Performance

Report

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| Name: | Anglican Care Warnervale Gardens |
| Commission ID: | 0645 |
| Address: | 171 Mataram Road, WOONGARRAH, New South Wales, 2259 |
| Activity type: | Site Audit |
| Activity date: | 11 December 2023 to 13 December 2023 |
| Performance report date: | 17 January 2024 |
| Service included in this assessment: | Provider: 3186 Anglican Care  Service: 5843 Anglican Care Warnervale Gardens |

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 Warnervale Gardens (**the service**) has been prepared by P. Wallner, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the approved provider’s response to the Site Audit report received on 11 January 2024.
* other information held by the Commission.

# 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 assessed as Compliant.

Consumers and representatives said consumers were treated with dignity and respect and their identity, culture and diversity was valued. One consumer felt they were not always respected by staff and this was being addressed by management. Staff were familiar with consumers’ cultural backgrounds and explained how this influenced the delivery of care. Consumers’ care planning documents detailed their life history, identity and diversity.

Consumers described how staff valued their backgrounds and provided care consistent with their cultural preferences. Staff described how they provided culturally safe care and services. Staff were guided in their practice by the service’s culture policy which promoted understanding and respect for peoples’ individual values, culture and beliefs.

Consumers and representatives said staff respected and supported consumers’ independence and choice and helped them maintain their important relationships. Staff explained how consumers were supported to make choices about their own care, maintain independence and engage in relationships of their choosing. Consumers’ care planning documents detailed how and when their care was to be delivered, who was involved in their care and how they were supported to maintain relationships of importance to them.

Consumers described how they were supported to engage in activities and take informed risks, which enabled them to live their best lives. Staff were aware of risks consumers wished to take and were committed to ensuring appropriate risk mitigation strategies were in place. Consumers’ care planning documents showed risk assessments and discussions about risk occurred prior to people commencing the activity.

Consumers and representatives said they received suitable information to inform their decisions in printed form and via verbal reminders. Staff described how current information was provided to consumers in line with their needs and preferences. Staff adapted their communication method when providing information to consumers with a sensory or cognitive impairment.

Consumers said their privacy was respected at the service. Staff described how they respected consumers’ privacy, such as knocking on doors prior to entering their rooms and not discussing consumers’ information in public areas. Consumers’ information was kept confidential in locked nurses’ station and a password protected electronic care management system.

# 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 assessed as Compliant.

Consumers and representatives said they were involved in the care planning process and consumers received the care and services needed. Staff described the assessment and care planning process, which considered risks for each consumer and informed the delivery of safe and effective care. Consumers’ care planning documents showed risks and mitigation strategies were considered during the care planning process.

Consumers and representatives said the assessment and planning process considered consumers’ current needs, goals and preferences as well as their end of life plans. Staff described how assessment and planning addressed consumers’ current needs and preferences, which included end of life planning where consumers and representatives wished. Care planning documents detailed current and advance care needs and preferences.

Consumers and representatives described how they were involved in the assessment and planning of consumers’ care and said they provided input to ensure consumers’ needs were met. Staff described how assessment and planning of consumers’ care occurred in partnership with others they wanted involved in their care. Care planning documents showed care was regularly evaluated and included input from medical and allied health professionals.

Consumers and representatives said the service proactively communicated with them about consumers’ health status and any changes to their care and services. Clinical staff described how they monitored consumers’ current care needs through the electronic care management system and communicated effectively with consumers, representatives and other staff.

Consumers and representatives said consumers’ care and services were regularly reviewed and reviewed when circumstances changed, or incidents occurred. Staff explained the process for conducting scheduled and unscheduled reviews of consumers’ care plans to ensure they remained effective. Care planning documents showed consumers’ care needs were regularly reviewed, and reviewed when incidents impacted on their needs, goals and care preferences.

# 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 assessed as Compliant.

Overall, consumers and representatives said consumers received safe and effective personal and clinical care which met their needs and optimised their well-being. Staff were knowledgeable in best practice management in clinical areas such as restrictive practices, skin integrity and pain management. Consumers’ care planning documents included comprehensive care plans and clinical charting which was individualised and tailored to their specific needs and preferences.

