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: | Assessment contact (performance assessment) – site |
| Activity date: | 16 January 2024 |
| Performance report date: | 27 February 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 Katrina Platt, 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.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements assessed** |

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

# 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 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 |

Findings

Consumers and consumer representatives were satisfied with care and services provision, were kept informed and participated in consumer care discussions. Consumers with wounds and compromised skin integrity were regularly assessed and monitored, with prevention strategies like specialised dressings and use of pressure relieving devices evidenced. Deficiencies were noted in consumer repositioning charts, which showed repositioning was not always documented. Management confirmed staff were provided with electronic devices to record repositioning directly into clinical records and education was delivered. Staff confirmed use of the electronic devices to document consumer repositioning.

Pain assessments were regularly completed and recommendations from Dementia Support Australia were incorporated into care plans and implemented. Pain medication was evaluated for effectiveness, and management acknowledged evaluation of non-pharmacological interventions were not always completed. Consumers with complex care needs were appropriately assessed and medical officer directives for care management were detailed in most consumer care plans, with deficiencies acknowledged by management and investigated.

Restrictive practices were appropriately managed and consumers and consumer representatives provided positive feedback about their use. Documentation reviewed confirmed risk assessments were conducted and informed consents were in place where required. The psychotropic register evidenced all consumers requiring chemical restraint, and behaviour monitoring charts confirmed its use as a last resort. Behaviour support plans documented behaviours and individualised intervention strategies, with some generic information observed. Referrals to Dementia Support Australia were evidenced when required and recommendations were included in behaviour support plans.

Consumers and consumer representatives provided positive feedback about high-impact and high-prevalence risk management. Care and services documentation reviewed indicated consumers underwent appropriate assessment and review after falls, with neurological observations and hospital transfers attended consistent with policy and procedures. Deficiencies in diabetes management were evidenced in blood glucose monitoring and documentation of monitoring frequency, however no consumer impact was demonstrated. Management described infections as a high-impact high-prevalence risk and documentation supported appropriate management through pathology and treatments. Staff practices for infection prevention were not always best practice, which was acknowledged by management and was being addressed.

# 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

Consumers and consumer representatives confirmed there were sufficient staff to provide safe quality care and services, which was consistent with observations by the Assessment Team. Staff interactions with consumers were patient, kind and caring and additional care staff were observed to support consumers during meal service. Staff rosters showed an appropriate number and mix of staff for personal and clinical care and services delivery and other supports including pastoral care, community visitors and volunteers were available. Management advised overall care minutes had increased. A more stabilised management team were supported by the executive and temporary staffing solutions were available from collocated services when required.

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