Carinya House

Performance Report

1A Mills Road
GLENHAVEN NSW 2156
Phone number: 02 9849 5100

**Commission ID:** 0764

**Provider name:** Christian Brethren Community Services

**Assessment Contact - Site date:** 18 February 2021 to 19 February 2021

**Date of Performance Report:** 13 April 2021

# 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(a) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(d) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | 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.
* the provider’s response to the Assessment Contact - Site report received 10 March 2021.

# STANDARD 2 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall, sampled consumers interviewed by the Assessment Team considered that they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives interviewed felt the care is well planned to meet their needs. They feel safe and confident that staff listen and understand what is important to them regarding care and services.

Staff interviewed described how they use assessment and planning to inform how they deliver safe and effective care for consumers sampled.

The Assessment Team found that assessments were not always completed in a timely manner when consumer needs changed or included comprehensive information to allow for safe and effective monitoring of consumers.

The Quality Standard was not fully assessed and has not received a compliance rating. One of the five specific requirements have been assessed. This requirement was found 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.*

For consumers sampled, the Assessment Team found care plans did not always evidence comprehensive assessment and planning. The Assessment Team found that assessments were not always completed in a timely manner when consumer needs changed or include comprehensive information to allow for safe and effective monitoring of consumers. For example, the wound assessment for a consumer’s stage two pressure injury did not include a photo of the wound to monitor for healing and/or deterioration and another consumer did not have a wound chart commenced for a lesion on his back.

In the approved provider’s response, they demonstrated that for most consumer’s identified in the Assessment Teams report, assessments were completed in a timely manner. These assessments generally identified risks to the consumer’s health and well-being and informed the consumer’s care plan. For the consumer with a stage two pressure injury, the approved provider’s response demonstrated regular monitoring of the wound and indicated regular photos were taken.

While the service could improve on consumer assessment and planning to ensure comprehensive information is included to allow for more effective monitoring of consumers. I acknowledge that in general assessment and planning considers risks to the consumer’s health and well-being to inform safe care and services.

I find this requirement is Compliant.

# STANDARD 3 NON-COMPLIANTPersonal 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall, sampled consumers interviewed by the Assessment Team considered that they receive personal care and clinical care that is safe and right for them. Consumers and representatives interviewed by the Assessment Team felt satisfied the care and services meet their needs. Representatives sampled said the service kept them well informed about any incidents or changes in care and services for consumers.

Staff interviewed by the Assessment Team were able to identify some specific high impact or high prevalence risks associated with the care of sampled consumers. However, staff did not identify restraint as a high impact or high prevalence risk despite many consumers at the service identified as subject to chemical, physical and/or environmental restraint. The Assessment Team found risks associated with the care of sampled consumers were not consistently identified, monitored and/or effectively managed.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Non-compliant

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

The Assessment Team found risks associated with the care of sampled consumers were not consistently identified, monitored and effectively managed. When risks were identified, effective risk mitigation strategies were not consistently implemented. For a consumer who got his legs entangled in his bed rails, the service did not demonstrate the risks associated with the bed rails were reviewed and alternatives trialled to prevent the incident from reoccurring. For a consumer who is identified as chemically restrained and at a high risk of falls, the Assessment Team did not observe effective risk minimisation strategies in care planning documentation. Staff interviewed by the Assessment Team did not identify restraint as a high impact or high prevalence risk despite many consumers at the service identified as subject to chemical, physical and/or environmental restraint.

In the approved provider’s response, they demonstrated that for the consumer who got his legs entangled in his bed rails, this risk was assessed and strategies to minimise the risk were identified. However, not all these strategies such as bed rail protectors were implemented at the time of the Assessment Contact. Additionally, the risk assessment did not demonstrate that alternatives to restraint were trialled to prevent the incident from reoccurring.

The approved provider’s response demonstrated that for the consumer identified by the Assessment Team as chemically restrained and at a high risk of falls, this risk was assessed by the service during the Assessment Contact and some risk minimisation strategies were identified.

I accept that staff have had training on restraint, however, this does not demonstrate staff understanding of how this relates to specific consumers or understanding of this requirement.

The approved provider demonstrated that risks for the consumers identified in the Assessment Team’s report were assessed and strategies to minimise the risk were identified. However, it was not demonstrated that these strategies were implemented or effective at the time of the Assessment Contact. The approved provider requires time to implement more proactive systems to effectively manage the high impact or high prevalence risks associated with the care of each consumer.

I find this requirement is Non-compliant.

# STANDARD 4 Services and support 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall, sampled consumers interviewed by the Assessment Team considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Staff interviewed by the Assessment Team were aware of sampled consumers preferences around services and supports.

Consumers and representatives are able to have input into the monthly activities schedule through surveys and feedback mechanisms.

The Quality Standard was not fully assessed and has not received a compliance rating. One of the seven specific requirements have been assessed. This requirement was found 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.*

The Assessment Team found most consumers get safe and effective services and supports for daily living that meet consumers’ needs goals and preferences and optimise their independence, health, well-being and quality of life. Care documents reviewed included information about what is important to the consumer and what they enjoy doing. Staff interviewed by the Assessment Team were able to explain these needs, goals and preferences which aligned with what was documented in consumer care plans.

I find this requirement is Compliant.

