Performance

Report

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| Name: | Anglicare Newmarch House |
| Commission ID: | 0974 |
| Address: | 50-52 Manning Street, KINGSWOOD, New South Wales, 2747 |
| Activity type: | Site Audit |
| Activity date: | 25 June 2024 to 27 June 2024 |
| Performance report date: | 6 August 2024 |
| Service included in this assessment: | Provider: 585 Anglican Community Services  Service: 7212 Anglicare Newmarch House |

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 Newmarch House (**the service**) has been prepared by Katherine Richards, 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 consumers, representatives, staff, management and others.

The approved provider did not submit a response to the Site Audit report.

# 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 found Compliant.

Consumers and representatives confirmed consumers were treated with dignity and respect. Care planning documentation captured the supports required to promote consumers’ identity and diversity. Staff described how the consumer’s backgrounds and diversity influenced the delivery of their care. Procedures and training guided staff practice to ensure consumers’ cultural diversity was valued.

Consumers and representatives advised staff valued consumers’ culture and gave examples of how their cultural needs and preferences were known and met. Staff identified consumers’ unique cultural needs and described the culturally significant events which consumers wished to celebrate. The service’s management and support of cultural needs procedure and relevant training informed staff understanding.

Consumers advised they were supported to make choices regarding the delivery of their care, including about the people involved, and to maintain relationships of their choice. Staff were familiar with consumers’ decisions, and described how consumers were supported to make informed choices regarding their care and services. Management detailed how consumers and representatives were engaged in decision making processes.

Consumers reported they were supported to take risks to enable them to live their best lives. Staff demonstrated an understanding of consumers’ chosen activities which contained an element of risk. Care planning documentation demonstrated risks of choice were identified by the use of assessments and included strategies in place to promote consumer safety.

Staff outlined various methods of communication to provide consumers with relevant information, including through noticeboard messages, consumer meetings, newsletters and verbal discussions. Consumers confirmed they were provided with current information which was communicated in an easy to understand manner. Care planning documentation evidenced consumers’ communication needs and preferences were captured.

Consumers and representatives advised consumers’ privacy was respected, and staff knocked on their doors and identified themselves prior to entering. Staff described how the confidentiality of consumers’ information was ensured through the electronic care management system being password protected and accessible only by authorisation. Polices were in place to guide the appropriate collection and use of consumers’ confidential information.

# 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 found Compliant.

Staff demonstrated an understanding of the initial and ongoing assessment process, and outlined how risks to the consumers’ well-being informed the delivery of their care. Care planning documentation evidenced consumers’ risks were identified and care directives were in place to guide the delivery of safe and effective care and services. Consumers and representatives confirmed the risks to the health of consumers were effectively assessed and managed.

Care planning documentation reflected consumers’ current needs, goals and preferences, inclusive of their end of life goals. Staff described how they ensured consumers’ information remained current through ongoing discussions and care planning evaluations. Policies and procedures guided staff practice in the assessment and planning of advance care directives.

Consumers and representatives confirmed their involvement in the assessment, planning and review of consumers’ care and services on a regular and ongoing basis. Care planning documentation evidenced input from consumers, representatives, medical officers and allied health professionals. Staff described how consumers and representatives were involved in the ongoing review of care planning through care plan reviews and when changes occurred.

Consumers and representatives reported assessment outcomes were regularly communicated to them, and care and service plans were accessible. Staff outlined how they informed consumers and representatives of assessment outcomes through in-person discussions and phone calls. Care planning documentation evidenced a copy of the care and service plan was provided during care consultations.

Care planning documentation evidenced care and service plans were reviewed on a regular basis and when changes in condition or an incident occurred, and care directives and risk mitigation strategies were updated. Staff advised consumers’ care and service plans were reviewed for effectiveness on a regular 3-monthly basis, during monthly Resident of the day reviews and in response to changes. Representatives confirmed the consumer’s care and services were regularly reviewed, and they were kept informed of any changes.

# 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 found Compliant.

Consumers and representatives confirmed consumers received safe and effective personal and clinical care which was tailored to their needs. Staff demonstrated an understanding of consumers’ personal and clinical care needs, and the strategies in place to ensure their health and well-being was optimised. Care planning documentation evidenced the consumer’s care needs were monitored and evaluated for effectiveness, and delivered in alignment with best practice care.

Consumers and representatives were expressed satisfaction with the management of risks to the consumer’s well-being, and confirmed appropriate risk mitigation strategies were in place. Staff were familiar with consumers’ care directives to ensure risks were appropriately monitored and managed. Care planning documentation evidenced the effective management of risks, and the revaluation of strategies to promote consumers’ safety following incidents.

