

**Performance Report**

**1800 951 822**

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| Name: | Anglican Care Storm Village |
| Commission ID: | 0230 |
| Address: | 109 Cowper Street, TAREE, New South Wales, 2430 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 7 November 2024 |
| Performance report date: | 24 December 2024 |
| Service included in this assessment: | Provider: 3186 Anglican Care  Service: 246 Anglican Care Storm Village |

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 Storm Village (**the service**) has been prepared by Alla Kasyan, 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 on 20 December 2024.

# Assessment summary

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| Standard 7 Human resources | Not Compliant |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Ensure the workforce numbers and mix are effectively planned and managed to ensure safe and quality care.

# 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. | **Not Compliant** |

Findings

The Assessment Team recommended this requirement Not Met.

Consumers consistently reported insufficient staff to meet their needs for safe and quality care. Seven consumers described situations such as delayed help after using call bells, unmet personal care preferences, and inadequate support during mealtimes affecting their sense of independence, comfort and quality of life. Consumers also expressed dissatisfaction with the frequent use of agency staff who were unfamiliar with their needs and preferences.

Staff and management acknowledged persistent staffing shortages. Management reported ongoing challenges in recruiting and keeping staff, resulting in reliance on agency personnel and frequent unfilled shifts. Care staff described difficulties in covering multiple areas of the service and ensuring prompt assistance to consumers. Observations by the Assessment Team supported these statements, with staff visibly overwhelmed by their workloads, call bell signals often unanswered within the service’s policy timeframe, and inadequate staff availability during mealtimes to provide necessary support to consumers.

Rostering data confirmed high numbers of unfilled shifts and reliance on agency staff, with records showing up to 5 vacant shifts daily over recent periods. Call bell reports showed many instances where response times exceeded the service’s 10-minute policy. Management acknowledged issues with the accuracy and analysis of call bell data and the absence of annunciators in half of the service’s areas.

During the audit, management said their recruitment is ongoing and provided a plan for systems improvement. However, they acknowledged these actions would not address the immediate staffing gaps or reduce reliance on agency personnel. Planned improvements, such as installing annunciators, remain incomplete, and no evidence was provided to show measurable progress in addressing staffing shortages.

The provider responded to the Assessment Team’s report with detailed information about their current practices and recruitment efforts. They emphasised they consistently exceeded care minute targets for seven consecutive quarters. Their master roster is designed for a 117-bed facility, although current occupancy is at 90 consumers, ensuring alignment with full capacity. Additionally, they have employed a full-time clinical support officer, lifestyle and wellbeing team members, and allied health professionals. These roles are intended to supplement care services and enhance consumers' well-being.

Despite these measures, the provider acknowledged challenges with unplanned absences and reliance on agency staff. They noted ongoing recruitment efforts, successfully filling 12 positions in the past quarter, and set up a centralised casual pool of 30 employees to provide consistent staffing. Furthermore, they implemented a workforce strategy targeting immediate and long-term staffing needs, including recruitment campaigns, flexible rostering, and attraction bonuses.

The provider also detailed improvements to their nurse call system, citing an organisation-wide upgrade nearing completion. This included installing additional annunciator screens and obtaining personal communication devices to enhance staff responsiveness. A significant budget was allocated for these upgrades, and work at the site is reportedly complete, though further devices are pending delivery.

The provider’s response to the concerns raised by seven consumers named in the Assessment Team’s report showed acknowledgment of some issues, while disputing others. The provider generally expressed appreciation for feedback and reaffirmed their commitment to delivering quality care, offering avenues for consumers to raise their concerns. They acknowledged the importance of addressing staffing levels, particularly during peak times.

However, the provider disagreed with certain aspects of the consumers’ feedback. They noted one of the named consumers had not submitted a formal complaint, including about issues with staffing, in the past 6 months. While they acknowledged staffing challenges, they highlighted care minute targets were consistently met. Regarding one of the consumer’s concerns about overfilling of their device due to the staffing shortage, the provider asserted no such incidents occurred, attributing to the issue to a device line being caught in the bedding.

The provider acknowledged issues related to staffing levels, particularly during high-demand periods such as COVID-19 outbreaks, but highlighted their ongoing recruitment efforts and use of agency staff, which they said helped meet care minute targets. They also provided additional information in relation to their approach to meal delivery, which they said was well-managed and tailored to consumers’ needs.

Based on the Assessment Team’s report and the provider’s response I find this requirement non-compliant. While the provider has systems and strategies in place, exceeding care minute targets and implementing strategic initiatives, a significant majority of interviewed consumers (90%) reported staff are not meeting their needs.

Reliance on agency staff unfamiliar with consumer needs, staff reporting difficulties with ensuring timely assistance to consumers, observations by the Assessment Team supporting consumers’ statements, with staff visibly overwhelmed by their workloads, call bell signals frequently unanswered within the service’s policy timeframe, and inadequate staff availability during mealtimes to provide necessary support to consumers show the workforce numbers and mix are not effectively planned or managed to ensure safe and quality care.

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)