Performance

Report

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| Name of service: | Anglican Care McIntosh Court |
| Service address: | 87 Toronto Road BOORAGUL NSW 2284 |
| Commission ID: | 0239 |
| Approved provider: | Anglican Care |
| Activity type: | Assessment Contact - Site |
| Activity date: | 27 June 2023 |
| Performance report date: | 4 August 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 McIntosh Court (**the service**) has been prepared by G 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.

# Material relied on

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

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - 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 19 July 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **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 7** Human resources | **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 | |  |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Requirement 1(3)(f) was found to be non-compliant at a previous assessment. Since that time the Approved Provider has implemented actions to address the non-compliance which have been effective.

The service demonstrated that there are processes to ensure each consumer’s privacy is respected and their information is kept confidential. Representatives interviewed indicated that staff respected the consumer’s privacy, and they were satisfied information is kept confidential. Staff demonstrated a knowledge of the consumer’s right to privacy and provided examples of how that occurs in practice. Staff also indicated that there is a process for ensuring consumer information is kept confidential. Documentation reviewed indicated the service has identified the privacy needs of consumers. The Assessment Team observed staff respecting consumers privacy by knocking on their door or having conversations with consumers privately.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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

Requirement 2(3)(e) was found to be non-compliant at a previous assessment. Since that time the Approved Provider has implemented actions to address the non-compliance which have been effective.

The service demonstrated that there are processes to ensure consumers care and services are regularly reviewed. The consumer care plans are evaluated approximately every 3 months for effectiveness and updated when there is a change in the consumer condition. The service completes case conferences with the consumer and their representative annually or as needed. Documentation reviewed indicated the service is reviewing consumer’s care planning documentation following changes in the consumer’s condition and or 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 |

Findings

Requirement 3(3)(a) was found to be non-compliant at a previous assessment. Since that time the Approved Provider has implemented actions to address the non-compliance which have been effective.

Care planning documentation reviewed for sampled consumers indicated they consistently received safe and effective personal or clinical care that is considered best practice, tailored to individual needs, and optimises their health and well-being. The service attends root cause analyses of consumer incidents to assist with ensuring consumer care is safe and effective. Representatives interviewed indicated satisfaction with clinical and personal care the consumer is receiving. Staff demonstrated a sound knowledge of the consumer’s care and how they provide personal care that is tailored to consumer needs and is effective and safe.

Requirement 3(3)(b) was found to be non-compliant at a previous assessment. Since that time the Approved Provider has implemented actions to address the non-compliance which have been effective.

The service demonstrated high impact and high prevalence risks are effectively managed through clinical oversight. There are governance systems and procedures to identify and manage risk. Management and registered staff were able to describe the high impact and high prevalence risks for consumers at the service. Management indicated they monitor key clinical indicators related to incidents to aid the identification of high impact and high prevalent consumer risk. This includes indicators such as falls, pressure injuries and behaviours, psychotropic medication usage, unplanned weight loss and restrictive practices. Risks were updated in the consumer care planning documents, and planned interventions to minimise risk were implemented. Overall, for sampled consumers, representative’s indicated satisfaction with the management of risks associated with the care of consumers.

# 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 |

Findings

Requirement 4(3)(a) was found to be non-compliant at a previous assessment. Since that time the Approved Provider has implemented actions to address the non-compliance which have been effective.

The service demonstrated that there were processes to ensure consumers receive safe and effective services and supports for daily living. Documentation supports staff are assessing and identifying consumers needs goals and preferences and are optimising consumers health and wellbeing. Staff demonstrated a knowledge of the supports individual consumers need for daily living and independence. Representatives interviewed provided positive feedback indicating the consumer is supported in their daily living activities and staff also support their well-being and quality of life. Representatives provided a range of positive feedback around recreational activities, laundry, and cleaning services. The Assessment Team observed consumers socially engaging with other consumers visitors and staff.