Consumers and representatives were generally satisfied with how the service managed key risks to consumers’ wellbeing. Staff described the mitigation strategies used to manage high-impact or high-prevalence risks associated with consumers’ care, which mostly aligned with care planning documents. Risks to consumers were monitored through monthly clinical data which informed mitigation strategies for individual consumers. Management explained the service had self-identified deficits in falls management and was undertaking a range of corrective actions.

Consumers and representatives said the service had initiated end of life planning discussions and expressed confidence in the end of life care provided to consumers. Staff explained how they maximised the comfort and dignity of consumers’ nearing end of life and met their documented needs and preferences. Care planning documents included an advance care directive and evidence of discussions with representatives about palliative care, where appropriate.

Consumers and representatives said the service was responsive to consumers’ care needs and would inform them of a deterioration in consumers’ health, along with planned management strategies. Clinical staff said a deterioration or change in consumers’ condition was discussed during routine monitoring and shift handovers and referrals were made to medical officers and others where relevant. Care planning documents showed a deterioration or change in health condition was generally identified and responded to promptly.

Consumers and representatives said consumers’ assessed care needs were effectively communicated between staff and external providers involved in their care. Staff described how information about consumers’ needs, conditions and preferences were documented and shared within the organisation, and with others involved in providing care. Consumers’ care planning documents showed the effective sharing of current information with others involved in their care.

Consumers and representatives said referrals made to other providers of care were timely, appropriate and they had access to a range of external organisations and health professionals. Clinical staff described how other organisations and service providers supplemented the care provided by the service to ensure quality outcomes for consumers. Consumers’ care planning documents showed medical and allied health professionals were involved in their care.

Consumers and representatives were confident in how infection-related risks were managed at the service. Staff understood precautions used to prevent and control infections and the steps taken to minimise the needs for antibiotics. The service had alternative arrangements in place for infection prevention and control oversight while staff received training. The service had written policies and procedures to guide staff in infection control management and antimicrobial stewardship.

# 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 assessed as Compliant.

Consumers said they received the daily living supports needed to maintain their independence and pursue activities of interest to them. Staff explained how lifestyle assessments conducted with consumers captured their daily living needs, goals and preferences, likes/dislikes, leisure interests, social contacts and other information. Consumers’ care plans reflected the services and supports for daily living needed to optimise their independence, health, well-being and quality of life.

Consumers and representatives said staff provided emotional support and cared for their spiritual and psychological well-being, particularly when they felt low. Staff described how they recognised changes to consumers’ well-being, and facilitated personal connections, spiritual and emotional supports in line with their care plans.

Consumers and representatives said consumers were supported to participate in activities, within and without the service, stay in touch with people of importance to them and do things of interest. Staff described how consumers were encouraged to participate in activities and events in the external community and maintain personal and social relationships.

Consumers said current information about their daily living needs and preferences was communicated effectively within the organisation and to others service providers. Staff said information about changes to consumers’ needs and preferences was documented and shared between staff during shift handovers. Care planning documents included adequate information to provide safe and effective supports for daily living.

Consumers and representatives said consumers were promptly referred to appropriate other providers of care and services, when needed. Management said the service had a written policy and process to guide staff when referring consumers to external providers of support services. Consumers’ care planning documents confirmed timely referrals had been made to appropriate external services.

Consumers and representatives were satisfied with the quality, quantity and variety of meals provided, and said the feedback they provided about the food was acted upon. Staff were aware of individual consumer’s dietary needs and preferences and described how they supported their meal choices and arranged alternatives if they wished. Consumers’ care planning documents detailed their current dietary needs and preferences.

Consumers said they had access to safe, suitable and clean equipment to assist their daily living. Staff said they received training in the correct use of equipment such as mobility aids and lifting equipment and knew how to check if it was suitable for use. Equipment throughout the service appeared to be suitable, clean and well-maintained.

# 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 assessed as Compliant.

Consumers and representatives said the service environment was homely, welcoming, easy to navigate, and created a sense of belonging. Management described aspects of the service which helped consumers to feel welcome, optimised their sense of belonging and promoted ease of navigation around the building. The service environment had sufficient lighting, handrails to assist consumers’ mobility, clear signage and consumers’ rooms were personalised with their own belongings.

