Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Mildred Symons House |
| Service address: | 15 Lenna Place Jannali NSW 2226 |
| Commission ID: | 2640 |
| Approved provider: | Anglican Community Services |
| Activity type: | Site Audit |
| Activity date: | 17 January 2023 to 19 January 2023 |
| Performance report date: | 29 March 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 Mildred Symons House (**the service**) has been prepared by J. Howard, 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 conducted from 17 January 2023 to 19 January 2023; 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 this service.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 and representatives indicated they were treated with dignity and respect, with their identities and cultures valued. Care planning documentation identified consumers’ backgrounds, preferences, identities and cultural practices.

Staff demonstrated an understanding of consumers’ varied cultural backgrounds and how they ensured they respected consumers’ cultural identities, which included the use of a ‘Key to Me’ assessment which detailed the cultural beliefs and practices of consumers from linguistically and culturally diverse backgrounds. Consumers and representatives from culturally diverse backgrounds advised their cultures were respected and they could express their cultural identities and interests.

Training records showed the organisation supported the workforce to deliver culturally safe care and services. Policies, procedures, and guidelines had an inclusive, consumer-centred approach to care and service delivery. Consumers provided examples of how the service supported them to engage in activities of their choice.

Staff described how they provided relevant information to consumers which enabled them to make informed, risk-based decisions in how they lived their lives. Care planning documentation outlined the areas of care where consumers were supported to take risks.

Consumers advised they received information that enabled them to exercise choice, such as information regarding activities and menu options. Staff described various ways that information was delivered to consumers regarding their care and services which enabled them to exercise choice.

Staff outlined the practical ways they respected consumers’ personal privacy and this information aligned with feedback received from consumers. The service had documented policies and procedures regarding privacy and the protection of personal information.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

Care planning documentation showed the service undertook a comprehensive assessment and care planning process, which included the considered of risks to the consumer’s health and well-being. Consumers were satisfied with the service’s management of identified risks and indicated they were involved in the assessment and planning process.

An assessment contact in 2021 found the service was non-compliant with Requirement 2(3)(a) as, at that time, the service was unable to demonstrate it effectively assessed the skin integrity care needs or the risk of falls and delirium for a consumer who had recently entered the service. During the site audit conducted from 17 January 2023 to 19 January 2023, the service demonstrated how assessment and planning, including consideration of risks to consumer’s health and well-being, informed the delivery of safe and effective care and services. Having considered the material in the site audit report, I decided the service is compliant with Requirement 2(3)(a).

The service demonstrated the assessment and planning process identified and addressed consumers’ current needs, goals, and preferences, including advance care planning. Consumers and representatives confirmed staff held discussions with them regarding consumers’ needs, goals, preferences and end-of-life planning.

Care planning documentation demonstrated consumers and representatives were consulted throughout the assessment and care planning process and, when required, staff sought input from health professionals. Consumers and representatives felt involved in the assessment, planning and review of the consumer’s care and services.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them and they could access consumer care plans upon request. Management advised a copy of the consumer’s care and service plan was offered to consumers and representatives during the first care consultation, after the care plan was developed and during the three-monthly care plan review process.

Consumers and representatives stated they regularly participated in care plan evaluations and were always consulted whenever there were changes or incidents that impacted on consumers’ care needs. Care planning documentation showed care plans were reviewed on both a regular scheduled basis and when there were changes to the consumer’s circumstances.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

Care planning documentation showed consumers received safe and effective care that was best practice, tailored to their needs and which optimised their health and well-being. Consumers and representatives stated they received care that was safe and right for them and that met their individual needs and preferences.

Staff demonstrated an understanding of high impact or high prevalence risks to consumers and the strategies in place to manage these risks. Care planning documentation noted high impact or high prevalence risks were effectively identified and managed by the service.

Consumers and representatives expressed confidence that when the consumer required end of life care, the service would support them to be as comfortable as possible. The service had a palliative care framework to guide staff, that included areas on advance care planning, palliative care trajectories and the end-of-life care pathway.

Deterioration or changes in consumers’ health were recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Consumers and representatives were satisfied with the attention to, and management of any changes in consumers’ cognitive or physical function.

Consumers and representatives were confident consumers’ information was well documented and shared between staff and other services involved in providing care. Staff described how changes in consumers’ care and services were communicated, which included hand over discussions at the commencement of each shift, reading consumer’s care plans and progress notes and via meetings. The service’s electronic care planning system contained information regarding consumer information and changing clinical needs, which notified staff of changes to consumers’ conditions.

Care planning documentation demonstrated timely referrals to medical officers, allied health therapists and other providers of care and services. Consumers and representatives were satisfied with the referral process and confirmed they had access to the required health care supports.

The service had documented policies and procedures to support the minimisation of infection related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship. The Assessment Team observed staff practising regular hand washing and sanitising and the appropriate use of face masks.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 were satisfied that services and supports for daily living met their needs, goals and preferences. Care planning documentation captured consumers’ life stories and identified their choices, needs, goals and preferences.

Consumers and representatives described the services and supports which promoted their emotional, spiritual and psychological well-being. Care planning documentation identified information regarding the emotional, spiritual and psychological needs and preferences of consumers and described how staff could assist them.

Consumers felt the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. Care planning documentation identified activities of interest for consumers and how they were supported to participate in these activities and in the wider community.

