Performance

Report

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| Name of service: | Anglicare Barry Marsh House |
| Service address: | 20 Grice Street ORAN PARK NSW 2570 |
| Commission ID: | 1093 |
| Approved provider: | Anglican Community Services |
| Activity type: | Site Audit |
| Activity date: | 21 March 2023 to 23 March 2023 |
| Performance report date: | 24 April 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 Anglicare Barry Marsh House (**the service**) has been prepared by T Wurf, 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; 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.

# 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

Consumers were treated with dignity and respect. Staff had a sound knowledge of consumers’ background and preferences which was consistent with consumer goals and well-being needs. Consumer care documentation reflected consumers’ individual needs and preferences with tailored support strategies to deliver personalised care. Staff were observed to be treating consumers with respect and in a kind and caring manner.

Consumers and representatives expressed satisfaction that the service respects and meets consumers’ cultural needs. Staff demonstrated knowledge of the varied cultural needs of consumers and could describe individualised approaches for consumers with cultural differences. Care documentation included information reflecting consumers’ cultural needs and preferences.

The service demonstrated consumers were supported to exercise choice and maintain their independence by making decisions according to their individual preferences. Consumers were supported to make decisions about the way their care and services were delivered, and who they would like involved in decision making of their care and services. Staff described how they supported consumers to maintain relationships with people that were important to them.

Consumers were supported to take risks which enabled them to live their best lives or the live they chose. Staff had knowledge of the risks taken by consumers and supported the consumer’s wishes to continue to live the life they choose. Dignity of risk forms were completed and signed by consumers who chose to undertake risks such as driving, mobility and meals. Policies were in place to guide and support staff in relation to consumers who choose to take risks.

Consumers were provided with information that was current, accurate and timely and was communicated in a way that was clear, easy to understand and enabled consumers to exercise choice. Consumers confirmed enough information was provided to enable them to make informed decisions about their provided care and services including meals and lifestyle activities. Lifestyle activity calendars were observed on noticeboards throughout the service.

Consumers confirmed consumers’ privacy is respected and personal information is kept confidential. Staff described ways they respect consumers’ privacy and maintained consumers’ personal information confidentiality. Staff were observed respecting consumers’ privacy by knocking before entering consumers’ rooms and closing doors and curtains when providing care and services.

# 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

Consumers and representatives were satisfied with the service’s assessment and care planning and their involvement in these processes. Documentation reviewed considered potential risks to consumers’ health and wellbeing, including falls and diabetic management. Registered staff described the assessment and care planning and review process of consultation with the consumer or representative, medical officer and other relevant health professionals.

Consumer and representatives said and care documentation demonstrated, consumers’ current needs, goals and preferences were documented in the electronic care management system, including advance care planning if the consumer or representative wished. Staff advised of discussions about end of life wishes when a consumer entered the service and during care plan reviews.

Consumer and representatives confirmed care planning was completed in partnership with consumers and others they wished to be involved. Staff demonstrated knowledge of the assessment and planning process and described how consumers and representatives were included. Care planning documentation evidenced other care providers and organisations were included in the assessment and planning for consumers and evidenced staff consultation with consumer's representatives via telephone or face to face discussions.

Consumers and representatives confirmed staff discussed consumers’ care needs and the information in the consumers’ care plan. Staff advised they had access to care plans through the electronic care management system and information shared at clinical handovers. Registered staff advised, and consumer and representatives confirmed, consumer care plans are available for consumers and their representatives should they request a copy. Care planning documentation evidenced outcomes of assessment are recorded and handover records were readily available to staff delivering care.

Consumers and representatives confirmed staff discuss consumers’ care needs or preferences with them and were responsive when there was a change. Staff described if there was a change in condition or an incident occurred, a review of the consumers care plan, including relevant allied health professionals, was conducted. Care planning documentation evidenced care plans were reviewed by Registered staff three monthly, when circumstances changed or if there had been an incident such as an infection, wound or fall.

The service had policies and procedures available to guide staff practice in the assessment and care planning process.

# 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

Consumers said they receive the care they need. Staff had an understanding of consumers’ individual care and service needs. Care planning documentation was individualised and demonstrated identification, assessment, management and evaluation of consumers’ restrictive practices, skin integrity and pain.

