Jean Ross House

Performance Report

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**Commission ID:** 2626

**Provider name:** Anglican Community Services

**Site Audit date:** 26 April 2022 to 28 April 2022

**Date of Performance Report:** 26 May 2022

# Performance report prepared by

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# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

The following information has been taken into account in developing this 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.
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers said they are usually treated with dignity and respect, they feel safe and staff make an effort to get to know consumers. Staff were observed interacting kindly and respectfully with consumers. Staff demonstrated familiarity with consumers’ backgrounds, preferences and culture. Staff described how consumers’ preferences influence care delivery and how they communicate with culturally diverse consumers. Care planning documentation includes consumers’ cultural information. The service hosts international days and themed events to celebrate consumers’ diversity.

Consumers said they are supported to maintain independence and make choices regarding their lifestyle, routine and relationships. Staff described how they support consumers to make informed choices through explaining personal and clinical care activities and providing options and decisions for meals and activities. Consumers are supported to maintain relationships, including married consumers who reside at the service. Care planning documents show consumers make decisions about who is involved in their care.

Consumers are supported to take risks to live the best life they can. Care plans show risk assessments are conducted, risks are explained, and strategies are implemented to reduce the risk of harm.

Consumers said they receive information to make informed decisions, staff explain care and support consumers to understand. Staff said they provide information through case conferencing, consultations and meetings, and offer choice to consumers. The service holds a daily morning announcement and displays menu boards and activity schedules.

Staff were observed knocking on consumers’ doors before entering and closing doors and curtains when delivering care. Confidential information was observed to be securely stored. Staff handover takes place in a private area.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements*.*

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Care planning documents reflected assessments are completed when consumers enter the service and care plans are reviewed every three months, or when consumers’ needs or condition changes. Care plans reflect consumers’ needs, goals, preferences, including any applicable risks, advance care and end of life planning.

Consumers and their representatives are involved in the assessment and planning process. Care plans reflected input from medical officers and other health professionals when relevant. Care plans are available to consumers in a format they can understand. Progress notes show consumers and their representatives are consulted when the care plan is reviewed and are offered a copy of the updated plan.

Care plans show updates are made following any incidents or changes to consumers’ care needs, which include recommendations from health professionals.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Consumers and their representatives said consumers receive the personal and clinical care they need. Care planning documents reflect individualised care is safe, effective and tailored to consumers’ needs and preferences. Staff demonstrated understanding of consumers’ personal and clinical care needs, and said they undertake daily review of progress notes. Care plans and progress notes reflect referrals and recommendations from other health professionals, and show the directives are implemented and followed. The service monitors and analyses clinical incident data.

Care documents reflect consumers subject to psychotropic medication and restrictive practices have appropriate consent and relevant support plans in place. The service monitors skin integrity care, provides suitable wound care and engages specialists where appropriate. Care plans showed pain management was delivered in a safe and tailored manner.

Care plans reflect strategies are implemented to minimise high impact and high prevalence risks. Staff described how they apply the relevant strategies when delivering care. Incidents are documented and reviewed.

Staff described how they deliver care for consumers nearing end of life, and the practical ways in which they maximise consumers’ comfort. Care documents reflect that staff follow consumers’ wishes. The service supports other consumers to pay respects after a consumer’s passing.

Care planning documentation shows staff identify and respond to deterioration or changes in consumers’ condition and notify representatives. Staff described processes for identifying and informing others of a change to consumers’ health, function and condition.

Care documents, including progress notes and handover information, show safe and effective sharing of consumers’ needs and preferences occurs. Staff share information, including when consumers move to hospital, and other health professionals have access to care plans to support care delivery.

Staff described how they minimise infection related risks, and training received regarding infection control and minimising the use of antibiotics.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Consumers and their representatives said consumers are supported to pursue activities of interest to them and are provided with appropriate supports to do so. Staff described what is important to consumers and their preferred activities, consistent with information in care planning documents. Staff said the lifestyle program accommodates and modifies activities to cater to consumers’ needs, preferences and levels of functional ability. Staff said they support consumers who choose not to engage in group activities with one-on-one interactions and pastoral care. Activity schedules reflected a variety of activities occur, and consumers were observed participating in games and exercise groups.

Care planning documents reflect information about consumers’ spiritual beliefs, strategies to support emotional wellbeing and relevant social supports. Staff said they identify when consumers have a change in mood and provide support if a consumer is feeling low. Staff were observed providing support in a caring and respectful way.

