Performance

Report

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| Name: | Anglican Care McIntosh Court |
| Commission ID: | 0239 |
| Address: | 87 Toronto Road, BOORAGUL, New South Wales, 2284 |
| Activity type: | Site Audit |
| Activity date: | 3 July 2024 to 5 July 2024 |
| Performance report date: | 14 August 2024 |
| Service included in this assessment: | Provider: 3186 Anglican Care  Service: 255 Anglican Care McIntosh Court |

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 McIntosh Court (**the service**) has been prepared by Katherine Richards, 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 consumers, representatives, staff, management, and others.

The provider did not submit a response to the Site Audit report.

# 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant.

Consumers and representatives confirmed consumers were treated with dignity and respect, and staff valued their culture, identity and diversity. Staff were familiar with consumers’ backgrounds and preferences, and described how they could access further information through the electronic care management system. Policies, procedures and training regarding the delivery of dignifying and respectful care were in place to guide staff practice.

Consumers and representatives advised the consumers’ cultural backgrounds were recognised and respected, and outlined how their cultural needs and preferences were captured. Staff demonstrated an understanding of consumers from unique cultural backgrounds, and described how they provided culturally safe care. Care planning documentation identified consumers’ cultural backgrounds, needs, and preferences.

Consumers and representatives confirmed consumers were supported to make their own choices and maintain relationships of importance. Staff described how they enabled consumers to exercise choice and independence by asking for their care delivery preferences and respecting their choices. Care planning documentation outlined consumers’ choices regarding who was to be involved in decisions about their care.

Staff demonstrated an understanding of the activities which contained an element of risk that consumers chose to engage with, and advised they informed consumers of the potential risks, and mitigation strategies. Consumers and representatives confirmed consumers were effectively supported to take risks to live the best life they can. Care planning documentation demonstrated risks were identified by the use of assessments and included strategies in place to promote consumer safety.

Consumers and representatives advised they were provided with current, accurate and timely information which enabled consumers to make informed decisions. Staff reported information was communicated to consumers and representatives through newsletters, emails, meeting minutes and posters. Noticeboards were observed throughout the service which displayed information regarding upcoming activities and menu options.

Consumers and representatives confirmed consumers’ privacy and confidentiality was respected. Staff described how they respected consumers’ privacy by knocking on their doors and awaiting a response prior to entering. Nurses’ stations were kept locked when not in use, and confidential information was securely stored.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Staff demonstrated a detailed understanding of the assessment and care planning process, and how it was utilised to inform the delivery of care and services. Care planning documentation evidenced a range of risk assessment forms guided staff practice during consumers’ initial entry into the service. Consumers and representatives provided positive feedback regarding the identification of risks to the consumers’ well-being.

Care planning documentation reflected consumers’ current needs, goals and preferences, inclusive of their end of life goals. Staff were familiar with consumers’ needs and preferences, and described how they approached end of life planning conversations with consumers during their initial entry to the service and ongoing care planning consultations. Consumers and representatives advised they were consulted to capture the consumer’s needs, preferences and advance care planning directives.

Consumers and representatives confirmed the assessment and planning process was completed in an ongoing partnership between themselves, staff and external providers of care. Care planning documentation evidenced regular involvement from medical officers, allied health professionals and specialist providers in the development and assessment of consumers’ care. Staff described how consumers’ care directives were developed in consultation with specialist providers.

Consumers and representatives reported assessment outcomes were regularly communicated to them, and they were offered a copy of their care plan. Staff advised assessment outcomes were communicated to consumers, representatives and allied health professionals involved in the consumer’s care. Care planning documentation evidenced the communication of assessment outcomes through in person and telephone conversations.

Care planning documentation evidenced assessments were reviewed for effectiveness regularly and following incidents. Staff advised care and service plans were reviewed every 3 months and when changes or incidents occurred, and clinical staff reviewed and reassessed the consumer’s needs. Representatives advised staff were prompt to review the consumer’s care and services following incidents.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant.

Consumers and representatives advised consumers received safe personal and clinical care which optimised the consumer’s health and well-being. Staff demonstrated an understanding of consumers’ personal and clinical care needs, and the strategies in place to ensure the delivery of care was tailored to consumers’ needs. Care planning documentation evidenced consumers received best practice care, and personalised care management strategies were implemented.

Consumers and representatives confirmed the high impact risks to the well-being of consumers were effectively managed. Staff were aware of the high impact or high prevalence risks associated with the care of consumers, and described the risk mitigation strategies to promote the consumer’s safety. Care planning documentation evidenced risk assessments were updated following incidents to ensure the effective management and monitoring processes were in place.

