Performance

Report

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| Name: | AnglicareSA Westbourne Park |
| Commission ID: | 6204 |
| Address: | 56 Monmouth Road, Westbourne Park, South Australia, 5041 |
| Activity type: | Site Audit |
| Activity date: | 14 May 2024 to 16 May 2024 |
| Performance report date: | 21 June 2024 |
| Service included in this assessment: | Provider: 1197 Anglicare SA Ltd  Service: 5355 AnglicareSA Westbourne Park |

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 Westbourne Park (**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 described feeling valued as individuals, and said staff treated them with dignity and respect during care. Staff were familiar with consumers’ backgrounds and identity, and outlined how they respected their preferences and maintained their dignity. Care planning documentation reflected consumers’ cultural diversity and their unique preferences.

Consumers and representatives reported the consumer’s cultural background was respected, and staff were aware of their cultural needs. Staff described how they identified the cultural backgrounds and spoken languages of consumers, and outlined how this information influenced the delivery of their daily care and services. Care and service plans identified consumers’ cultural backgrounds, needs, and preferences.

Consumers and representatives advised consumers were supported to make decisions and exercise choice and independence, and they had the ability to make their own choices regarding who was involved in their care and maintaining personal relationships. Care planning documentation reflected consumers choices regarding key relationships, communication needs and care delivery. Staff advised they supported informed decision making by ensuring sufficiency of information and providing supports to maintain their relationships.

Staff demonstrated an understanding of the activities which contained an element of risk that consumers chose to engage with, and outlined how risks were assessed and discussed with consumers. Care planning documentation evidenced the completion of risk assessments to identify and mitigate risks. Consumers confirmed they were supported to engage in their chosen activities which contained an element of risk, and risks were explained to them.

Consumers and representatives reported consumers were provided with current information to enable decision making relating to their daily living care and services. The activities schedules and information regarding upcoming events was observed to be displayed in consumer rooms and throughout the service. Staff described how they adjusted their communication methods to ensure effective communication to consumers who primarily spoke languages other than English.

Consumers confirmed their personal privacy was respected, and their information was kept confidential. Staff described a practical understanding of how they maintained the privacy of consumers by knocking on their doors prior to entering and ensuring doors and curtains were closed prior to the delivery of personal care, and outlined measures to keep personal information confidential. The service’s Privacy Organisational Policy explained how personal information was managed, including the collection, storage, and destruction of personal information. Staff were observed discussing consumers, such as during handovers, in private areas.

# 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.

Care planning documentation demonstrated risks to consumer health and well-being were identified through risk assessments tools to ensure effective management. Staff outlined the initial and ongoing assessment process, and how it was used to inform the delivery safe and effective care and services. Policies and procedures were in place to guide staff practice in the care planning and assessment process.

Consumers and representatives confirmed they had the opportunity to discuss consumers’ advance care planning. Staff outlined how they assessed and captured consumers’ information relating to their current needs, goals and preferences, and described how they approached end of life planning conversations with consumers and their families. Care planning documentation evidenced advance care directives were in place and identified information regarding consumers’ care delivery preferences.

Consumers and representatives confirmed their involvement in the assessment, planning and review of their care and service plans. Care planning documentation evidenced the collaboration and input from consumers, representatives, allied health professionals and specialist providers. Staff confirmed they engaged consumers and their representatives in regular assessment and care planning conversations to ensure an effective partnership.

Consumers and representatives reported assessment outcomes were regularly communicated to them, and they were offered a copy of the consumer’s care and service plan. Staff advised care planning outcomes were regularly communicated to consumers and representatives through conversations, telephone calls and emails. Care planning documentation and observations evidenced assessment and planning outcomes were readily accessible to staff.

Consumers and representatives confirmed they were involved in regular care and service plan reviews, and incidents led to the reassessment of the consumer’s care. Staff outlined the processes to reassess consumers’ care and services during regular 6 monthly reviews and in response to changes and incidents. Care planning documentation evidenced the use of observations, incident reports and assessments to review the effectiveness of consumers’ care and services.

# 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 care which was optimised their health well-being. Policies, procedures and tools were in place to guide staff practice and ensure the delivery of best practice personal and clinical care. Care planning documentation reflected the ongoing delivery of care which was tailored to consumers’ individualised needs and staff demonstrated awareness of consumer care needs in line with this documentation.

Staff described the high impact and high prevalence risks associated with the care of consumers and outlined the risk mitigation strategies in place to promote their safety. Consumers and representatives reported the risks to consumers’ well-being were effectively managed. Care planning documentation included risk mitigation strategies, and clinical incident data concerning key risks was monitored.