Consumers and representatives said the service environment was safe, clean, well maintained and consumers moved around freely as they wished. Staff said the service environment was maintained under documented reactive and preventative schedules which were up to date. The service had an online system whereby staff could manage maintenance requests. Consumers were observed moving freely around the service and socialising in different areas.

Consumers said the furniture, equipment and fittings were regularly cleaned and maintained. Staff described the process for cleaning and maintaining the equipment, furniture and fittings at the service. The service did not currently have a system to monitor call bell data however this was the subject of a continuous improvement action. Furniture, fittings and equipment were observed to be safe, clean and well maintained.

# 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 assessed as Compliant.

Consumers and representatives understood different ways they could give feedback or make a complaint and were comfortable doing so. Staff described the various processes in place to support consumers and representatives to provide feedback and make complaints. Feedback forms and locked boxes were available at the reception area and the consumer handbook included information about the service’s feedback and complaints process.

Consumers and representatives were aware they could access advocates, language support and external complaints mechanisms but preferred to raise their concerns within the service. Staff described the advocacy and interpreter services available and how they would assist consumers to access them, if needed. Information about how to access external advocacy and complaints services was available throughout the service.

Consumers and representatives said the service responded to and resolved their complaints and concerns, which included making an apology when things went wrong. Staff understood open disclosure and explained how they responded to complaints, including keeping consumers informed throughout the investigation process. Documentation showed the service responded to feedback and complaints in a timely manner.

Consumers and representatives were satisfied with the service’s feedback and complaints process and said their input was reviewed and used to improve the quality of care and services. Management described feedback they had received, and the ongoing actions taken in response. Documentation showed feedback and complaints were reviewed, analysed and used to make improvements across the service.

# 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 assessed as Compliant.

Consumers and representatives said there were sufficient staff available to deliver timely and suitable care and services. Some staff said there were not enough staff at times, but this did not adversely impact consumers’ care and additional staff had just been recruited. Management described how they planned the workforce to ensure there were enough staff to provide safe and effective care to all consumers. Documentation showed the service was adequately staffed to meet consumers’ varying needs.

Consumers and representatives said staff were kind, caring and gentle when providing care. Staff were familiar with each consumer’s individual needs and identity and spoke to them with respect. Staff were guided in their practice by the service’s respectful workplace policy which promoted person-centred care which respected each consumer’s identity, culture and diversity.

Consumers and representatives were confident in staffs’ knowledge and competence and said they were effective in their roles. Management described how they determined staff had the qualifications, knowledge and competence to perform their duties. Position descriptions detailed the required qualifications, personal competencies and key responsibilities for each role.

Consumers and representatives said staff were well trained and had the knowledge and skills required to provide safe and effective care and services. Management explained how staff were supported and trained to perform their roles in a way which met the Quality Standards. Staff said they were provided with the training, equipment and support to provide quality care. Records showed staff received training to deliver outcomes required by the Quality Standards While a number of staff were overdue to complete mandatory training this was being addressed by the service.

Management said staff performance was monitored through a formal annual performance appraisal, informal monitoring and review, and performance management, if needed. Staff said management supported them during performance reviews and they were provided with opportunities for improvement. The service had policies and procedures which detailed the expectations of each position description. Documentation showed some staff performance appraisals were overdue and this was being addressed through a continuous improvement action.

# 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 assessed as Compliant.

Consumers and representatives said the service was well operated and described how they were involved in the development, delivery and evaluation of care and services. Management said consumers and representatives could contribute to service evaluation via consumer meetings, feedback processes, surveys, care reviews and in-person discussions. Documentation showed consumers were engaged in the development and evaluation of the care and services.

The organisation’s Board promoted a culture of safe, inclusive and quality care and services and was accountable for the performance of the service. The Board was kept informed of the service’s performance against the Quality Standards via committee and management meetings, regular performance reports and Board meetings.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. The governance arrangements were supported by written policies and procedures to guide staff practice. The Board received a range of reports which were used to determine if the Quality Standards were being met.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood the management of high-impact and high-prevalence risks to consumers and there were documented policies related to risk management, elder abuse, restrictive practices and the Commission’s Serious Incident Reporting Scheme.

Management described the service’s clinical governance framework which supported safe and effective clinical care and addressed areas including antimicrobial stewardship, minimising restraint and the use of open disclosure. Management and staff described how the clinical governance policies were applied in the delivery of care and services.

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)