Staff described the ways in which information was shared and how they were kept informed of the changing health conditions, needs and preferences of each consumer. The service utilised an electronic documentation system and a handover process between shifts to ensure consumer information was shared effectively.

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services. Care planning documentation showed the service collaborated with external providers to support consumers’ needs.

Consumers indicated the provided meals were varied and of suitable quality and quantity. Staff explained the process of how consumers ordered their meals, how meals were stored, plated, and presented to consumers. Documentation on display included menus, consumer-specific dietary requirements, and consumer preferences.

The Assessment Team reviewed maintenance documentation, which demonstrated the occurrence of preventative and corrective maintenance for equipment, and the use of an electronic maintenance system. Consumers and representatives felt safe using the provided equipment and it was suitable for their needs.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 and representatives indicated the service environment was welcoming, easy to understand and optimised the consumer’s sense of belonging, independence, interaction and function. The Assessment Team observed the environment was welcoming, with plenty of space for consumers, and with clear signage to aid navigation around the service.

Consumers personalised their rooms with photos, paintings and items of furniture. The service’s environment was pleasant and well-maintained and included private lounge areas with reading materials, as well as common rooms where consumers could gather together.

The service had documented policies regarding the maintenance of equipment, stock management and cleaning services. The Assessment Team observed the service environment was safe, clean and well maintained, with outdoor areas easily accessible for consumers.

Consumers and representatives indicated furniture and equipment was safe, clean, well maintained and suitable for their needs. Staff explained shared mobility equipment was regularly maintained and outlined the actions they would take in the event equipment was no longer suitable for the needs of consumers.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 stated they were supported to provide feedback and make complaints. The service demonstrated it had processes in place which encouraged and supported consumers, representatives and staff to provide feedback and complaints.

Consumers and representatives indicated they were aware of, and had access to, advocates and could raise concerns verbally with staff and management, including feedback registers, completed forms, emails, annual surveys, and other mechanisms. The service ran a “beer and bikkies” session on Friday afternoons which allowed consumers to chat with management staff in an informal setting and provide feedback.

The service’s complaint records showed consumers and representatives accessed advocacy services and other external agencies to assist with resolving issues and concerns.

Management provided examples of recent actions taken in response to complaints made and feedback provided by consumers and representatives, which showed a timely resolution of complaints and appropriate actions undertaken in response, which included an open disclosure process. Consumers and representatives advised the service took appropriate action in response to complaints.

Management and staff described how information from feedback and complaints was used to improve the quality of care and services. The service demonstrated feedback and complaints were trended, analysed, and used to improve the quality of care and services.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 were satisfied the workforce was planned to enable the delivery and management of safe and quality care and services. Management indicated the service’s workforce strategy and plan outlined the processes, systems and approaches for planning and managing the workforce.

Consumers and representatives stated staff were kind, caring and respectful in their delivery of care and services. Management advised workforce interactions were monitored through observations and via consumer and representative feedback.

Consumers and representatives expressed confidence with the ability of staff to perform their roles and meet their care needs. Position descriptions outlined the job competencies, duties, responsibilities and qualifications for each role.

Staff indicated they received ongoing training, support, professional development, supervision and feedback to carry out their roles and responsibilities. A review of training records by the Assessment Team demonstrated the service monitored staff competencies to ensure the workforce had the skills to perform their roles effectively.

Management advised, and staff confirmed, the service had probationary and ongoing performance review systems in place. The service demonstrated it regularly assessed, monitored and reviewed the workforce’s performance.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 expressed satisfaction with their engagement with the development, delivery and evaluation of care and services, through Wise Elders (WELDERs), Consumer and Relative meetings, focus groups and targeted workshops, such as a planned pilot project to revamp food service delivery. Management confirmed consultation processes enabled them to have clear insight into consumers’ opinions and preferences and allowed them to partner in projects such as the dining experience pilot.

The service demonstrated the governing body was accountable for the delivery of care and services, and promoted a culture of safe, inclusive and quality-driven culture. The governing body received consolidated reports, which were generated monthly, which outlined information relating to internal audits, reported hazards and risks and a clinical incident data analysis.

Organisation-wide governance systems supported effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. Staff described key principles of the organisation-wide governance systems, such as feedback, complaints, workforce governance and regulatory compliance. An assessment contact conducted in February 2021 found the service was non-compliant with Requirement 8(3)(c), as the service was unable to demonstrate it had satisfactory IT infrastructure in place. However, during the site audit conducted from 17 January 2023 to 19 January 2023, the service provided evidence it had replaced its entire IT network, which included telecommunications, IT security, and additional wired and wireless internet connections across the service. The site audit report recommended the requirement was Met and, having considered the evidence in the site audit report, I decided the service is compliant with Requirement 8(3)(c).

The service had risk management systems in place which enabled it to monitor and assess high impact or high prevalence risks associated with the care of consumers and supported consumers to live the best lives possible. Staff outlined the processes and strategies involved in managing high impact or high prevalence risks associated with the care of consumers, which included weight, falls and behaviours, identifying and responding to abuse and neglected consumers.

The service demonstrated it had a clinical governance framework and supporting polices in place which addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff demonstrated a shared understanding of the service’s open disclosure processes and the application of these processes to incidents, complaints and feedback.

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)