Consumers and representatives confirmed consumers’ end of life needs and goals were recognised, and representatives were confident the delivery of consumers’ end of life care would be in alignment with consumers’ preferences. Care planning documentation for a late consumer evidenced they received regular comfort and hygiene care, and medication management of symptoms, including pain. Policies and procedures outlining palliative and end of life care guided staff practice to ensure the delivery of care was in alignment with consumers’ needs and preferences.

Representatives confirmed staff were responsive to identifying and managing deterioration in the consumer’s condition. Staff described their responsibilities to ensure consumers’ deterioration was escalated appropriately. Management explained monitoring and oversight to ensure timely identification of change of consumer health. Care planning documentation evidenced deteriorations or changes in the consumer’s condition were recognised and escalated in a timely manner.

Staff advised information regarding the consumer’s condition was communicated during handovers and daily meetings and documented in the electronic care management system. Consumers and representatives confirmed consumers’ information was effectively and regularly communicated between themselves and staff. Policies and procedures guided staff practice to ensure information was effectively shared throughout the organisation and accurate records of consumers’ clinical information were maintained.

Staff demonstrated an understanding of the referral process and described the various allied health professionals and specialist providers of care and services used to support consumers’ care needs. Care planning documentation evidenced timely and appropriate referrals were made in response to changes in the consumer’s condition. Representatives confirmed consumers were referred to external specialist providers of care when required. The service’s policies also outlined where referral is required in response to incidents or deterioration.

Staff explained their infection prevention and control responsibilities and were observed to wear appropriate personal protective equipment and practice hand hygiene. Consumers and representatives reported infectious outbreaks were effectively managed and described staff use of personal protective equipment. Staff detailed how they ensured the appropriate use of antibiotics by awaiting pathology results prior to commencement, and how they minimised the occurrence of urinary tract infections by increasing fluid intake and providing appropriate catheter and hygiene care.

# 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 and representatives confirmed consumers were provided with appropriate supports to optimise their independence and well-being. Staff confirmed consumers’ interests and abilities were considered when offering daily living activities. Care planning documentation evidenced consumers’ daily living needs and preferences, and the supports required to engage in their preferred activities.

Consumers advised they were provided with emotional supports when feeling low and were supported to attend regular church services. Staff described how they identified consumers who were feeling low by observing their body language and levels of engagement, and if they identified a consumer at risk of isolation, they would encourage them to participate in activities or provide them with additional one-to-one support. Care planning documentation included strategies to support consumers’ emotional and spiritual needs.

Consumers reported they were supported to participate in activities within the internal and external community, and to maintain contact with people of importance to them. Staff outlined various activities of interest to consumers which promoted and maintained their social and personal relationships. Consumers were observed to engage in various group and social activities supported by staff and receiving visits from their families.

Consumers and representatives confirmed consumers’ information was effectively communicated between staff. Staff explained avenues for communicating information about consumers relevant to other areas, including hospitality and lifestyle staff. Care planning documentation captured detailed information to support safe and effective care and services.

Consumers advised they were supported by external volunteer groups and services. Staff demonstrated an understanding of the referral process for services and supports to meet consumer needs. Care planning documentation evidenced appropriate referrals were made to external services in response to identified needs.

Consumers provided positive feedback regarding the quality, variety and quantity of their provided meals. Staff explained the development of the menu with Dietitian and consumer input. Care planning documentation identified the dietary requirements and preferences of consumers, and this information was accessible to staff.

Consumers confirmed their mobility and daily living equipment was kept clean and well maintained. Staff reported they had access to safe and suitable equipment required to support consumers. Cleaning and maintenance logs evidenced equipment was actively monitored to ensure they were safe, suitable and clean for consumer use.

# 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 advised they found the service environment to be welcoming, comfortable and easy to navigate. Staff described how they optimised each consumer’s sense of belonging by encouraging them to personalise their rooms with nameplates and cultural decorations. Corridors were observed to be wide with fitted handrails to assist consumers to mobilise throughout the service, and there was a variety of indoor and outdoor communal areas for consumers to enjoy.

Consumers and representatives expressed satisfaction with the cleanliness of the service environment, and consumers advised they were comfortable to move freely through indoor and outdoor areas. Management advised consumers’ rooms received a deep clean on a weekly basis, and communal areas were cleaned daily. The service environment was observed to be clean, well maintained and free of obstructions and hazards.

Maintenance documentation evidenced reactive maintenance requests issues were promptly addressed, and preventative maintenance was up to date. Staff described their responsibilities to check equipment before use to ensure it was suitable for use, and reported shared equipment was sanitised after each use. Consumers confirmed their equipment and furniture was 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 found Compliant.

