Performance

Report

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| Name of service: | Anthem |
| Service address: | 25 Retford Rd BOWRAL NSW 2576 |
| Commission ID: | 0888 |
| Approved provider: | TBG Senior Living Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 4 April 2023 to 6 April 2023 |
| Performance report date: | 20 May 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Anthem (**the service**) has been prepared by G.Hope-Simpson, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site audit, the Site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives.
* 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 | |  |
| 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 said they are treated with dignity and respect, and they feel accepted and valued. Training records show how the service supports staff to meet this requirement and policies and procedures have an inclusive, consumer centred approach to delivering care and services. Care planning documentation reflected consumers’ identity and culture.

Consumers said their identity, culture and diversity is valued. Staff described how they respect each consumer’s identity and culture, by using each consumer’s preferred name, acknowledging their choices, and delivering care respectfully. Staff were aware of consumers from different cultures and explained how care and services were tailored to ensure their culture was valued. Policies and care planning documentation supported cultural needs and observed interactions between staff and consumers at the service to be dignified and respectful.

Consumers said the service supports them to make and communicate decisions affecting their health and well-being, they can change these decisions at any time, and others are included as per the consumers’ choice. Care planning documentation identified that assessment, case conferences and communication accurately identified consumer choices, and consumers make changes to their care plan. Nominated decision makers were recorded where a consumer had chosen this.

Consumers said they get information in a way they can understand, they are involved in meetings, are encouraged to ask questions about their care, and are offered a hard copy of care plans, meeting minutes and calendars. Staff described different ways information is communicated to make sure it’s easy to understand and accessible to consumers, including strategies to communicate with consumers with poor cognition or those who need visual aids or hearing assistance, and the service had bilingual staff available for consumers. Welcome kits are provided to consumers when joining the service, and noticeboard and brochures provided a range of relevant information.

Consumers said the service protects their privacy and confidentiality, and staff respected their personal space and privacy when their friends, partners or significant others visit. Care planning documentation specified consumer preferences regards privacy, such as asking that staff knock on the door prior to entering and included privacy consent. Details of next of kin and first contact were held on file, including when they are to be contacted. Consent is gained prior to the generation of referrals. A privacy policy outlined how the service maintains and respects the privacy of personal and health information. Clinical areas were observed to be locked when unmanned and files were stored securely with password protection. Staff were observed to use unique logins to access the electronic care management system.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers said their care is well planned and they feel safe and confident because members of the workforce take the time to understand how to support their health and well-being. Staff described the assessment and care planning processes and care planning documentation evidenced input from appropriately skilled individuals and service providers to contribute to assessing and planning safe and effective care. A suite of policies, procedures, clinical guidelines, and flowcharts guide the clinical staff in the decision-making and care planning process and the electronic care management system supports the assessment and planning process, such as nutrition assessment, pressure area risk assessment, and falls risk assessment.

Consumers advised assessment and planning addresses their needs, goals, and preferences. Care planning documentation reflected individualised needs and preferences and included advance care plans for consumers who had consented to provide this information. Management said consumers and their representatives can discuss advance care and end of life needs during the admission process if they wish and during regular conversation with clinical staff or management.

Consumers said they are actively involved in the assessment, planning and review of their care and services and described their care and services plan and how it helps them to meet their needs and goals. Consumers said assessment and care planning is coordinated and they are satisfied the right people are involved. Staff described processes in place to ensure that the service partners with consumers to assess, plan, and review care and services. Care planning documentation demonstrated integrated and coordinated assessment and planning involving all relevant organisations, individuals, and service providers.

Consumers and representatives said the clinical team discuss their care plan and outcomes with them and confirmed they are offered a hard copy of their care plan if they choose. Care planning documentation evidenced case conferences are held with consumers and representatives and external providers. Staff described the processes for documenting and communicating assessment outcomes.

Consumers said the service regularly communicates with them about their care and services, seeks feedback, and makes changes to meet current needs, goals, and preferences. Consumers confirmed when something goes wrong, or things change, staff communicate with them about this and seeks their input to update their care and services plan to ensure safe and effective care and services can be delivered. The service had policies and procedures to guide care planning, including automated review mechanisms and a suite of assessments and charting.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers said they are getting care that is safe and right for them, their care is consistent with their needs and preferences, and supports their health and well-being. Staff demonstrated they were aware of the personal and clinical needs of consumers. Care planning documentation evidenced that care is safe, effective, and specific for each consumer including for consumers subject to restrictive practices, as their care plans demonstrated that assessments had been conducted, alternatives were trialled, behaviour support plans were in place, and restrictive practices are used as a last resort. The service has policies and procedures and systems for safe and effective care, and delivers care according to consumers’ needs, goals, and preferences.

Consumers and representatives were satisfied that risks are effectively managed. Care planning documentation demonstrated that key risks were assessed and documented including for life choices, living situations and complex nursing needs; effective strategies were in place to manage identified risks and were reflected in risk assessments, care plans and progress notes.