# STANDARD 5 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Overall, sampled consumers interviewed by the Assessment Team considered that they feel they belong in the service and feel safe and comfortable in the service environment.

The Assessment Team observed the environment to be welcoming, clean and well maintained. Consumer rooms were observed to contain personal items such as furniture, photos and pictures.

The service demonstrated the use of regular and effective maintenance and cleaning schedules and the service has a system for preventative and reactive maintenance.

The Quality Standard was not fully assessed and has not received a compliance rating. One of the three specific requirements have been assessed. This requirement was found Compliant.

## Assessment of Standard 5 Requirements

### 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.*

The Assessment Team observed the service environment to be generally clean, safe and well maintained. Consumers can move freely indoors and outdoors including consumers who require assistance from staff. Consumers and representatives interviewed said the environment is clean, safe and well maintained. The service demonstrated the use of regular and effective maintenance and cleaning schedules.

I find this requirement is Compliant.

# STANDARD 7 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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Overall, sampled consumers and representatives interviewed by the Assessment Team considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers and representatives interviewed did not identify any issues in relation to the adequacy of staff numbers. All consumers and representatives interviewed felt the staff were kind, caring, respectful and knew what they were doing.

The service demonstrated the workforce is planned to enable the delivery and management of safe quality care and services. The service has increased workforce hours in care and diversional therapy. The service has approval for the employment of a registered nurse for the night shift and recruitment is soon to begin. Commencement of the registered nurse on night shift will see a registered nurse on all shifts at the service providing 24/7 clinical oversight of consumers. The service has been responsive to recent non-compliance and has provided recent education to staff, additional to the annual mandatory calendar.

The Quality Standard was not fully assessed and has not received a compliance rating. Two of the five specific requirements have been assessed. This requirement was found 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.*

The Assessment Team found the workforce is planned to enable the delivery and management of safe quality care and services. The consumers and representatives interviewed by the Assessment Team did not identify any issues in relation to the adequacy of staff numbers. Consumers said they did not have to wait long for staff to assist them when they used the call bell. The service has increased workforce hours in care and diversional therapy, and planned recruitment for a registered nurse will provide 24/7 clinical oversight.

I find this requirement is Compliant.

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

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

The Assessment Team found the workforce is recruited, trained, equipped and supported to deliver quality outcomes for consumers. All consumers and representatives interviewed by the Assessment Team felt the staff were kind, caring, respectful and knew what they were doing. The service demonstrated it has been responsive to identifying staff training needs and delivering required training.

 I find this requirement is Compliant.

# STANDARD 8 NON-COMPLIANTOrganisational 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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall, most sampled consumers interviewed by the Assessment Team considered that the organisation is well run and that they can partner in improving the delivery of care and services. Representatives said they had peace of mind that their loved one lived and was cared for at the service.

Organisational governance systems are in place and the organisation provided a clinical governance framework and policies relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure.

The Assessment Team found the organisation has effective risk management systems and practices in relation to identifying and responding to abuse and neglect of consumers and supporting consumers to live their best life. However, the Assessment Team found that risk management systems and practices relating to managing the high impact or high prevalence risks associated with the care of consumers were not implemented effectively at the service.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-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.*

The Assessment Team found consumers are engaged in the development, delivery and evaluation of care and services through several feedback and complaints mechanisms. Consumers and representatives are being invited to be part of a committee in relation to recruitment and will be invited to participate in Medication Advisory Committee meetings. Consumers have also been invited to chair the consumer and representative meetings.

I find this requirement is Compliant.

### 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.*

### The Assessment Team found that the service has effective organisation-wide governance systems in the key areas of information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

I find this requirement is Compliant.

### Requirement 8(3)(d) Non-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.*

The Assessment Team found the organisation has effective risk management systems and practices in relation to identifying and responding to abuse and neglect of consumers and supporting consumers to live their best life. However, the Assessment Team found that risk management systems and practices relating to managing the high impact or high prevalence risks associated with the care of consumers were not implemented effectively at the service. The Assessment Team found risks associated with the care of sampled consumers were not consistently identified, monitored and effectively managed. When risks were identified, effective risk mitigation strategies were not consistently implemented. See Requirement 3(3)(b) for further evidence.

While the approved provider demonstrated that risks for the consumers identified in the Assessment Team’s report were assessed and strategies to minimise the risk were identified, it was not demonstrated that these strategies were implemented or effective at the time of the Assessment Contact. The approved provider requires time to implement effective risk management systems and practices relating to managing the high impact or high prevalence risks associated with the care of consumers.

I find this requirement is Non-compliant.

### 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.*

The organisation provided the Assessment Team with a clinical governance framework and policies relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Education records reviewed by the Assessment Team indicated most staff have been educated about the policies. Management identified changes made at the service as a result of the implementation of these policies.

I find this requirement is Compliant.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

### Requirement 3(3)(b)

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

The approved provider must demonstrate:

* The high impact or high prevalence risks associated with the care of consumers are effectively managed.
* Risks associated with the care of sampled consumers are monitored and effectively managed with identified risk mitigation strategies.

### 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.*

The approved provider must demonstrate:

* The implementation of effective risk management systems and practices, including but not limited to, managing the high impact or high prevalence risks associated with the care of consumers.