Consumers and representatives confirmed they understood and were supported to provide their feedback and complaints. Staff described the various complaint mechanisms available to consumers and representatives to provide their feedback, and described how they would support consumers to raise their issues. Feedback forms and lodgement boxes were observed to be accessible on each level.

Consumers and representatives were aware they could access external advocacy services to assist them to raise a complaint, including through the Commission. Staff demonstrated an understanding of the advocacy services available to consumers, and explained how consumers were informed of their availability through printed information displayed throughout the service. Information regarding external complaint services was displayed and accessible in multiple languages. Staff were aware of how to access language translation services.

Consumers and representatives confirmed their complaints were responded to appropriately, and staff provided transparent communication when resolving their complaints. Staff demonstrated an understanding of the complaint management process, including providing an apology and open communication when things go wrong. Complaints documentation evidenced open disclosure practices were applied when dealing with complaints and feedback.

Consumers confirmed their feedback and complaints were reviewed and provided examples of recent care and service improvements. Management advised complaints, feedback and suggestions were monitored and reviewed to inform improvement opportunities. The continuous improvement plan detailed records of complaints and included the improvement initiatives arising from the resolution of the complaint.

# 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 advised there were enough staff to meet the care needs of consumers in a timely manner. Staff confirmed there were sufficient staffing levels to meet consumers’ needs, and reported there was an extra staff member rostered each shift to account for any unplanned leave. Management described how the workforce was planned to ensure the appropriate number and mix of staff by considering the care needs of consumers and regulatory care minute requirements.

Consumers and representatives expressed staff interactions were kind, caring and gentle, and staff were respectful of consumers’ identity, diversity and culture. Staff were observed to respectfully converse with consumers and addressed consumers by their preferred name. Management explained checks within recruitment processes and monitoring practices ensured interactions were kind, caring, and respectful, with investigation and actions taken in response to complaints about staff.

Consumers and representatives confirmed staff were competent and capable in their roles and provided consumers with a high standard of care. Management advised the competency of staff was assessed through the recruitment process, ensuring staff had the necessary qualifications, registrations and checks, and through ongoing review and monitoring. Personnel records evidenced staff had the appropriate registrations, experience and qualifications to perform their roles.

Staff described the various training and education they received on a range of areas, including the Quality Standards, restrictive practices, incident management and infection control. Training records evidenced staff were up to date with their annual mandatory training requirements. Management advised ongoing training was delivered to staff through online training modules and face-to-face presentations.

Staff confirmed they received annual performance appraisals, they discussed their performance with their manager and could request further career development or training opportunities. Management advised the performance of staff was monitored through general observations of staff practice, the review of feedback and formal performance appraisals, and outlined how they would address underperformance. Training records evidenced the ongoing monitoring of staff performance on a regular basis.

# 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 advised they were engaged in the development, delivery and evaluation of care and services, and regularly provided their feedback. Management advised consumers were actively engaged through meetings, surveys, care and service plan reviews, feedback processes and daily interactions, and confirmed they were in the process of commencing organisational Consumer Advisory Body meetings. Consumer meeting minutes evidenced consumers were in attendance and were supported to provide their input.

Management advised they regularly consulted with the governing body and shared information in relation to the quality of care and services and to discuss key areas of risk and improvement opportunities. A review of various committee meeting minutes evidenced the governing body’s oversight of policy and regulatory compliance updates, incident reviews, continuous improvement opportunities and workforce training. Management advised key indicator data was analysed and monitored to ensure risk areas were promptly identified and reported to the governing body. Auditing processes are used to understand the quality of care and identify improvements.

Governance systems for key areas were supported through embedded processes and oversight practices. Staff confirmed they had access to the necessary information to perform their roles through the intranet and electronic care management system. Management outlined the governing body’s oversight of the budget approval process and provided examples of recent purchases to improve the service environment and equipment. Policies were in place to ensure the appropriate oversight of the workforce including their training and rostering. Meeting minutes evidenced regulatory requirements were monitored, and management advised any changes were communicated throughout the organisation.

Management identified the high impact or high prevalence risks associated with the care of consumers, and outlined how these were monitored and managed through high-risk case management meetings. Staff confirmed they supported consumers to live their best life through the identification and assessment of individual risks to consumers. Staff demonstrated an understanding of the incident management process, including the actions they implement to reduce future risks to consumers and promote their well-being.

The clinical governance framework included policies, procedures, and staff training, and staff demonstrated shared understanding of their roles and responsibilities within this framework. An antimicrobial stewardship procedure was in place, outlined the roles and responsibilities of the workforce to ensure the appropriate use of antibiotics, with monitoring and oversight through the medication administration committee. Ongoing training relating to use of restrictive practice was provided annually and at regular intervals. Staff could describe responsibilities and principles and use of open disclosure in line with policies.

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)