High impact and high prevalence risks for consumers were managed effectively via clinical review and high risk management plans which included involvement of other health professionals when required. Care documentation evidenced risk mitigation strategies were implemented as required.

Management said advanced care planning is discussed when consumers enter the service and during care plan reviews. Staff demonstrated an understanding of processes to support consumers nearing end of life. Care planning documentation evidenced end of life consultation had occurred and relevant information was stored in the electronic care management system.

Staff demonstrated knowledge of recognising and responding to a change in the consumers’ condition and the escalation process to registered staff. Registered staff said they would advise the medical officer, senior management or transfer the consumer to hospital if appropriate. Registered staff are available 24 hours per day, seven days a week and are supported by health professionals external to the service.

Care documentation evidenced referrals to other healthcare providers or organisations that effectively shared consumer information. Care documentation demonstrated the consumer’s medical officer and their representatives are advised when a change in condition or a deterioration is identified. Staff said they are advised of any changes to consumers’ conditions at the clinical handover.

Referrals to other healthcare providers or organisations were made in a timely manner and were appropriate. Consumers and representatives said they have access to other health professionals, such as allied health practitioners and medical specialists, when required. Care documentation evidenced consumers were consulted and treated by other organisations and providers of care external to the service.

Consumers said the service is clean and they see staff using personal protective equipment and washing their hands. Staff demonstrated an awareness of infection control measures, including processes to mitigate the use of antibiotics. Staff were observed to practice appropriate infection control processes and adhere to infection minimisation strategies. The service has policies and procedures and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control and the management of a COVID-19 outbreak.

The service has a suite of policies and procedures relevant to this Quality Standard to guide staff practice.

# 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

Consumers were supported to engage in activities which maintained their quality of life and independence. Staff demonstrated knowledge of consumers’ assessed needs, goals and preferences and described how they implemented services and supports to meet these. Care documentation included consumers’ individual preferences, needs and goals related to services of daily living and activities of interest.

Consumers and representatives confirmed the service provided emotional, spiritual and psychological support to consumers when needed. Staff described the processes for providing emotional, spiritual and psychological support to consumers. Staff advised religious services are conducted at the service and could identify consumers that like to attend these services. Care documentation evidenced consumers’ daily living supports, and activities of interest to them are recorded with guides for staff in providing such services to meet consumer needs.

Consumers were satisfied with the services and supports for daily living at the service. Staff said consumers were supported and encouraged to contribute via meetings to the development of the activities calendar. Staff demonstrated consumers were engaged in the design of the activities on offer and described supports in place for individual consumers to enable them to participate in the wider community and maintain relationships.

Staff said they were informed of changed conditions, needs or preferences related to services and supports for daily living through clinical handovers and the electronic care management system. The service demonstrated other providers of care and services had access to consumer information to inform and assist in tailoring individualised care and services for consumers. Care documentation evidenced information was current, individualised and reflected consumers’ background, interests and spiritual beliefs.

Consumers said they are supported with referrals to outside organisations, such as the Chaplain or hairdresser. Staff demonstrated an understanding of how they work with other individuals, organisations, and other providers of care and services to ensure consumers had access to the care and supports they needed and enjoyed. Care documentation evidenced engagement with other organisations and services.

Consumers and representatives confirmed the meals were satisfying, varied and of suitable quality and quantity. Alternative meal options were offered to consumers if they chose not to have the meal on offer. Staff demonstrated knowledge of consumers dietary preferences, allergies and assessed needs which were evidenced in the consumer’s care plan.

Consumers and staff confirmed equipment was safe and they knew how to report any concerns or issues. The service had processes for purchasing, servicing and replacing equipment. Equipment used to support consumers to engage in lifestyle activities was observed 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

The service was welcoming and easy to navigate with various areas for consumers to greet and entertain visitors, including outdoor areas. Consumers could personalise and decorate their rooms to reflect their individual tastes and styles. Consumers were observed to be participating in activities throughout the service and engaging with other consumers in the communal areas.

Consumers were satisfied with the cleaning and maintenance at the service. Consumers were free to move around the service as they liked and could access both indoor and outdoor areas. Staff described the cleaning and maintenance practices at the service. The service was observed to be tidy and clean. The outdoor areas were observed to be accessible for all consumers including those assisted with walking devices.

The service equipment, fittings and furnishings were observed to be well maintained, clean and safe for consumers. Consumers said they feel safe when staff are assisting with cares and services that require the use of equipment and that the equipment is clean.

