Performance

Report

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| Name of service: | Newmarch House |
| Service address: | 50-52 Manning Street KINGSWOOD NSW 2747 |
| Commission ID: | 0974 |
| Approved provider: | Anglican Community Services |
| Activity type: | Site Audit |
| Activity date: | 24 October 2022 to 27 October 2022 |
| Performance report date: | 28 November 2022 |

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 Newmarch House (**the service**) has been prepared by E Woodley, 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 and others.
* the Performance Report dated 20 January 2022 following the Review Audit undertaken from 15 November 2021 to 18 November 2021.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is Compliant as six of the six Requirements have been assessed as Compliant.

The service demonstrated that each consumer is treated with dignity and respect, with their identity culture and diversity valued. Consumers and representatives interviewed by the Assessment Team confirmed consumers are respected and valued as individuals by staff, and this was observed by the Assessment Team during the Site Audit. Staff interviewed were able to identify cultural backgrounds and preferences of consumers, and describe how a consumer’s culture influences how they deliver care and services in a culturally safe way. Care plans reviewed included information on consumer’s individual care and service preferences, and relevant cultural and religious beliefs.

Consumers and representatives interviewed described how consumers are supported to exercise choice and independence and maintain relationships that are important to them, including being supported to stay in contact during the COVID-19 lockdowns. The service demonstrated that each consumer is supported to take risks to enable them to live the best life they can*.* For the consumers sampled, care planning documentation described areas in which they are supported to take risks in accordance with their preferences. For example, self-administering medication, smoking, and eating food of choice despite associated risks.

The Assessment Team observed information was available to consumers and representatives in a clear, easy to understand way to support consumers decision making.

The service demonstrated that each consumer’s privacy is respected, and personal information is kept confidential. Consumers and representatives interviewed provided positive feedback about their privacy being respected. The Assessment Team observed staff respecting consumer’s privacy and dignity when delivering care and services and staff were aware of the service’s policies on privacy and confidentiality.

The service was previously Non-compliant in two Requirements under this Quality Standard following a Review Audit conducted 15 November 2021 to 18 November 2021. The Assessment Team found improvements to staffing numbers, reduced agency staff usage, staff training, and improvements to care assessment and planning has been effective in addressing the issues identified at this Review Audit. I find all Requirements in this Quality Standard are now Compliant.

# Standard 2

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

Findings

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

Care plans reviewed by the Assessment Team demonstrated risks to consumer’s health and well-being are regularly reviewed, assessed and discussed with consumers and representatives to inform safe and effective care and services. These included risks associated with wounds, skin integrity, unplanned weight loss and pain. The service demonstrated assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, and documentation reviewed demonstrated consumers have end of life wishes recorded. Consumers and representatives interviewed said they are offered the opportunity to discuss advance care planning and end of life planning at each care conference. The service ensures all consumer’s care and services are evaluated at a minimum of every three months with a care conference scheduled annually or when care and service needs change. Care planning and documentation for sampled consumers was reviewed with evidence of adjustments made to care planning after changes in condition or preferences.

Consumers and representatives interviewed said they are satisfied with the assessment and planning conducted to address their needs, goals and preferences, including advance care planning and end of life planning. The service has processes in place to ensure assessment and planning is based on an ongoing partnership with consumers, the people they wished to be involved in their care and other organisations and providers of care. Care and service documentation provided evidence of case conferences, involvement of the consumers and their chosen representatives as well as a range of other health providers such as dietitians, speech pathologists, physiotherapists and wound consultants.

The service demonstrated that the outcomes of assessment and planning are communicated to the consumer and representatives and documented in a care and services plan that is readily available to the consumer and to those who are involved in their care. While some representatives said they did not recall receiving a care plan, they said they regularly speak with staff about their consumer’s needs and changes in condition.

The service was previously Non-compliant in all five Requirements under this Quality Standard following a Review Audit conducted 15 November 2021 to 18 November 2021. The Assessment Team found the service has implemented extensive actions in response to the non-compliance identified including:

* Review of admission procedures.
* Ongoing reviews of consumer care assessment and planning, including development of a care plan audit schedule.
* Staff education, training and coaching.
* Improvements to communication regarding high risk consumers.
* Improvements to care conferencing and offering of care plans to consumers and representatives.
* Increased clinical oversight by management.

I find all Requirements in this Quality Standard are now Compliant.

# Standard 3

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

Findings

This Quality Standard is Compliant as seven of the seven Requirements have been assessed as Compliant.

The service demonstrated consumers receive safe and effective personal and clinical care that is tailored to their needs and preferences and is best practice. The Assessment Team’s observations and review of documentation demonstrated care is planned and provided in a way that is individualised and tailored to the specific needs of the consumers. While some incongruence was noted in documentation of care regarding skin integrity and diabetes management, there was minimal impact to the consumers. Overall, consumers and representatives interviewed provided positive feedback about care provided and said they are satisfied staff are providing care that is safe and right for them.