Requirement 4(3)(b) was found to be non-compliant at a previous assessment. Since that time the Approved Provider has implemented actions to address the non-compliance which have been effective.

Representatives, lifestyle staff and care staff interviewed were able to describe the services and supports available to promote consumers emotional, spiritual, and psychological wellbeing. The service has a weekly Anglican church service and have a process where they can contact other ministers of faith as needed. Documentation reviewed for sampled consumers indicated that the supports that are important to them are available to them.

# 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 |

Findings

Requirement 5(3)(a) was found to be non-compliant at a previous assessment. Since that time the Approved Provider has implemented actions to address the non-compliance which have been effective.

The service demonstrated that there were processes to ensure the environment is easy to understand and optimises consumers independence interaction and function. The Assessment Team observed the service environment is welcoming and consumers reside in single rooms with ensuites. There is outdoor central courtyard area and indoor communal area for activities, watching television, reading, or sitting quietly. The Assessment Team also observed wayfinding signs for consumers to assist them locate their wings and rooms. Consumers were observed moving around the service using a range of mobility assistive equipment, including wheelchairs and wheeled walkers. Representatives indicated there has been improvement in the service décor and they find the service is welcoming and consumers appear to navigate their way around easily.

Requirement 5(3)(b) was found to be non-compliant at a previous assessment. Since that time the Approved Provider has implemented actions to address the non-compliance which have been effective.

The service demonstrated that there are processes in place to provide a safe, well maintained and comfortable environment. The service environment was observed to be safe, clean, well maintained, comfortable. The service environment enabled consumers to move freely, both indoors and outdoors and the Assessment Team observed consumers moving freely throughout the service and accessing the outdoor courtyard.

# 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

Requirement 7(3)(a) was found to be non-compliant at a previous assessment. Since that time the Approved Provider has implemented actions to address the non-compliance which have been effective.

Representatives interviewed expressed satisfaction with the care and services provided at the service. The service was able to explain how its workforce is planned to meet the needs of the consumers and provide safe and quality care. Staff indicated that staffing levels are generally maintained allowing them to deliver the care and services the consumer requires. Representatives indicated staffing at the service has improved and they believed consumers received safe and quality care. A review of the roster supported the service is backfilling most shifts, there is registered nurse coverage on most shifts and staff are working in their rostered departments/areas.

# Standard 8

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| Organisational governance | |  |
| 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

Requirement 8(3)(d) was found to be non-compliant at a previous assessment. Since that time the Approved Provider has implemented actions to address the non-compliance which have been effective.

The organisation demonstrated they have an effective risk management system in place to identify, assess, respond and monitor high-impact and high-prevalence risks at the service. There is a process for ensuring risks are escalated to the board based on severity/impact/outcome. The organisation has employed an acting executive director of quality and risk who reports to the clinical governance subcommittee in relation to consumer and service risks and is responsible for the oversight of clinical risks at governance and service level. They review and respond to the services clinical data to ensure effective clinical oversight has occurred. Senior management provided evidence of the monitoring and oversight of identified high-impact and high-prevalence risks including the use of anti-psychotic medication and falls.

The organisation has a system for identifying and responding to abuse and neglect of consumers. This is through their clinical governance framework and their risk and incident management systems. The organisation supports consumer to live the best life they can as part of their core mission, vision, and values. The organisation monitors this through their dignity of risk process.

Requirement 8(3)(e) was found to be non-compliant at a previous assessment. Since that time the Approved Provider has implemented actions to address the non-compliance which have been effective.

The organisation demonstrated its clinical governance framework enables effective clinical governance at the service level. The organisation has a clinical governance subcommittee that reports to the board. There are organisational policies and procedure that relate to their clinical governance framework, including antimicrobial stewardship, restrictive practices and open disclosure. The organisation has employed senior staff to support their clinical governance function and assist in the development of their clinical framework policy and procedures.

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)