Carinya of Bicton

Performance Report

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**Commission ID:** 7230

**Provider name:** Bansley Pty Ltd

**Assessment Contact - Site date:** 17 February 2022

**Date of Performance Report:** 16 March 2022

# Performance report prepared by

Michelle Glenn, 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 |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | 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 was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and others.
* the provider did not submit a response to the Assessment Contact - Site report.
* the Performance report dated 11 June 2021 for the Site Audit undertaken from 10 March 2021 to 11 March 2021.

# 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

The Assessment Team assessed Requirement (3)(b) in Standard 3 Personal care and clinical care as part of the Assessment Contact. All other Requirements in this Standard were not assessed, therefore, an overall rating of the Standard is not provided.

Requirement (3)(b) in Standard 3 was found Non-compliant following a Site Audit undertaken from 10 March 2021 to 11 March 2021 where it was found the service was not able to demonstrate effective management of high impact risks, specifically in relation to management of behaviours. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact and have recommended Requirement (3)(b) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find Bansley Pty Ltd, in relation to Carinya of Bicton, Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care. I have provided reasons for my finding in the specific Requirement below.

**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 was found Non-compliant with Requirement (3)(b) following a Site Audit undertaken from 10 March 2021 to 11 March 2021 where it was found the service was not able to demonstrate effective management of high impact risks, specifically in relation to management of behaviours. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* A checklist conducted by senior clinical staff to ensure all areas of the behaviour management process are completed for each incident. This process includes a three day post incident behaviour and pain charting and assessment following incidents of aggression.
* Developed a bi-annual risk management training program covering compulsory reporting and elder abuse, now inclusive of the Serious Incident Response Scheme, responsive behaviours and a psychosocial model of care that provides a framework and process by which to understand behaviours that challenges in terms of unmet needs, and falls management.
* General reminders to about escalation processes in relation to elder abuse and Serious Incident Response Scheme.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Overall, consumers sampled considered that they receive personal care and clinical care that is safe and right for them. Consumers and representatives indicated members of staff explain risks to consumers’ well-being and they get to have input into steps to reduce risks.
* There are processes to ensure effective management of high impact or high prevalence risks associated with the care of each consumer.
* A sample of consumer files demonstrated high impact or high prevalence risks are identified, planned for and addressed. Documentation demonstrated appropriate management of risks relating to falls, pain, pressure injuries, and swallowing difficulties. Where issues are identified, reassessments occur, management strategies are generally reviewed and/or updated and referrals to General practitioners and/or allied health specialists initiated.
* Four care staff sampled indicated they have access to care plans to assist with the provision of care and ensure they are providing safe and appropriate care. Staff have access to a handover sheet which outlines consumers who are high falls risk, dysphagic and diabetic.
* Care staff described strategies to minimise high impact or high prevalence risks for consumers sampled.
* Clinical incidents, including in relation to medications, adverse behaviours, falls, unplanned weight loss, skin injuries and unplanned hospital admissions are collated and analysed on a monthly basis and discussed at clinical meetings as part of the service’s ongoing risk identification process.

For the reasons detailed above, I find Bansley Pty Ltd, in relation to Carinya of Bicton, Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# STANDARD 8 Organisational 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

The Assessment Team assessed Requirement (3)(c) in Standard 8 Organisational governance as part of the Assessment Contact. All other Requirements in this Standard were not assessed, therefore, an overall rating of the Standard is not provided.

Requirement (3)(c) in Standard 8 was found Non-compliant following a Site Audit undertaken from 10 March 2021 to 11 March 2021 where it was found the service was not able to demonstrate regulatory compliance processes had been consistently effective in ensuring relevant legislative requirements were met within required timeframes. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact and have recommended Requirement (3)(c) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find Bansley Pty Ltd, in relation to Carinya of Bicton, Compliant with Requirement (3)(c) in Standard 8 Organisational governance. I have provided reasons for my finding in the specific Requirement below.

**Assessment of Standard 8 Requirements**

**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 service was found Non-compliant with Requirement (3)(c) following a Site Audit undertaken from 10 March 2021 to 11 March 2021 where it was found the service was not able to demonstrate regulatory compliance processes had been consistently effective in ensuring relevant legislative requirements were met within required timeframes. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to introducing a bi-annual risk management training program encompassing compulsory reporting obligations in relation to regulatory compliance and regular staff memoranda in relation to the Serious Incident Response Scheme reporting compliance.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* The service demonstrated effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.
* In relation to information management, electronic information is password protected and staff are provided the required access relevant to their role. Hard copy information is securely stored. Staff have access to policies and procedures to assist them in undertaking their role and there are processes to ensure these are updated. There are policies relating to privacy and confidentiality and consumers and representatives are advised of any issues regarding security of consumers’ information.
* In relation to continuous improvement, improvement initiatives are identified through a range of avenues, including feedback and complaints and audit processes. Audit outcomes are reported through relevant meeting forums.
* In relation to financial governance, an annual budget is maintained that is approved by the proprietor. The governing body ensures there is enough income to meet the budget requirements. Meetings are held bi-monthly where information is disseminated to the governing body on the financial performance of the service.
* In relation to workforce governance, staff are required to follow policies and procedures, participate in development opportunities, and deliver care and services that are safe, respectful and of a high quality. There are processes to ensure staff sufficiency, including processes to manage staffing shortfalls.
* In relation to regulatory compliance, the service has implemented changes to ensure that staff are kept up-to-date with regulatory changes. A bi-annual risk management training program ensures staff are kept up-to-date with their compulsory reporting obligations and regulatory compliance. Policies and procedures are updated in response to changes in legislation and there are processes to notify staff and others where changes occur.
* In relation to feedback and complaints, policy and procedure documents, including in relation to open disclosure are available to guide staff in the management of feedback and complaints. The organisation seeks feedback and complaints from consumers, carers, the workforce and others. This information is used to inform individual and organisation-wide continuous improvements.

For the reasons detailed above, I find Bansley Pty Ltd, in relation to Carinya of Bicton, Compliant with Requirement (3)(c) in Standard 8 Organisational governance.

# 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.