Performance

Report

**1800 951 822**

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| Name: | Anglican Care Mirrabooka Place |
| Commission ID: | 1073 |
| Address: | 1 Clement Street, GLOUCESTER, New South Wales, 2422 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 10 January 2024 |
| Performance report date: | 7 February 2024 |
| Service included in this assessment: | Provider: 3186 Anglican Care  Service: 23517 Anglican Care Mirrabooka Place |

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 Mirrabooka Place (**the service**) has been prepared by M.Wyborn, 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, and
* the provider’s response to the assessment team’s report received 29 January 2024.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all Requirements were assessed. |
| **Standard 3** Personal care and clinical care | **Not applicable as not all Requirements were assessed.** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all Requirements were assessed.** |
| **Standard 7** Human resources | **Not applicable as not all Requirements were assessed.** |
| **Standard 8** Organisational governance | **Not applicable as not all Requirements were 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 2

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| Ongoing assessment and planning with consumers | |  |
| 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 |

Findings

In response to the Assessment Contact of 10 January 2024, the Assessment Team reported that the service was unable to demonstrate effective processes to ensure assessment and planning routinely addresses consumer individual goals, needs and preferences. The Assessment Team reported that this led to the service not having effectively documented consumer triggers in relation to minimising adverse behaviours and the Assessment Team also reported that current consumer documentation is nursing care driven, generic and not consistently consumer focused. In their response to the Assessment Contact Report, the Approved Provider supplied their plan for continuous improvement which highlights that the service is undertaking appropriate remediation action and providing a systemic focus on ensuring that each consumer receives personalised goal setting within their care plans. The service is routinely ensuing that consumers are receiving person-centred consideration across all aspect of their care and services and that staff receive ongoing education and training to support this approach. With these considerations, I find the service compliant in Requirement 2(3)(b).

The service demonstrated effective partnership with consumers and representatives in the assessment and planning of consumer care. The Assessment Team reported that consumer documentation highlighted that assessment and planning appropriately includes other organisations, individuals and providers of care and services that are involved in the care of the consumer. The Assessment Team reported that consent is obtained from the consumer or representative prior to making referrals to other health providers. Consumers and representatives advised of their satisfaction with the ongoing partnerships with others involved in consumer care. With these considerations, I find the service compliant in Requirement 2(3)(c).

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |

Findings

In response to the Assessment Contact undertaken on 10 January 2024, the Assessment Team reported that the service was unable to demonstrate effective management of consumer behaviours and effective use of chemical restraint. Management identified that consumers behaviours, psychotropic. The Assessment Team reported the service did demonstrate however, effective processes to manage consumer falls. In their response to the Assessment Contact report, the Approved provider highlighted that the service has undertaken a comprehensive review of consumer medications and has undertaken continuous improvement actions to ensure clinical oversight and governance of PRN medications and administration of chemical restrictive practices. Relevant staff have received targeted education and training and a consumer-centred approach has been maintained. With these considerations, I find the service compliant in Requirement 3(3)(b).

The service demonstrated effective communication about each consumer’s condition, needs and preferences. By establishing weekly clinical meetings with key clinical team members utilising a standardised template, undertaking toolbox talks and education with staff, and embedding a standard and consistent approach to handover discussions, the service has improved communication related to consumer condition within the organisation and with others where responsibility for care is shared. The service’s electronic care program contains up to date consumer information, including consumer care plans, directives and other relevant communication related to consumer care. The service’s process of undertaking verbal handover discussions between shifts ensures that outstanding matters are followed up by registered nursing staff, and the weekly clinical meeting with management and clinical staff provides focus on consumer condition and works to align responsibility to the most appropriate person. Registered nursing staff are responsible in conjunction with clinical care coordinator to communicate changes and outcomes of the meeting to the staff, consumers, representatives and others involved in consumer care as required. Consumers and representative highlighted their satisfaction with communication and staff demonstrated an effective understanding of consumer care and advised the Assessment Team that communication at the service had improved. With these considerations, I find the service compliant in Requirement 3(3)(e).

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

In response to the Assessment Contact of 10 January 2024, the service demonstrated a variety of meals on offer that provide consumers with suitable quantity and quality. The service has implemented continuous improvement strategies and actions including seeking support from a dietitian to identify menu improvements including food fortification, development of a finger food menu aimed at consumers living with dementia and other co-morbidities, and ensuring ongoing food focus groups to routinely gather relevant feedback. The service’s nutrition and hydration assessment form was updated to enhance communication and information, and management follow up on feedback to ensure suggestions, compliments or concerns are captured and actioned appropriately. The service demonstrated that consumer assessment documentation record individual nutrition and hydration information, including dietary requirements and preferences. With these considerations, I find the service compliant in Requirement 4(3)(f).