Staff described how they would provide support to consumers during end of life care, including by ensuring their cultural preferences were respected, maximising their comfort and managing their pain. Care planning documentation evidenced consumers’ end of life needs, goals and preferences were recognised and addressed, and their advance care directives were in place to guide staff practice.

Care planning documentation evidenced deterioration or changes in consumers’ health was recognised and responded to in a timely manner. Staff described how they observed consumers to monitor for signs of deterioration, and the steps taken to respond to and escalate their concerns. Consumers and representatives advised staff were responsive to changes in the consumers’ condition.

Staff advised information regarding the consumer’s condition was communicated during handovers and documented within the electronic care management system. Consumers and representatives confirmed staff were aware of the consumers’ needs and preferences, and this information was communicated to external providers of care. Care planning documentation evidenced progress notes were added regularly, and information was accessible by staff, medical officers and allied health professionals involved in the consumer’s care.

Consumers and representatives reported consumers received appropriate referrals to relevant health professionals when required. Staff demonstrated an understanding of the referral process, and described the various external providers of care accessible to consumers. Care planning documentation evidenced prompt and timely referrals were made to specialist providers of care in response to changes to the consumer’s condition.

Consumers and representatives reported staff wore personal protective equipment and practiced hand hygiene. Staff described how they minimised the transmission of infections through regular COVID-19 testing, and advised they would await pathology results prior to the commencement of antibiotics. Management stated they encouraged staff, consumers and visitors to receive influenza vaccinations by covering any associated costs and having onsite clinics annually.

# 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 found Compliant.

Consumers advised they received services and supports which met their daily living needs and preferences. Staff described how activities were catered to consumers’ needs and preferences to optimise their quality of life.

Consumers confirmed they could access supports to promote their emotional, spiritual and psychological well-being, and were supported to attend onsite church services. Staff described how they would recognise if a consumer was feeling low, and the actions they would take to promote the consumer’s emotional well-being.

Consumers advised they were supported to participate in activities within the external community, engage in activities of interest and to maintain relationships of importance. Staff demonstrated an understanding of consumers’ interests, and described how they supported consumers to engage in the community through bus outings and trips to shopping centres. Consumers were observed to participate in various group and individual activities and to receive visits from friends and family members.

Consumers reported information relating to their conditions, needs and preferences was effectively communicated between staff and with others where responsibility for care was shared. Staff in varied roles outlined how they were informed of consumers’ information, including targeted communication and verbal handovers. Care planning documentation identified the needs and preferences of consumers, and contained detailed information to support the delivery of safe and effective care.

Consumers confirmed they received appropriate support and referrals to external organisations, including volunteers. Staff demonstrated an understanding of the referral process, and described the various external providers which consumers could be referred to. Consumers were observed to receive supports from volunteers.

Consumers expressed satisfaction with the quality, quantity and variety of meals provided to them. Care planning documentation evidenced consumers’ dietary needs and preferences were captured, and this information was accessible to kitchen staff. The kitchen was observed to be clean and tidy, and appropriate systems were in place to ensure food safety requirements were adhered to.

Consumers reported having access to equipment, which was clean and suitable for their needs, and enabled them to engage in daily living activities. A range of lifestyle and leisure equipment was observed to be clean, well maintained and in operational order. Staff confirmed shared equipment was cleaned after use, and described how to lodge a request for repair or maintenance.

# 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 found Compliant.

Consumers and representatives described the service environment was welcoming and easy to navigate. Staff described how they supported consumers to feel at home by encouraging them to personalise their rooms with their photos and decorations. The service environment was observed to be well-lit, with handrails fitted within corridors to enable independent movement.

Consumers and representatives confirmed the service environment was clean and well maintained, and consumers could move freely through outdoor areas. Staff advised how a maintenance schedule was reviewed monthly to ensure preventative maintenance was completed, and weekly cleaning schedules were monitored for completion. Maintenance documentation evidenced requests for repair were resolved in a timely manner.

Consumers advised their equipment was suitable for their needs, and their call bells were well maintained. Staff described their responsibilities to ensure equipment was cleaned after each use, and outlined the process to lodge a request for repair. A range of furniture, fittings and equipment were observed to clean, well maintained and suitable for consumer use.

# 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 found Compliant.

Consumers and representatives reported they were encouraged and supported to provide their feedback or make a complaint. Management advised consumers and representatives were supported to provide their complaints through the completion of feedback forms, during consumer meetings and speaking directly with staff. Complaint information and feedback forms were observed to be displayed throughout the service and accessible to consumers.