Care planning documentation for a late consumer evidenced their end of life care was delivered in alignment with advance care directives. Staff described how they provided end of life care to consumers through regular repositioning, pain management and emotional support. Policies, procedures and an end of life pathway informed staff practice in the delivery of palliative care.

Care planning documentation evidenced deterioration or changes in consumers’ health were recognised and escalated for management in a timely manner. Staff described the signs they monitored which related to deterioration including changes to mobility, condition, mood and behaviour. Policies and procedures guided staff practice in identifying and responding to signs of deterioration and changes.

Consumers and representatives advised consumers’ information was effectively communicated between staff and external providers of care. Staff advised information regarding the consumer’s condition was communicated during handovers, meetings and through the electronic care management system. Care planning documentation reflected the regular communication of consumers’ information with consumers, representatives and medical officers.

Care planning documentation evidenced referrals to allied health professionals and specialist providers were made in a timely manner. Consumers and representatives confirmed consumers received timely and appropriate referrals to external providers of care. Staff described the processes to create referrals, and advised they obtained consent from the consumer or representative.

Staff confirmed they had received training in infection minimisation strategies, and described the steps taken to minimise the use of antibiotics. Policies and procedures guided staff practice in relation to antimicrobial stewardship, infection control and the management of infectious outbreaks. Consumers and representatives confirmed COVID-19 outbreaks were effectively managed.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant.

Consumers and representatives advised consumers received safe and effective services and supports for daily living which optimised their sense of well-being and independence. Staff were familiar with the needs and preferences of consumers, and outlined how they could access further information. Consumers were observed to receive services and supports which aligned with their documented goals.

Consumers and representatives reported consumers’ emotional, spiritual and psychological well-being was well supported. Staff advised if they recognised a consumer was feeling low, they would provide one-to-one support or arrange a visit from an external organisation to provide emotional and spiritual support.

Consumers and representatives confirmed consumers were supported to participate in activities within the external community, maintain relationships and engage in activities of interest to them. Staff advised consumers were supported maintain personal relationships and engage in the wider community through organising bus trips and visits to museums and libraries. The activities calendar included various celebrations of importance and interest to consumers.

Consumers and representatives reported information relating to the consumer’s condition, needs and preferences was effectively communicated within the organisation and with others where responsibility for care was shared. Management advised consumers’ information was consistently shared between various service departments to ensure suitable daily living supports were provided to consumers. The communication of consumers’ information was evidenced through meeting minutes and the observation of handovers whereby staff communicated any updates or changes in the consumer’s condition.

Care planning documentation evidenced timely referrals to external providers of care. Consumers and representatives advised their daily living needs were supported through timely and appropriately referrals to various community services. Staff described the various external organisations and individuals they collaborated with to enhance consumers’ daily living supports.

Consumers and representatives expressed satisfaction with the quality, quantity and variety of meals provided to consumers. Care planning documentation evidenced consumers’ dietary needs and preferences were captured, and this information was accessible by kitchen staff. The meal service was observed to be calm, with staff assisting consumers when required.

Staff outlined their responsibilities to ensure equipment was clean and well maintained. Consumers and representatives advised consumers’ daily living equipment was safe, suitable, clean and well maintained. Staff evidenced the preventative maintenance schedule which confirmed the regular maintenance of equipment.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant.

Consumers and representatives advised the service environment was warm and welcoming. Staff confirmed they encouraged consumers to personalise their rooms with photographs and furniture to make them feel at home and optimise their sense of belonging. The service environment was observed to be spacious and well-lit with directional signage displayed to assist consumers to navigate.

Consumers and representatives confirmed the service environment was clean, well maintained and comfortable, and consumers could move freely through indoor and outdoor areas. Staff described an understanding of the cleaning processes, and evidenced daily cleaning checklists were completed. Maintenance staff advised an electronic maintenance system was utilised to ensure the service environment remained safe and well maintained for consumers.

Consumers and representatives reported the consumers’ equipment, furniture and fittings were safe, clean and well maintained. Maintenance documentation evidenced a detailed record of maintenance details were captured, including the actions taken and completion date. Staff advised a cleaning schedule was adhered to for the regular cleaning of consumers’ furniture, fittings and equipment.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant.

Consumers and representatives advised they were encouraged and supported to provide their feedback and complaints. Management advised consumers and representatives were supported to provide their complaints through completing feedback forms and surveys, speaking directly with staff, raising their issues during consumer meetings, and via emails. Locked feedback form submission boxes were observed throughout the service and were accessible to consumers.