The service demonstrated that high impact and high prevalence risks are effectively managed through clinical governance systems and procedures to identify and manage risk. Risks associated with falls, pain, mobility, unplanned weight loss, and skin integrity were effectively managed for consumers sampled.

The Assessment Team found consumers who are assessed as approaching end of life are commenced on a palliative care pathway in consultation with a palliative care clinical nurse consultant. This pathway directs staff regarding care needs of the consumer including pain monitoring and assessment, skin care, oral care, and nutrition and hydration. Consumers and representatives expressed their satisfaction with end of life care provided to consumers at the service.

The service demonstrated deterioration or change in a consumer’s health, cognitive function or capacity is recognised and responded to in a timely manner. Review of sampled consumer’s care planning and clinical documentation clearly reflected any changes in condition when identified, with timely assessment and response. Interviews with consumers and representatives, documents reviewed, and observations by the Assessment Team demonstrated information was effectively shared to ensure safe and quality care and services for consumers. Care plans and clinical documentation reflected consumer’s needs, goals and preferences had been shared and incorporated into care planning and delivery.

The service demonstrated timely and appropriate referrals are made for consumers to individual providers and other organisations for the provision of care and services not available within the service. The organisation has established a clinical services team which includes clinical nurse consultants and a nurse practitioner. This team provides consultation relating to dementia and behaviour management, palliative care and geriatric management.

The organisation has processes in place to monitor infections and antibiotic use. Staff knowledge and practices within the service minimise infection related risks and promote the principles of antimicrobial stewardship, including preparedness in case of an outbreak.

The service was previously Non-compliant in all seven Requirements under this Quality Standard following a Review Audit conducted 15 November 2021 to 18 November 2021. The Assessment Team found the service has implemented extensive actions in response to the non-compliance identified including:

* Increased monitoring and communication of consumer condition and risks associated with their care.
* Improved monitoring, review and consent practices for the use of restrictive practices. The service demonstrated decreased use of psychotropic medications and minimisation of restrictive practices.
* Staff education, training and coaching.
* Planned audits of documentation, staff practice and consumer satisfaction to ensure ongoing compliance.
* The organisation has engaged an infection prevention and control practitioner role to support the service.
* Increased clinical oversight by management.

I find all Requirements in this Quality Standard are now Compliant.

# Standard 4

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

Findings

This Quality Standard is Compliant as seven of the seven Requirements have been assessed as Compliant.

Consumers and representatives interviewed by the Assessment Team were satisfied that services and supports for daily living meet their needs, goals and preferences. Consumers felt supported to participate in their community within and outside the organisation’s service environment. Staff demonstrated a sound knowledge of individual consumer’s needs and preferred activities and how they support consumers to meet their needs, goals and preferences regarding daily living. Lifestyle staff explained how they partner with consumers and representatives to create a lifestyle profile which includes individual preferences, past and current interests, social, cultural and spiritual needs and traditions that are important to them. Consumers and representatives interviewed described services and supports available to promote consumer’s emotional, spiritual and psychological well-being. Consumers said they felt connected and engaged in meaningful activities that are satisfying to them. The pastoral care and lifestyle team prioritise one-on-one visits to consumers, and communication of consumers requiring emotional support occurs daily.

The service demonstrated effective processes and systems in place for identifying and communicating each consumer’s condition, needs and preferences regarding daily living, including changes as they occur. The service demonstrated timely and appropriate referrals of consumers to other organisations, individuals and providers of other care and services in the provision of lifestyle support.

Consumers interviewed said that the service provides a range of meals which are varied and of suitable quality and quantity. The service has processes in place to include consumers in the development of the menu and to provide feedback on the quality of the food provided.

Consumers confirmed that they felt safe when using the service’s equipment and said it was easily accessible and suitable for their needs. Lifestyle equipment was observed by the Assessment Team to be safe, suitable, clean and well-maintained.

The service was previously Non-compliant in one Requirement under this Quality Standard following a Review Audit conducted 15 November 2021 to 18 November 2021. The Assessment Team found a review of the lifestyle program, consultation with consumers, the recruitment of new lifestyle staff and consultants, and encouraging consumers to attend activities throughout the service has been effective in addressing the issues identified at this Review Audit. I find all Requirements in this Quality Standard are now Compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is Compliant as three of the three Requirements have been assessed as Compliant.

The service environment was observed to be welcoming and comfortable. The building has an easy to navigate design with signage to support consumers with cognitive impairment. Doors to consumer rooms in the secure unit are individually painted to aid consumers to identify their rooms. Consumers and representatives interviewed confirmed that the environment is safe, clean and well maintained. They said there is adequate private areas, both indoors and outdoors for consumers and visitors to utilise. Consumers said they had suitable quality and quantities of equipment and resources to support their independence and enjoy activities. The service promotes consumer’s independence to move freely both indoors and outdoors.

The Assessment Team observed the service environment, and the furniture, fittings and equipment to be safe, clean, well maintained and suitable for consumers. Management and staff demonstrated effective systems in place for the cleaning and regular maintenance of the service, furniture, fittings and equipment.

