Aegis Carrington

Performance Report

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**Commission ID:** 7874

**Provider name:** Carrington Aged Care Facility Pty Ltd

**Assessment Contact - Site date:** 23 June 2020

**Date of Performance Report:** 5 August 2020

# Publication of report

This Performance Report **may 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 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |

# Detailed assessment

This performance report details the Commission’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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# 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

### The Quality Standard is assessed as Compliant as one of the seven specific Requirements has been assessed as Compliant. An overall assessment of all Requirements in this Standard was not completed.

### The Assessment Team recommended Requirement (3)(a) in Standard 3 as met. I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 3 and find the service is compliant with Requirement (3)(a).

### Overall, consumers and representatives sampled considered consumers receive personal and clinical care that is safe and right for them. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers said staff are knowledgeable, discuss their care needs with them and they get the care they need.
* Consumers and representatives said they are provided with timely personal and clinical care, including the management of their pain, mobility and medications.
* Consumers and representatives said they have access to a doctor, appropriate clinical staff and other specialists to manage their complex health care needs, including when there is an incident which affects them.

The service receives regular updates from Government Departments and aged care organisations, and policies and procedures are updated to reflect legislative, regulatory and best practice requirements. The organisation has written policies and procedures which staff can access through the intranet. Staff are provided with information on changes in practice through memoranda and discussions at meetings.

Staff are provided with corporate orientation, and additional training is provided through the organisation’s mandatory training program and optional training program.

The service has an electronic client management system which records clinical care assessments and guides staff through their clinical decision-making. Progress notes are reviewed and evaluated to identify any specific clinical issues for consumers.

The service has policies and procedures to ensure effective skin integrity, pain management and behaviour management for consumers.

Care files viewed by the Assessment Team demonstrated skin issues are reported and recorded as part of the clinical indicators. Care files also demonstrated that pain and behaviours are assessed and evaluated monthly or when there are changes in a consumer’s health care needs.

The service also has restrictive practices policies and processes on restraint free and restraint minimisation. Documentation confirmed management and staff monitor consumers who are prescribed psychotropic medications. Environmental strategies assist staff to support consumers with challenging behaviours.

Clinical and care staff interviewed by the Assessment Team were able to describe how clinical and personal care is provided to consumers. Staff said they refer to the individual care plan for each consumer and are informed of changes in care to consumers through handover and alerts on the electronic care system.

### 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.*

# 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

The Quality Standard is assessed as Compliant as one of the five specific Requirements has been assessed as Compliant.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(a) in this Standard. This Requirement was found Non-Compliant following an Assessment Contact conducted on 16 December 2019.

The Assessment Team recommended Requirement (3)(a) in Standard 7 as met. I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 7 and find the service is Compliant with Requirement (3)(a).

At an Assessment Contact - Site conducted 16 December 2019 in relation to Standard 7 Requirement (3)(a), the Decision-Maker found the organisation did not adequately demonstrate that it understands, applies and monitors this Requirement. This was evidenced through feedback from consumers and representatives who were not satisfied with the sufficiency of staff or with call bell response times.

The service has implemented a range of actions to address the deficiencies identified which I have detailed below.

## 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.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified in the service’s last assessment and have recommended this Requirement as met. The Assessment Team’s report outlined the following actions and improvements implemented since the Assessment Contact, including:

* A new Facility Manager commenced in mid-June 2020. The service has recruited 12 Registered Nurses who are completing induction and orientation in June 2020. The organisation’s management team is supporting the new clinical management team at the service.
* The service conducted a team building day on 17 June 2020 for all clinical staff at the service. This included education on organisational culture and values, the role of the Registered Nurse, and clinical education on recognising the deteriorating consumer, and wound assessment and management. Clinical staff confirmed the training was positive and added to their clinical skills and knowledge.
* Call bell audits have re-commenced with an analysis of call bells over 10 minutes undertaken. Call bell audits confirm there has been a decrease in the response times taken by staff to respond to the call bells.
* Staff completed a call bell response toolbox training on 21 January 2020.
* The service has introduced a Call Bell Delayed Response form for staff to complete following auditing and identification of staff who were present working in a wing at the time there was a delay of over five minutes in responding to call bells. The form asks staff to provide the reasons for the delays in responding to the call bells.
* The call bell system has been upgraded, including the purchase of pagers for care staff and DECT phones for Registered Nurses. Call bells are escalated to Registered Nurses after five minutes.
* A consumer/representative meeting on 21 January 2020 discussed call bell response times and steps taken to improve response times.

In relation to Standard 7 Requirement (3)(a), a sample of consumer files viewed, and information provided to the Assessment Team by consumers, representatives and staff through interviews demonstrated:

* Consumers and representatives interviewed confirmed they were satisfied with the number of staff to support the delivery of clinical and personal care services.
* Consumers and representatives interviewed provided no negative feedback about having to wait for responses to their call bells.
* The Facility Manager said staff are allocated on the basis of consumer needs and acuity, and staff allocation is continually reviewed and updated as necessary.
* Complaints about staff are investigated by the Facility Manager, with an apology provided to the consumer.
* Care staff confirmed they have sufficient staff to complete their work. Care and clinical staff said there has been an improvement with teamwork and a better workplace culture. Staff said they enjoy coming to work.
* Documentation confirmed there are consistent clinical and care staff are allocated to each wing of the service.
* The organisation has reviewed the lifestyle program and staffing. From 1 July 2020 the lifestyle program in the secure unit will cover 8.00am to 8.00pm. Weekend programming is in place. A Therapy Assistant has been employed to support consumers with increased behaviours in the late afternoons or evenings.
* An environmental audit has provided staff with additional behaviour management strategies. These include setting up a dedicated room as a quiet area, doll and household tasks therapy nook, and tactile activity stations along corridors.
* The service has introduced a new role, Resident Lifestyle Officer, who liaises with consumers and/or representatives, is available to take feedback and maintains contacts with consumer representatives to ensure timely communication. The Residential Lifestyle Officer oversees the lifestyle program to ensure consumer interests and preferences are reflected in the program.

For the reasons detailed above, I find the approved provider, in relation to Aegis Carrington, does comply with Requirement (3)(a) of Standard 7.

# 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.