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:** 28 January 2022

**Date of Performance Report:** 22 February 2022

# Performance report prepared by

G Cherry, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |

# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report dated 28 January 2022 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 13 April 2021
* information from the community

# STANDARD 3 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

Most interviewed consumers/representatives expressed satisfaction with consumer’s personal and clinical care. They gave examples of care provision relating to specific needs and feedback that staff are kind, caring and responsive to consumer’s needs.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

### Assessment of Standard 3 Requirements

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

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

The service demonstrated effective systems to identify, respond and manage high impact, high prevalence risks including falls, pain, wound and diabetes management plus unplanned weight loss.

Most interviewed consumers/representatives expressed satisfaction with consumer’s personal and clinical care. They gave examples of care provision relating to specific clinical needs and feedback that staff are kind, caring and responsive to consumer’s needs. Consumers gave details of staff implementing strategies in relation to wound, pain and falls management and representatives expressed satisfaction of being notified of incidents and actions implemented by the service to ensure consumers needs are effectively managed.

Review of documentation detailed care plans are regularly reviewed and contain relevant information to guide staff in providing appropriate care. Care plans contain information relating to triggers, strategies, monitoring and management processes. Documentation demonstrates timely identification and responsiveness to address individual and service wide risks.

The organisation has policy/procedure documentation relating to the management of risks, which reflects best practice guidelines and provides practical guidance for management and staff. A risk register is in place to monitor and manage risks. There is a process for collation, analysis and trending of clinical data; regular meetings to discuss and ensure implementation of appropriate responses. Review of continuous improvement plans detail improvements relating to this requirement.

Clinical and care staff gave examples of relevant risks for consumers, the process for escalation of concerns and management of care. Allied health and specialist consultants are engaged to ensure risk mitigation strategies are identified and implemented.

I find this requirement is compliant.

# 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.

# Other relevant matters

Requirement 8(3)(d) was not assessed at this visit and remains non-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.

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.