The service was previously Non-compliant in one Requirement under this Quality Standard following a Review Audit conducted 15 November 2021 to 18 November 2021. The Assessment Team found improvements to the call bell system, review of the preventative and corrective maintenance program and calendar, staff training, and increased oversight by management and the organisation has been effective in addressing the issues identified at this Review Audit. I find all Requirements in this Quality Standard are now Compliant.

# Standard 6

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

Findings

This Quality Standard is Compliant as four of the four Requirements have been assessed as Compliant.

Consumers and representatives interviewed by the Assessment Team confirmed they are encouraged and supported to provide feedback and make complaints. They described the different ways they can provide feedback and said they feel comfortable raising matters with staff and management. Consumers and representatives interviewed stated management are responsive to any matters they raise, and confirmed they are aware of advocacy and language services, and other methods for raising and resolving complaints. Representatives who had raised complaints said their complaint was dealt with appropriately, and in line with the principles of open disclosure.

Feedback and complaints are recorded along with any action taken in response to the matters raised. The process is overseen by management to ensure appropriate action is taken in response to complaints and that a process of open disclosure is used when things go wrong. Feedback and complaints are recorded in the plan for continuous improvement and this has been effective in improving the quality of care and services. For example, following feedback from consumers, the service engaged new gardening contractors to ensure the outdoor areas are well maintained, and the service has ordered better quality towels for consumers.

The service was previously Non-compliant in two Requirements under this Quality Standard following a Review Audit conducted 15 November 2021 to 18 November 2021. The Assessment Team found improvements to actioning, monitoring and reporting on complaints and feedback, and the use of complaints and feedback to improve the quality of care and services, has been effective in addressing the issues identified at this Review Audit. I find all Requirements in this Quality Standard are now Compliant.

# Standard 7

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

Findings

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

Consumers and representatives interviewed by the Assessment Team said the number and mix of staff deployed meets the care needs of consumers. They confirmed they are satisfied with the staffing levels and call bells are answered in a reasonable time. The service has recruited staff to fill vacancies and planned and unplanned leave is covered by casual staff. The service has reduced reliance on agency staff. Review of call bell response data indicated call bells are generally answered in a timely manner in line with the service’s expectations.

Consumers and representatives interviewed stated the staff are kind and caring and they are treated with respect. The Assessment Team observed staff interactions with consumers to be caring and respectful.

Consumers and representatives were satisfied that the staff are trained and competent to deliver the care and services they require. Review of staff records shows the service monitors the qualifications, registrations and competencies of staff and these are all current. The service provides an ongoing training program for staff which includes annual mandatory training, additional training in response to identified needs, training by external trainers, and on the job training. The service is supported by the organisation’s clinical services team and quality and compliance team who help to identify training needs and deliver specialist training.

Management demonstrated they regularly monitor and review the performance of staff. There is a formal process for performance review. All staff have an initial performance appraisal during their probationary period and then on the anniversary of employment. Staff performance is also reviewed using consumer and staff feedback, investigation of incidents, review of clinical data, staff meetings, and observations by senior staff.

The service was previously Non-compliant in four Requirements under this Quality Standard following a Review Audit conducted 15 November 2021 to 18 November 2021. The Assessment Team found recruitment of new staff, reduced agency staff usage, staff training, improvements to the recruitment, orientation, and training programs, and completion of performance appraisals in line with the organisation’s policy has been effective in addressing the issues identified at this Review Audit. I find all Requirements in this Standard are now Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

The service demonstrated how they encourage and support consumers and representatives to participate in the development, delivery and evaluation of care and services in a range of ways. For example, through meetings, consultation, surveys and audit programs. The governing body demonstrated it promotes a culture of safe, inclusive and quality care and services and monitors this through clinical governance structures, reporting, benchmarking and auditing processes, and visits to the service.

The service demonstrated effective organisation wide governance systems are implemented regarding information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

The service demonstrated it has an effective risk management system in place. Management provided a documented risk management framework, which underpins its risk management strategies, sets out responsibilities, and includes policies and procedures. The risk management system is monitored at the service level by the management team through clinical assessment, daily review and ongoing monitoring, collection and analysis of clinical data, and internal and external audits. Oversight at the organisational level is by the quality and compliance team.

The organisation has a clinical governance framework which includes policies and procedures, responsibilities, planning, monitoring and improvement mechanisms that are implemented to support safe and quality clinical care. It is overseen by the executive management for clinical governance who is assisted by the quality and compliance team and clinical services team. There are reporting mechanisms and processes in place for the collection and reporting of data relating to clinical indicators, incidents, complaints, surveys and audits. This information is analysed, and actions are taken as necessary.

The service was previously Non-compliant in four Requirements under this Quality Standard following a Review Audit conducted 15 November 2021 to 18 November 2021. The Assessment Team found improved support, reporting and oversight processes by the organisation, new organisational clinical leadership teams, and staff training has been effective in addressing the issues identified at this Review Audit. I find all Requirements in this Standard are now Compliant.

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)