Consumers and representatives confirmed they were aware of advocacy and language services to raise and resolve complaints. Staff demonstrated an understanding of the advocacy and language services available to consumers, and advised the contact details for these supports were included in consumer newsletters. Information relating to advocacy and complaint services, including the Commission, were displayed throughout the service and contained within the consumer handbook.

Consumers and representatives confirmed their complaints were responded to in a timely manner, and staff apologised when things went wrong. The complaints register evidenced open disclosure practices were applied when responding to complaints and feedback, however not all verbal feedback was included in the register. Management were made aware of this issue, and advised additional training would be provided to staff to ensure all feedback was documented. Staff described an understanding of open disclosure principles, and confirmed they would acknowledge a complaint with 24 hours of receipt, provide an apology, investigate and take actions to resolve the complaint.

A review of the continuous improvement plan, consumer meeting minutes and the complaints register evidenced feedback and complaints were trended and analysed to improve the quality of care and services. Consumers and representatives provided examples of care and service improvements which arose from the provision of their feedback. Management outlined how complaints were reviewed and trended, and entered into the continuous improvement plan.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Consumers and representatives mostly advised there were enough staff to meet the care needs of consumers, however a representative stated additional staff would enhance the amount of time staff could socially interact with consumers with management planning to increase staff to address this. Staff reported there were sufficient staffing levels to complete their duties, and they felt supported. Management advised the staffing roster was developed in consideration with the care needs of consumers and regulatory care minute requirements.

Consumers and representatives expressed staff were kind, caring and respectful when providing care to consumers. Staff demonstrated a familiarity with consumers’ identity and diversity, and confirmed they used consumers’ preferred names when speaking to them. Management advised staff received training on the Code of Conduct to inform their expected behaviours.

Consumers and representatives reported staff were skilled and effective to perform their roles and meet consumers’ care needs. Management confirmed they completed they monitored staffs’ registrations, qualifications and criminal history checks to ensure they were competent and suitable for their roles. Personnel records evidenced registered and enrolled nurses had the necessary registrations and completed their required medication competencies.

Staff outlined the training and professional development they received during orientation and on an ongoing basis, with topics including open disclosure, incident management, antimicrobial stewardship and restrictive practices. The online training and record management system to was observed to track and monitor staff training, and training records evidenced 88% of staff had completed their mandatory training. Management advised additional training was provided in response to staff requests, incidents and audit findings.

Staff demonstrated an understanding of the performance appraisal process, indicating they were provided an opportunity to reflect on their performance and receive feedback on how they can improve. Management advised performance appraisals were conducted after 3 and 6 months for new staff, and on an annual basis thereafter. Appraisal data evidenced all staff had completed or were scheduled to complete the performance appraisal.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Consumers and representatives reported the service was well run and confirmed their involvement into the development of care and services. Management advised consumers and representatives were actively engaged in the development, delivery and evaluation of care and services through feedback forms, meetings and surveys, and outlined their attempts to form a Consumer Advisory Body. Consumer meeting minutes and the complaints register evidenced consumers were engaged to provide their feedback.

Management advised the governing body promoted a culture of safe, inclusive and quality care and services through their oversight of various reports and incidents, and evaluation of the organisation’s performance. Management outlined the organisational structure supported the accountability of the governing body through their involvement in various clinical governance committees and meetings. The governing body consisted of Board members from a variety of non-executive backgrounds to ensure a mix of skills to deliver safe and high quality care.

Organisation wide governance systems included reporting, analysis, and reviewing information to ensure effectiveness. Staff confirmed they had access to the necessary information to perform their duties through the intranet and electronic care management system. Management advised they were allocated with an annual budget, however they could request additional expenditure from the governing body. Management confirmed continuous improvement initiatives were regularly discussed by the leadership teams, and all improvements were documented and monitored. Regulatory compliance was monitored by the governing body, and changes were disseminated throughout the service.

The risk management systems ensured effective identification, management, and monitoring of risks. Management demonstrated how high impact or high prevalence risks to consumers were analysed, and how risk mitigation strategies were developed. Staff described their reporting responsibilities if they identify or suspect any instances of elder abuse or neglect. Consumers were supported to live the best life they can through the assessment and planning of their risks, and the implementation of strategies to promote their safety. An electronic incident management system was utilised to manage and record all incidents, and staff received training to escalate all incidents.

The clinical governance framework was consumer centred to ensure delivery of safe and quality care. Staff demonstrated an understanding of antimicrobial stewardship, including obtaining pathology results prior to use of antibiotics. Management described how they minimised and monitored the use of restrictive practices by ensuring alternative interventions were trialled first and were reviewed for effectiveness every 3 months. Management confirmed staff received open disclosure training, and incidents and complaints were resolved with open disclosure practices applied.

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)