Performance

Report

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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 AnglicareSA Brompton (**the service**) has been considered by James Howard, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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
* the provider’s response to the Assessment Team’s report received 4 August 2022
* other information and intelligence held by the Commission in relation to the service.

# 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 | | Compliant |
| 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 and representatives confirmed they were treated with dignity and respect, and staff were kind when delivering care. Staff spoke of consumers in a respectful manner and demonstrated they were familiar with consumers’ backgrounds and preferences on a day-to-day basis.

Staff demonstrated a shared understanding of consumers’ cultures and described how a consumer’s culture and preferences influenced the delivery of care and activities. The Assessment Team reviewed the culturally and linguistically diverse organisational policy, which outlined the promotion and awareness of cultural and linguistic diversity.

Consumers were satisfied they were supported to exercise choice and independence, had the ability to make their own decisions and freedom to maintain personal relationships. Staff described the various ways consumers were supported to make informed choices about their care and services, such as through participation at formal consumer meetings, informal discussions with staff and receiving information from the service.

A review of the service’s documentation by the Assessment Team showed the service had a risk management framework and policies in place which supported consumers to engage in activities of their choice which could involve risks to their health or safety. Consumers and representatives confirmed consumers were supported to take risks to enable them to live they best lives they could.

Consumers and representatives indicated they received information that was current, accurate and timely, and was communicated in a way that was clear, easy to understand and enabled them to exercise choice and control. The Assessment Team observed information displayed throughout the service which notified consumers of menu choices, upcoming activities and other information.

Consumers expressed satisfaction with staff and advised the delivery of care and services was undertaken in a way that respected their privacy, including addressing them by their preferred name and ensuring their dignity when providing personal care. Staff described practical ways they respected consumers’ personal privacy and individual preferences.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 advised the assessment and planning process considered risks to the health and well-being of consumers and was used to deliver safe and effective care and services. Management and staff described how assessment and planning was utilised to inform the delivery of safe and effective care.

Care planning documentation demonstrated the assessment and planning process identified and addressed consumers’ current needs, goals and preferences, which included advance care planning and end-of-life planning, where consumers wished. Management and staff described consumers’ current needs, goals and preferences and how they approached advance care discussions with consumers and representatives.

Care planning documentation demonstrated consumers and representatives were consulted throughout assessment and care planning and, when required, input was sought from health professionals. Management and staff outlined how they involved consumers, representatives and others in the assessment and care planning process.

The outcomes of assessment and planning were effectively communicated to consumers and documented in care and services plans that were readily available to consumers and representatives upon request. Management and staff described how the outcomes of care planning were communicated to consumers and their representatives.

Consumers and representatives confirmed care and services were reviewed on a regular basis and when circumstances changed, or incidents occurred. Staff demonstrated a shared understanding of the care plan review process and explained care plans were reviewed every six months, or when consumers experienced a change in their care needs.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 and representatives advised consumers received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. The organisation had policies, procedures, guidelines and flowcharts for key areas of care which included, but were not limited to, restrictive practices, skin tears management and prevention and pain management, all of which were in line with best practice.

Care planning documentation showed effective management of high impact or high prevalence risks associated with the care of each consumer. Staff described the high impact and high prevalence risks for consumers within the service and were able to describe specific risks in relation to individual consumers.

Management and staff described the way care delivery changed for consumers nearing end-of-life and practical ways in which they maximised consumers’ comfort. Representatives expressed confidence that when their loved one required end-of-life care, the service would support them to be as free as possible from pain and to have those important to them with them.

Deterioration or changes in a consumer’s health was recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Management and staff described how they identified and responded to any deterioration or changes in a consumer's condition.

Staff described how information about consumers’ conditions, needs and preferences was documented and communicated within the organisation, and with others where responsibility for care was shared. Consumers and representatives advised the care needs and preferences of consumers were effectively communicated between staff to ensure they received appropriate care.

Care planning documentation evidenced timely referrals to medical officers, allied health therapists and other providers of care and services. Management and staff outlined the referral process and how other organisations, or providers of care were involved in the delivery of care and services to consumers.

The service had documented policies and procedures which supported the minimisation of infection-related risks through the implementation of infection prevention and control principles and the promotion of antimicrobial stewardship. Staff demonstrated an understanding of antimicrobial stewardship and provided practical examples how they minimised the unnecessary use of antibiotics.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 and representatives said consumers were supported to engage in activities of their choice and had appropriate supports in place to assist them. The Assessment Team observed consumers engaging in group and individual activities, including knitting, listening to music, preparing for a barbecue, and watching television together.

Consumers and representatives advised the service provided supports for daily living which promoted each consumer’s emotional, spiritual and psychological well-being. Care planning documentation included information about the emotional, spiritual and psychological needs of consumers and the strategies in place to support these needs.

Care planning documentation included information about the interests of consumers and detailed the supports that assisted consumers to participate in their community, within and outside the organisation's service environment, to have social and personal relationships and do things of interest to them. Consumers described the acitivites they enjoyed and how the service helped to facilitate and organise these activities.

