated and documented between staff, and they receive the care they need. The Assessment Team observed comprehensive staff handovers and how the electronic clinical management system recorded consistent sharing of information.

Care planning documentation evidenced timely referrals to medical officers, allied health therapists and other providers of care and services. Management and staff described how they coordinate the referral process, engaging consumers with other health professionals and provided details of referrals made for specific consumers and the reasons for referral.

Management provided an overview of clinical indicator reports and audits reflecting best practice, including how infections are monitored and reviewed and form part of the service’s antimicrobial stewardship program. The service has written procedures relating to infection control and practices to reduce the risk of resistance to antibiotics.

# Standard 4

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| 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

Consumers and representatives said they felt supported to participate in activities of interest and were provided with appropriate support to optimise their independence and quality of life. Staff explained how lifestyle assessments are conducted to collect the consumer’s individual preferences, including likes, dislikes, interests, social, emotional, cultural, and spiritual needs, and traditions. The activities calendar was reviewed and included a variety of activities including interactive exercises and activities for consumers with varied physical and cognitive abilities.

Consumers reported their emotional, spiritual, and psychological needs were supported, and the service encouraged them to stay connected to family and friends for emotional support. Staff described how the consumer’s emotional, social, and psychological needs were supported through a variety of means, including facilitating connections to family and friends through facetime time phone calls and pastoral support through religious and church services. Care plans included consumers religious and emotional support preferences.

Consumers and representatives said they participated within and outside of the organisation’s service environment, to maintain connections and to do the things of interest to them. Staff provided examples of how consumers were supported to participate in the community or engage in activities inside and outside the service, including scheduling consumer visits to family outside the service. Care planning documentation was reviewed and aligned with feedback from consumers, representatives and staff.

Consumers felt confident their condition, needs and preferences were communicated within the service, and with others where responsibility for care was shared and care planning documents confirmed preferences to support safe and effective care for daily living. Staff described how changes in consumers care plans are communicated through handover and the Assessment Team evidenced shared care plan entries from allied health specialists and identified referrals to other services, such as hairdresser, dental, optometrist, physiotherapists and volunteers.

Most consumers and representatives expressed satisfaction with the meals provided to consumers who said there are plenty of meal choices and they can request different meals not included on the menu. The Assessment Team observed staff assisting consumers with their meals in a caring and calm manner and sharing a conversation.

Consumers and representatives said they had access to the service's equipment, and it was suitable for their needs. Staff reported equipment used for activities of daily living was observed to be safe, suitable, clean, well-maintained and described how maintenance requests were prepared and completed monthly by contractors.

# Standard 5

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| 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

Consumers and representatives confirmed the service’s environment was welcoming and easy to understand and they could personalise their room with their own belongings, photos and furniture. The Assessment Team observed welcoming aspects of the service which optimised each consumer’s sense of independence such as libraries and game areas, raised garden beds in the memory support unit; and several consumers were observed around the service enjoying private conversations with visiting family, having morning and afternoon tea together.

Consumers and representatives said the service environment was safe, clean, and well-maintained. The service floor had gentle ramps with no steps and consumers were observed moving freely around the service in lounge rooms and outdoor areas. Staff had cleaning checklists and schedules on electronic devices and described different cleaning processes for certain consumers, including cytotoxic procedures.

The Assessment Team observed furniture, fittings and equipment provided was safe, suitable, clean and well maintained and staff and contractors undertake ongoing monitoring and replacement of consumers equipment to ensure it is fit for purpose.

# Standard 6

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| 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

Consumers and representatives stated they are encouraged and supported to provide feedback and make complaints and felt confident to approach management, staff or head office to do so. Staff described the processes available to consumers if they wished to raise a feedback or complaints. The consumer handbook detailed the complaints process and feedback boxes and information brochures on feedback and complaints were displayed throughout the service.

Consumers knew of alternative avenues or supports for making a complaint. Staff described how they act as advocates for consumers with communication concerns and assist consumers by communicating their concerns to management; and complete feedback forms and access interpreter and external advocacy services for consumers if required.

Most consumers and representatives expressed satisfaction with the complaints process and described a response from management that aligned with the principles of open disclosure. The service has a policy and complaints register to guide and encourage staff to report complaints, and a consumer reported when things go wrong, management responds with an apology to resolve issues. The Assessment Team reviewed records that demonstrated how management work with consumers and representatives to resolve concerns, such as those relating to meals and menus.

Consumers and representatives said their complaints and feedback resulted in improvements to care and services. Staff described the escalation process, how they handle complaints and refer onto management to investigate complex concerns. The Assessment Team reviewed how staff meeting minutes demonstrated feedback and complaints are trended, analysed, and used to improve quality of care and services and inform continuous improvement.

# 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)(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 service demonstrated and staff confirmed the roster contained a mix of adequate staff to provide continuous safe and quality care, and any unplanned leave was replaced by senior staff or agency staff. Consumers and representatives said there were sufficient staff to meet their care needs however, consumers reported some agency staff do not always know the residents, and management responded to this concern with a plan to improve orientation for agency staff.

Consumers and representatives said staff engage with consumers in a respectful, kind, and caring manner. Care planning documentation reviewed and staff demonstrated how they provide care that values and respects the consumers identity, culture and diversity; and staff were observed interacting with consumers and representatives in happy, meaningful activities.

Consumers and representatives said staff are competent, and confident that staff are skilled to meet their care needs. Management described the process to ensure staff are suitable and competent in their role through the recruitment process. Documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Consumers and representatives were satisfied that staff are adequately trained and equipped to do their jobs. Staff confirmed they receive training during their orientation and induction and regularly throughout the year. The Assessment Team reviewed the service’s training policy which included mandatory training, online modules, toolbox talks, training competency documents and the orientation program. Training records demonstrated the workforce is satisfactorily recruited, trained, equipped, and supported to deliver the outcomes required by these standards.

Staff are regularly assessed, monitored, and reviewed in line with the policy and procedures. Management reported and staff confirmed they are observed and monitored doing their work and given feedback, support for goals, guidance and training when required.

# 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)(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

Consumers and representatives said they are encouraged to be involved in the evaluation of care and services through monthly resident meetings and the development and delivery of care via care planning. Management confirmed how clinical data and feedback from consumers and representatives, and satisfaction surveys informed the continuous improvement plan.

The service demonstrated how the governing body is accountable for the delivery of care, and promotes a culture of safe, inclusive, and quality care and services. Management provided a range of strategies describing how the governing body satisfies itself that the service provides quality care resulting from monthly report data relating to clinical and quality indicators that are reviewed by sub-committees and sent to the Board.

The service has effective organisation-wide governance systems relating to: information management; continuous improvement; financial governance; workforce governance; regulatory compliance; feedback and complaints, that include: fit-for-purpose information management systems, systems for capturing feedback to facilitate continuous improvement, budget development to ensure the service has sufficient resources and workforce governance models to ensure sufficiently skilled staff.

The Assessment Team found the service demonstrated effective risk management systems and practices, including the ability to: manage high impact or high prevalence risks associated with the care of consumers; identify and respond to consumer abuse and neglect; support consumers to live the best life they can; and manage and prevent incidents. During assessment, clinical staff demonstrated an applied understanding of the high impact and high prevalence risks associated with the care of consumers, and strategies to minimise identified risks in line with best practice.

The service has a clinical governance framework, including: antimicrobial stewardship; minimising use of restraint; and open disclosure frameworks. As part of its assessment, the Assessment Team sighted the service’s clinical governance framework; its policy on antimicrobial stewardship; its policy on minimising restrictive practices; and its open disclosure policy.

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