# 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

The service demonstrated effective measures to ensure the workforce is planned to meet the needs of consumers and to support provision of safe and quality care. Consumers and representatives provided positive feedback regarding staffing levels and timeframes related to call bell response. Consumers and representatives advised that they were happy with the care and services provided at the service, and advised the Assessment Team that staffing at the service has improved. The service has implemented several continuous improvement actions including recruiting qualified registered nursing staff to meet 24/7 registered nursing requirements, adopting weekly recruitment meetings and undertaking a review of the service’s master roster to ensure compliance with care minutes requirements. The service provides regular communication to staff relating to consumer call bell response times, and an effective call bell escalation system was implemented to ensure effective escalation to team leader and registered nursing staff if not actioned within 15 minutes. The Assessment Team’s review of the service’s roster highlighted effective coverage across all sectors of the service. With these considerations, I find the service compliant in Requirement 7(3)(a).

# Standard 8

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| Organisational governance | |  |
| 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

The organisation demonstrated a governing body that promotes a culture of safe, inclusive, and quality care and services. Management highlighted how the governing body monitors the service’s compliance with the Aged Care Quality Standards, and how the governing body ensures accountability for delivery of care and services across the organisation, including provision of an organisational leadership structure that includes the board, executive directors and directors. The clinical director and director of residential aged care are responsible for a number of services, and they report to the executive director. The executive director reports to the board via subcommittees including the residential aged care board subcommittee. The board meet on a regular basis and contain members with a variety of skills and qualifications including two clinical members. The board has independent non-executive members in line with legislative requirements. The organisation’s strategic business plan is reviewed regularly and the Assessment Team reported a robust board that maintains accountability and oversight of relevant subcommittees. With these considerations, I find the service compliant in Requirement 8(3)(b).

The organisation demonstrated effective governance systems to monitor information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints at the service. Information management systems include an electronic care planning system, quality, incident, feedback and a new risk management system with reporting capabilities for service management and executive staff to monitor and evaluate. There are a range of meetings, reports and other information that are reported from the service to the executive team, addressed and analysed at relevant subcommittees and escalated to the board if necessary. The organisation has established a robust data input analysis system that provides relevant information to the governing body.

Management advised that the organisation’s plan for continuous improvement is managed by each director and compliance remains a key focus of continuous improvement. The organisation’s continuous plan is a ‘living’ document and an improvement cannot be closed off until it is completed or a new plan for an ongoing issue has been completed.

The organisation’s baseline roster framework supports appropriate staffing numbers and ensures sufficient, skilled and qualified staff are available to provide safe, respectful and quality care and services to consumers. The organisation has developed clear roles and responsibilities assigned to each staffing department and operates an organisational human resources management department with oversight responsibilities in areas of workforce regulations, training and recruitment. The organisation has a strategic workforce plan for ongoing recruitment including overseas skilled recruitment as required.

Management advised that changes in legislation are reviewed at relevant subcommittees, policies are reviewed and ratified by the board or the subcommittee depending on the delegation authority of the subcommittee. The organisation maintains responsibility to ensure legislative or regulatory changes are implemented at the service level.

Complaints and feedback are collated via the service complaints register and organisational management advised that complaints are risk rated and reported to the board as required. With these considerations, I find the service compliant in Requirement 8(3)(c).

The organisation demonstrated an effective risk management system to identify, assess, respond to and monitor high-impact and high-prevalence risks at the service. Risks are escalated to the board based on severity, impact and outcome. Management advised that the board chair is alerted to all severe risk rating incidents and advised that the organisation has implemented a new electronic risk management system which is monitored by the quality and risk team. The organisation has an overarching risk management policy for the whole of organisation and a risk management framework and process. The organisation has a system for identifying and responding to abuse and neglect of consumers via their clinical governance framework and their risk and incident management systems. The clinical director advised that monthly trending data on serious incident response scheme (SIRS) is provided to the board and any SIRS incident that is flagged against staff is managed by the organisation’s human resources department. With these considerations, I find the service compliant in Requirement 8(3)(d).

In response to the Assessment Contact undertaken on 10 January 2024, the Assessment Team reported that the service demonstrated an effective clinical governance framework in relation to the use of open disclosure and antimicrobial stewardship. However, the Assessment Team reported that there was a lack of understanding and application of clinical governance in relation to restrictive practices, specifically in relation to effective minimisation and appropriate use of chemical restraint. In their response to the Assessment Contact report, the Approved Provider highlighted that the service has implemented an effective monitoring system where the clinical care coordinator undertakes routine daily review of all PRN medications. In addition, education was provided to all relevant staff to ensure appropriate understanding and adherence to the correct processes, and minimising the use of restraint is a standing item at the weekly residential care managers meetings with the director of residential aged care and the clinical director. With these considerations, I find the service compliant in Requirement 8(3)(e).

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)