Consumers and representatives were aware they could access external advocacy and language services to assist them to raise a complaint. Staff confirmed a representative from an advocacy group attended the service twice per year to speak with consumers. Information regarding translation, advocacy and complaint services, including the Commission, were observed to be displayed throughout the service and available in a range of relevant languages.

Consumers and representatives confirmed their complaints were responded to appropriately, and staff acknowledged their complaints and provided an apology when things went wrong. Staff demonstrated an understanding of the process to record and respond to feedback and complaints, and were familiar with open disclosure principles. A feedback and complaints policy was in place to guide staff practice to ensure feedback was responded to appropriately and open disclosure was implemented in the resolution of the complaint.

Consumers and representatives reported their feedback and complaints have led to care and service improvements. The continuous improvement plan outlined the key details of complaints including the date received, the staff member responsible for resolving the complaint and prospective resolution actions. Management advised feedback and complaints were analysed to inform continuous improvement initiatives.

# 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 found Compliant.

Consumers and representatives confirmed there were enough staff to provide consumers with quality and timely care. Management advised the staffing roster was developed in consideration with regulatory care minute requirements and the needs of consumers. Staff advised staffing levels were sufficient to meet consumers’ care needs and were not rushed when delivering care.

Consumers and representatives expressed staff were caring and respectful when providing care to consumers. Staff outlined the importance of treating consumers with respect, and were confident to intervene if they observed consumers to be treated in a disrespectful manner. Management advised staff were required to adhere to the Code of Conduct, and would provide coaching and formal performance management if required.

Consumers and representatives confirmed staff were competent and capable to provide care and services. Personnel records evidenced staff had the appropriate qualifications and registrations to perform their roles, and management advised staffs’ registrations were monitored electronically. Management reported the competency of staff was assessed through the orientation process, buddy shifts, performance reviews and annual training.

Staff confirmed they received training during orientation and on an ongoing basis on various competencies including restrictive practices, incident management, open disclosure and infection prevention. Consumers reported staff were well trained, and they were provided with appropriate care. Management advised the electronic training system tracked the completion rate of training, and issued reminders and alerts to staff if there was outstanding training.

Staff demonstrated an understanding of the performance monitoring and review process and advised they received an annual performance appraisal whereby they were encouraged to request any further training they required to perform their duties. Management advised the performance of staff was managed through regular informal check-ins and formal performance appraisals. Policies and procedures outlined the expected performance and behaviours of staff, and the processes to manage underperformance.

# 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 found Compliant.

Consumers and representatives confirmed they were engaged in the development and delivery of care and services. Management described how consumers were engaged in the development, delivery and evaluation of care and services through feedback processes and participation in various consumer meetings, and outlined their actions to form a Consumer Advisory Body. The monthly food focus meeting was observed, and consumers attended the meeting and provided their feedback.

Management advised they collaborated and consulted with the governing body to promote a culture of safe and inclusive care through regular reporting and governance meetings. Management confirmed the governing body was informed of incidents, trends and risks, and the governing body provided instructions and improvement initiatives to ensure their accountability and improve the quality of care and services. Members of the governing body stated there were lines of communication between management and themselves, and they are immediately informed of risks and the occurrence of serious incidents.

Organisational governance systems included a clear reporting structure and supporting framework. Staff advised they had access to the information required to perform their roles, including policies, procedures and care planning documentation. Management reported they were allocated with a yearly budget and were able to seek additional funding from the governing body. Management advised regulatory and legislative changes were monitored on an ongoing basis, and any changes were disseminated throughout the organisation via electronic messaging. Management confirmed feedback and complaints were monitored and discussed weekly, and utilised to inform improvement opportunities.

Management outlined the high impact and high prevalence risks associated with consumers’ care, and described how risks were electronically managed through the clinical risk register. An incident management system was in place to support the reporting, recording and review of incidents, and a review of a reportable incident evidenced incidents were reported and investigated in a timely manner. Policies and procedures were in place to support consumers to safely engage in their preferred activities which contained an element of risk to enable them to live their best life.

The clinical governance framework included policies, procedures, practices, and training to guide staff, with monitoring within the Clinical governance meeting. Staff demonstrated an understanding of antimicrobial stewardship and infection prevention and control principles, and described antimicrobial utilised was reviewed monthly. Management described how open disclosure was applied in practice, including by providing an apology and transparent communication when things went wrong. Staff were familiar with all forms of restrictive practices, and management ensured restraints were used appropriately by obtaining informed consent and completing assessments and reviews.

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)