Consumers and representatives said symptoms such as pain are managed well and if their condition deteriorates, their wishes are known, and staff know what to do. Family members said they can visit and support their loved ones, participate in palliative care decisions, and staff are skilled in providing any care needed. Care planning documentation identified personal choices and preferences, advance care plans and end of life care needs, goals, and preferences were in place.

Consumers said staff know them, would identify a change in their condition and respond appropriately to any concerns they had about their health. Care planning documentation included consumer preferences, advance care plans, baseline observations, and clinical care plans to guide staff response to deterioration for each consumer. The service has policies, procedures, and clinical protocols to guide staff in the management of deterioration.

Consumers said those who need information to deliver their care are well informed and trained to deliver that care, and care is well coordinated. Representatives said care coordination is good, care is consistent and reliable, and information is communicated well. An effective governance and meeting structure ensures that communication within the service is effective.

Consumers said the service refers them to appropriate providers, organisations, or individuals to meet their changing personal or clinical care needs and they are satisfied with the referral processes. Clinical staff described the process for referring consumers to other health professionals and allied health services. Progress notes reflected information from other providers such as the consumer’s medical officer, podiatrists, physiotherapists, speech pathologists and dieticians.

Consumers said the service is clean, they are confident in the service’s ability to manage an infectious outbreak, and they have been given information on how to minimise the spread of infections. The service has implemented policies and procedures to guide staff relating to antimicrobial stewardship, infection control management, and for the management of a COVID-19 outbreak. Staff confirmed receiving training in infection minimisation strategies, including infection control and COVID-19 and described steps they could take to minimise the need for antibiotics.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers said the service supports them to do the things they want to do and described how supports for daily living have improved their independence, health, well-being, and quality of life. Care planning documentation reflected the needs and preferences of consumers are documented and staff described how they access these records to assist consumers to stay well and healthy and do as much for themselves as possible. The physiotherapist was observed supervising individual consumer walking exercises with the use of a walking aid.

Consumers said while living at the service they feel connected and engaged in meaningful activities that are satisfying to them; they can acknowledge and observe sacred, cultural, and religious practices. Care planning documentation contained information about the consumer’s emotional, spiritual, and psychological needs, goals, and preferences including which church they may be associated with or any strong religious preferences. Church services are provided at the service and staff ensure that consumers can get to the church service.

Consumers said they have an active social life and can take part in their interests at the service; they are supported to maintain personal relationships and can take part in community and social activities as they choose. Staff described how they work with other organisations, advocates, community members and groups to help consumers follow their interests, social activities and maintain their community connections. Care planning documentation and consumer meeting minutes showed the service includes consumers in the design of services and supports to reflect the consumer’s changing needs, goals, and preferences.

Consumers said they have consented to information being shared with others about them, as a result they have continuity of services and supports and don’t have to repeat their preferences to multiple people. Consumers said the service coordinates their services and supports well. Staff described how accurate, up-to-date, and relevant information is shared with others as consumers move between care settings, such as between the service and acute care. The service has effective systems to manage information; care planning documentation evidenced updates and reviews; and communication alerts from multiple sources.

Care planning documentation evidenced collaboration with other individuals, organisations, or providers to support the diverse needs of consumers. Staff described how the consumer is actively involved in referrals and how consent is obtained. Referral documentation showed scheduled appointments for consumers with external service providers such as podiatrists, dietitians, and specialist dementia services.

Consumers said they can choose from suitable and healthy meals, snacks, and drinks and if they are hungry or thirsty, staff will get them something to eat or drink at any time of the day or after hours. The menu had a wide variety of daily selections available along with the similar/alternative meal options for consumers on regular, minced/moist or puree diets; the menu is reviewed seasonally with consumer and nutrition specialist input, and the chef meets with consumers regarding individual requests.

Consumers said they feel safe when they are using equipment and know how to report any concerns they have. Staff said the service has trained them to safely use equipment and knew how to identify any potential risks to the safe use of the equipment, and their responsibilities for safety, cleanliness, and maintenance of equipment. The service has arrangements for purchasing, servicing, maintaining, renewing, and replacing equipment, and equipment is used, stored, and maintained in line with manufacturers’ instructions.

# 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

Consumers said they can personalise their rooms, including bringing in furniture and possessions of choice and the service monitors the condition of the building with renovations currently in progress to ensure it meets their needs. Staff described how consumers are supported to make the service feel like home, and how they support consumers to maintain their independence. Consumers were observed enjoying tea and sitting outside enjoying sunshine in the large undercover outdoor area, other consumers were observed reading books, conversing with each other, and watching television in common areas.

Consumers and representatives reported the service is cleaned very well, and maintenance is done quickly. Consumers were observed moving freely around the service in the loungerooms and gardens. The service was observed to be clean and well maintained, and maintenance records supported this.

