Performance

Report

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| Name: | Anthem |
| Commission ID: | 0888 |
| Address: | 25 Retford Rd, BOWRAL, New South Wales, 2576 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 14 May 2024 |
| Performance report date: | 21 June 2024 |
| Service included in this assessment: | Provider: 2628 TBG Senior Living Services Pty Ltd  Service: 6385 Anthem |

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 Anthem (**the service**) has been prepared by Katrina Platt, 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* a complaint received by the Commission on 9 January 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Applicable as not all Requirements assessed |
| **Standard 8** Organisational governance | **Not Applicable as not all Requirements assessed** |

A detailed assessment is provided later in this report for each assessed Requirement.

# 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 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)(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 |

Findings

Consumers and consumer representatives provided positive feedback about clinical and personal care provision. Staff were knowledgeable about individual consumer needs and preferences, which was consistent with consumer care documentation. Care documentation evidenced falls prevention and harm minimisation strategies and timely post-fall intervention and management, which included head-to-toe assessments, observations, pain assessments and hospital transfer when required. Pain management for individual consumer needs and preferences was demonstrated and included medical officer referrals when necessary. Changed behaviours were monitored for unmet needs and consumer deterioration and preventative behaviour management included regular review of behaviour support plans and staff education. Policies and procedures for wound management guided staff in best practice, with regular wound charting, photography and use of measuring devices observed.

Consumers and consumer representatives were satisfied with high-impact and high-prevalence risk management. Staff demonstrated an understanding of consumers with high-impact and high-prevalence risks and discussed best practice in pressure area care, nutrition and choking risks, for example. Risk monitoring for individual consumers included falls, pressure injuries, pain management, restrictive practices, weight loss and malnutrition and associated organisational policies were aligned with best practice. Clinical governance meetings ensured ongoing monitoring of high-impact and high-prevalence risks including pressure injuries, consumer deterioration, falls and reportable incidents and emerging and increased risks.

Consumers and consumer representatives were satisfied with management of consumer deterioration and responsiveness to changes in consumer conditions. Staff described their identification and escalation responsibilities related to consumer deterioration and condition changes which included neurovascular observations, head-to-toe assessments and medical officer and hospital referrals when appropriate. For end of life care, consumer care documentation confirmed additional support services were engaged when required and included palliative care clinical nurse consultants, medical officers and consumer representatives.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

Effective organisational governance systems were demonstrated. Consumers and consumer representatives were provided with relevant care and services information and a customised electronic clinical documentation system supported staff delivery of appropriate individual consumer care and services. Continuous improvement opportunities were identified through consumer feedback, complaints, audits, staff suggestions, review of clinical indicators, incidents, meetings, organisational initiatives and external reviews, with improvements logged, implemented and evaluated. Financial governance encompassed an allocated budget and discretionary spending, with additional expenditure approval by the governing body demonstrated for increased care needs in new beds and air mattresses. Workforce planning and management considered consumer care needs, clinical data and consumer and staff feedback, and included overseas trained staff sponsorship with accommodation and support for attainment of professional registration. Support from the industry peak body, government departments and aged care consultancy service contributed to regulatory compliance monitoring and policy and procedure updates in response to legislative changes. Feedback and complaints informed continuous improvement in consumer care and services and complaint trends were monitored and reported to the governing body.

Effective risk management systems were demonstrated. Weekly clinical risk register and mitigation strategy reviews ensured ongoing oversight of high-impact and high-prevalence risks. Incidents were reported under the Serious Incident Response Scheme within legislative time periods and were investigated and managed appropriately. Consumer dignity and risk taking policies were complimented by consumer risk consultations and assessments to support consumers to live the best life they can. The Incident management system comprised an incident register, incident review by management and associated policies and procedures, with mandatory staff training provided.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)