Consumers and representatives reported that information about their daily living choices and preferences was effectively communicated throughout the service, and staff understood their needs and preferences. Staff described the ways in which they shared information and were kept informed of the changing conditions, needs and preferences of each consumer.

Management and staff demonstrated a shared understanding of the external supports utilised by consumers and identified the supports and external organisations available to consumers if required. Consumers and representatives confirmed consumers were supported by other organisations, support services and providers of other care and services.

Consumers provided positive feedback regarding the quality and quantity of the meals provided by the service. Care planning documentation outlined the dietary preferences and requirements of consumers and evidenced nutrition and hydration assessments are completed upon entry to the service.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 Assessment Team observed the service environment was welcoming, with multiple communal areas for consumers to interact within. Management and staff provided an overview of the service’s features that aimed to support consumers with cognitive impairments, such as signage, handrails, gardens and appropriate lighting.

The service was observed to be safe, clean, well maintained and comfortable, and consumers were able to move freely throughout the facility, both indoors and outdoors. Consumers confirmed the service environment was safe, clean and well-maintained and they were able to move freely throughout the facility.

A review of the service’s preventative maintenance schedule showed the regular maintenance of furniture, fittings and equipment. Consumers were observed to have access to a range of equipment aids, including walking frames, wheelchairs and comfort chairs.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 felt comfortable with providing feedback and complaints and were confident the service would respond to the issues raised. Management advised they encouraged consumers and representatives to provide feedback and complaints through feedback forms, consumer meetings, consumer and relative surveys or through calling or emailing the service.

The Assessment Team observed information about advocacy services and supports, including the Older Persons Advocacy Network and the Commission’s feedback and complaints advocacy services, were displayed throughout the service which provided consumers with information about external mechanisms for support. Consumers indicated they were aware of external supports to assist them with raising and resolving complaints

Staff provided examples of actions taken in response to complaints and demonstrated a shared understanding of the open disclosure process. Consumers explained they spoke directly with staff and management or completed feedback forms if they had concerns regarding their care or services and advised their concerns were heard and appropriate action was taken.

Management indicated feedback and complaints data was regularly reviewed monthly to identify trends. Staff undertook investigations to understand the reasons behind the feedback and complaints and reported back to consumer meetings to provide updates of how issues would be addressed. The service demonstrated it had a system and procedures in place for receiving, monitoring and actioning feedback from consumers and their representatives.

**Standard 7**

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| Human resources | | Compliant |
| 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

The service demonstrated workforce planning ensured the allocation of staffing enabled the delivery and management of safe and quality care and the service delivery needs of consumers. Staff and management confirmed that staffing levels were sufficient to respond to calls for assistance within a timely manner and that management were on-call during the overnight shift.

Consumers and representatives advised workforce interactions were kind, caring and respectful of each consumer’s identity, culture and diversity and this feedback was consistent with observations made by the Assessment Team. The Assessment Team reviewed clinical records and consumer meeting minutes which demonstrated management and staff were respectful of consumers’ identity, culture and diversity.

Management advised the service ensured the workforce was competent and had the qualifications and knowledge to effectively perform their roles through a variety of methods, such as the staff induction program, a buddying system for new staff to be paired together with more experienced staff and annual performance reviews. Consumers felt confident staff were well trained and performed their duties effectively.

A review of training records and documentation showed mandatory training was outlined within the service’s policies and procedures, and included Serious Incident Response Scheme reporting requirements, minimising the use of restraint and behaviour support plans. Consumers and representatives expressed confidence in the abilities of staff delivering care and services.

Staff confirmed the occurrence of annual performance appraisals and indicated they were undertaken between staff and management and involved the completion of a self-assessment followed by a conversation with management. Those staff that had recently undergone their performance review spoke positively of the process and outcomes.

**Standard 8**

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| Organisational governance | | Compliant |
| 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

Consumers and representatives confirmed they were engaged in the development, delivery and evaluation of care and services. Management advised feedback was sought from consumers and representatives by various methods, such as consumer meetings, complaint and feedback forms, informal discussions and consumer satisfactions surveys.

Management advised that the service has central policies and procedures that promoted a culture of safe, inclusive and quality care and services and was accountable for their delivery. The governing body outlined its involvement in relation to managing COVID-19, which included ensuring infection control prevention measures were in place.

Organisation-wide governance systems supported effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management.

The organisation provided a documented risk management framework, which included policies describing how to manage high impact or high prevalence risks, identifying and responding to consumer abuse and neglect, supporting consumers to live the best life they can and how to manage and prevent incidents. Staff confirmed they were educated on these policies and provided practical examples of their relevance to their work and responsibilities. A review of the minutes of monthly staff and management meetings by the Assessment Team included a review of the incident management report and discussions of learnings.

The service demonstrated it had a clinical governance framework and supporting polices that addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of these policies and their application in a practical setting.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)