A range of furniture and equipment was observed in the service. Consumers said equipment is well maintained and clean. Staff said they have access to equipment needed for consumer care. Furniture and equipment are maintained under a scheduled maintenance plan with specialist contractors in place where required.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives advised they were encouraged to provide feedback and make complaints. Consumers said they were aware of how to make a complaint using a written form or sending an email, however they preferred to speak with staff directly. Consumers and representatives said they received information relating to the complaints and feedback processes on admission and in consumer meetings, and feedback boxes are available throughout the service. Staff described how they supported consumers and their representatives to access complaints and feedback mechanisms.

Consumers and representatives said they feel comfortable raising any complaints or providing feedback to the service management; they are provided with information on advocacy, language services and ways to raise complaints. Management provided an overview of the resolution process for complaints, including the availability of translation services, advocacy, and specialist services available to consumers. Printed material is provided to consumers and representatives on admission in the consumer handbook and reinforced through flyers, posters, and consumer meetings.

Consumers and representatives said management promptly addresses and resolves their concerns when making a complaint, or when an incident has occurred and provide an apology when things go wrong. Staff confirmed where consumers or representatives raise an issue with them directly, they would escalate all complaints to management for investigation and follow-up. Staff said they have received training on complaints management and open disclosure and demonstrated a shared understanding of the principles of open disclosure.

Consumers and representatives described changes implemented at the service because of feedback and complaints. Management said the service trends and analyses feedback from consumers and representatives, which is then used to inform continuous improvement activities across the service. Meeting minutes demonstrated that changes, and improvements made at the service are discussed at the monthly consumer meetings.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives said there are usually enough staff at the service, and they understood that at times staff shortages could occur due to the location of the service, consumers confirmed care needs of consumers were not impacted due to staff shortages. The service demonstrated a roster system to determine the number of staff and the mix of skills to ensure the service can assess, plan, and meet the needs of the consumers. Vacancies on the roster are offered to the service’s staff before assistance is sought from agencies.

Consumers said they are confident staff are well trained. Staff were observed interacting with consumers in a kind, caring and respectful manner including addressing consumers by their preferred names, speaking directly to consumers and taking time to speak and interact with consumers during delivery of care and services. Staff were aware of consumers’ cultural and personal backgrounds, and lifestyle staff said they conduct activities to acknowledge consumers’ cultural heritage.

Consumers and representatives said staff are sufficiently skilled to meet their care needs. The service has policies in relation to key qualifications and knowledge requirements of each role specified in their position descriptions. Staff documentation demonstrated staff have the relevant qualifications to perform their duties as outlined in their position descriptions.

Consumers and representatives said staff knew what they are doing, and they are well trained. Staff are recruited using a formal recruitment process including interviews, referee checks, and police and qualification checks. Ongoing training and development are provided for all staff; staff receive mandatory training upon commencement, then annually or as required. Staff have access to many training modules on the online training platform.

Staff demonstrated an awareness of the service’s performance development processes, including performance appraisals, this included discussions of their performance and skills and knowledge areas they would like to develop. Human resources documentation outlined the staff performance framework, including annual performance appraisals, and mandatory education.

# 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

Consumers and representatives said they provide ongoing input into how care and services are delivered, the service seeks their input in a variety of ways, such as through consumer and representative meetings, regular surveys and face-to-face discussions. Management said feedback or suggestions made by consumers and representatives are included in the service’s improvement register. Consumers and representatives said they can raise concerns or provide feedback on any aspect of care and services and were aware of various feedback mechanisms available to them.

Management demonstrated how the organisations’ governing body promotes a culture of safe and inclusive care such as through governance committees who draw on information from consolidated reports to determine the services’ compliance with the Quality Standards and initiate improvement actions to enhance performance. The organisation drives improvements and innovations using data from internal audits, clinical indicator reports, incidents reports, consumer/staff feedback and visits from the Aged Care Quality Safety Commission. Management said the service strives to improve its quality of care by being responsive to information from their data.

Organisational documentation and staff feedback demonstrated effective organisation-wide governance systems in relation to areas including continuous improvement, workforce governance, financial governance, information management, regulatory compliance and feedback and complaints. Consumers and representatives said they felt the service encourages feedback and complaints and uses this information for continuous improvement. Staff described key principles of the organisation-wide governance systems such as feedback and complaints, workforce governance and regulatory compliance. The service has policies and procedures detailing processes around each governance system to guide staff practice.

The service has an effective risk management system in place to identify and manage risks to the safety and well-being of consumers. Management described how incidents are analysed, used to identify risks to consumers and inform improvement actions. The organisation has introduced new software to collect and record incident data, data is analysed and trended and used to guide management risk reduction activities. The service gathers, records, and benchmarks the mandatory quality indicators.

The clinical governance framework is used to guide clinical practice and provide policies and procedures on clinical risk management, antimicrobial stewardship, falls minimisation and the identification and response to potential reportable incidents that may result in a serious incident report. Management is notified of all incidents. Open disclosure was evident in the records of complaints and feedback incidents. The services’ clinical governance committee meets regularly and ensures clinical care is best practice and guided by the needs, goals and preferences of consumers.

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