Consumers and their representatives said consumers are supported to maintain their wellbeing through contact with friends and family, and to participate in the community through outings and activities. The service facilitates consumers to participate in tasks relevant to the consumers’ interests and backgrounds, such as maintaining the service’s garden. Staff assist consumers to utilise telephone and video calls.

Information about consumers’ condition, needs and preferences is effectively communicated through care planning documents and through handover processes. Staff said they review information each day, and kitchen staff have access to dietary needs and preferences.

Care plans reflect information about referrals to individuals and external services who support consumers to maintain their interests and participate in the community. The service engages external organisations when consumers require additional supports, and to supplement the lifestyle program.

Most consumers and their representatives were satisfied with the variety, quality and quantity of food provided at the service. Nutrition assessments are conducted, and care plans reflect dietary needs and preferences. Feedback is sought from consumers when a new menu is developed, and special events are celebrated with food. Staff were observed assisting consumers in a respectful manner at meal time. The kitchen environment was observed to be clean and relevant health and safety guidelines were adhered to by staff.

Equipment that supports consumers to engage in activities of daily living was observed to be safe, suitable, clean and well maintained. Consumers, representatives and staff said sufficient equipment is available.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Consumers said the service environment is welcoming, feels like home and is easy to navigate. There are areas for consumers to spend time indoors and outdoors, including shaded areas and gardens. Signage and handrails support consumers to move freely between areas. Consumers’ rooms were personalised with artwork and furniture. Birds and fish in the common areas support a homely environment.

The service environment was observed to be safe, clean and well maintained. Staff described cleaning and maintenance procedures, including preventative maintenance. Weekly cleaning audits occur.

Furniture, fittings and equipment throughout the service were observed to be clean and suitable. Consumers said they were satisfied with the cleanliness of equipment and how maintenance occurs in a timely manner. Consumers said they felt comfortable and safe when staff provide care using equipment. Staff described how equipment is cleaned and stored appropriately.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Consumers and their representatives said they understand how to give feedback or make complaints and are comfortable doing so. They described receiving encouragement from management to raise feedback for continuous improvement of the service. Staff described how consumers are encouraged to make complaints and provide feedback, including through meetings, surveys and direct contact with the service. Feedback forms and confidential collection boxes are available.

Consumers said they are aware of external supports to raise complaints. Staff described how they support consumers to make complaints, through language and advocacy services. They said they monitor consumers’ behaviour to assess whether they may have a concern they cannot verbalise. Information regarding advocacy services and supports was displayed throughout the service.

Consumers and their representatives said appropriate action is taken in response to their complaints. The service’s records showed complaints filed were actioned with an appropriate response. Staff described how they apply an open disclosure process if something goes wrong.

Consumers, representatives and staff described how the service applies feedback to improve the quality of care and services, including through renovations to the garden and action taken to improve care delivery. The service maintains a feedback and complaints reporting system. Data is reviewed monthly to identify trends and reported upon at consumer and staff meetings.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Consumers said staff spend time with them, treat them well and engage with them in a kind and caring manner. Staff said the staffing levels are sufficient to respond and deliver care in a timely manner, and they have enough time to complete their duties during each shift. The service has processes to ensure shifts are filled. Staff were observed interacting with and assisting consumers in a friendly and respectful manner.

Staff competency is measured against position descriptions, and through assessment processes that are performed regularly. Staff said they are trained and supported to deliver safe and effective care. Staff access a training portal with mandatory and additional relevant training modules and have other training opportunities to discuss how to practically apply skills. Management said they observe staff to identify any further training needs, and also evaluate clinical data and consumer feedback when assessing performance. Annual performance appraisals occur, where staff can raise any further education or support needs.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Consumers and their representatives considered the organisation is well run, and they are engaged in improving the delivery of care and services, including through attendance at meetings. A consumer survey reflected most consumers felt involved in planning the care they need.

The governing body promotes a culture of quality care and is accountable through engaging with the service and consumers to monitor care and service delivery. Information is communicated between the service and the Board regularly through committees, meetings and bulletins.

The service has effective governance systems to identify and promote opportunities for continuous improvement, to facilitate budgetary changes to support the needs of consumers and enable staff to access information they need for their roles. Regulatory compliance, workforce governance and feedback and complaint management are suitably addressed.

The service has a documented risk management framework. Staff provided examples of how relevant policies are applied in their work, such as responding to abuse and neglect, and supporting consumers to live their best life. Policies relating to incident reporting were aligned to legislative changes.

The service has a clinical governance framework and staff provided examples of how they apply policies related to open disclosure and antimicrobial stewardship in their work. Staff described how they apply interventions to minimise the use of restrictive practices, consistent with the service’s policies.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.