# 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

Consumers and representatives said they are supported and comfortable raising concerns and providing feedback. Staff demonstrated an awareness of feedback and complaints processes. The service had various avenues for making a complaint and providing feedback, including speaking directly to management, submitting a feedback form, consumer meetings and the service’s social media platform. Feedback forms and locked feedback boxes were located throughout the service.

Consumers and representatives demonstrated an awareness of the internal and external avenues available for them to raise complaints and the service provided examples of advocacy and language services. Consumers and representatives were aware of making complaints to the Aged Care Quality and Safety Commission and accessing advocacy services, such as those provided through the Older Persons Advocacy Network. Staff demonstrated a shared understanding of the internal and external complaints and feedback avenues, and advocacy and translation services available for consumers.

The service demonstrated appropriate and timely action was taken in response to feedback and complaints, and an open disclosure process was applied when things went wrong. Consumers and representative expressed satisfaction in complaints resolution and said staff apologised when things went wrong.

Feedback and complaints were reviewed, considered and used by the service to improve the quality of care and services. Management provided examples of improvements made because of feedback and complaints, including a new checklist for new consumers entering the service and dining table set-up.

# 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

Consumers and representatives expressed satisfaction that staff attended to consumers’ care needs in a timely manner, and consumers indicated they did not have to wait long for their call bell to be answered. Staff across various roles and areas of the service said there are enough staff and they have sufficient time to complete their allocated tasks. The service has processes to ensure the workforce was planned and the number and skills mix to meet consumers’ care and service needs and preferences.

Consumers and representatives spoke about the kindness and caring attitude of the staff who cared for them. Staff respected all consumers’ identity, culture and diversity and were observed speaking to consumers in a kind and caring manner. Staff were aware of consumer preferences for staff interaction. Management said they directly monitor staff performance on the floor daily and use consumer and representative feedback surveys to monitor staff behaviour and ensure interactions between staff and consumers meet organisational expectations.

Consumers and representatives said they felt the workforce was competent and staff had the knowledge to deliver care and services which met the needs and preferences of consumers. The orientation and onboarding process for new staff included supervised shifts with experienced peers and ongoing support and monitoring from a trainer, including annual performance appraisals.

Staff completed training on a regular basis. Staff at the service had experience, training and skills to perform their roles. The service had processes to ensure staff complete mandatory training. Consumers and representatives expressed their satisfaction in the way care and services were delivered by staff and did not identify any area where they thought staff needed more training. Education records confirmed all staff had completed mandatory training.

The service’s staff performance appraisal register identified a process in place to track staff appraisals and these had occurred regularly for staff and management. Staff confirmed they had been requested to undertake a performance appraisal with some staff advising they found the process supportive. Consumer feedback was considered and addressed when monitoring and reviewing staff performance.

# 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

The service demonstrated it supports consumers and representatives to be involved in the development, delivery and evaluation of care and services, including through meetings and feedback. Management provided examples of different ways the service incorporated consumer feedback and suggestions into changes implemented to care and services at the service and organisational level.

The service has systems and reporting processes in place through which the governing body monitored the service’s compliance with the Quality Standards. The organisation supported the service in providing care and services through regular meetings with the governing body. The governing body reviewed audits and other data to ensure a culture of safe, inclusive, and quality care.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service has an effective electronic care system, continuous improvement framework and plan for continuous improvement, established financial governance arrangements, and processes for workforce governance, feedback, and complaints.

The Approved Provider had policies and procedures on managing high impact and high prevalence risk, responding to abuse and neglect, and incident management. Staff are aware of the policies and could describe what they meant in a practical way. Staff could describe how they support consumers to live the best life they can, including supporting them to take risks and make informed decisions. Management was able to describe how the incidents are analysed and are used to inform continuous improvement initiatives.

The Approved Provider had a clinical governance framework in place to help guide staff on provision of safe care including outlining core elements of antimicrobial stewardship, restrictive practices, and open disclosure. Staff were aware of antimicrobial stewardship and what it meant for consumers. Staff described various non-pharmaceutical strategies to aid in preventing infections prior to testing and the prescription of antibiotics. Staff demonstrated a general understanding of how they practiced open disclosure, including being open, transparent, and apologising when things went wrong.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)