Carinya of Bicton

Performance Report

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**Commission ID:** 7230

**Provider name:** Bansley Pty Ltd

**Assessment Contact - Site date:** 3 November 2020

**Date of Performance Report:** 17 February 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 1 Consumer dignity and choice** |  |
| Requirement 1(3)(a) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(f) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | 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.

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Assessment Team assessed Requirement (3)(a) in relation to Standard 1 Consumer dignity and choice, which was found Non-compliant following a Review Audit conducted on 19 to 20 February 2020. The Assessment Team found the service now meets Requirement (3)(a), based on the Assessment Team’s report I find the service Compliant with Requirement (3)(a) and have provided reasons form my decision below.

All Requirements in this Standard were not assessed and therefore an overall rating of the Standard is not provided.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

#### This Requirement was found Non-compliant following a Review Audit on 19 to 20 February 2020. The Assessment Team found the service did not have an effective system to ensure each consumer is treated with dignity and respect. Staff practice showed a lack of understanding of how to support each individual consumer’s needs in a respectful manner which maintains the consumer’s dignity.

#### The service has implemented actions to address the deficits, including staff training in relation to supporting consumers’ dignity, discussion and monitoring of staff practice in relation to treating consumers with dignity and respect, family conference program and review of consumers’ care plans.

Consumer files viewed confirmed information in relation to individual consumer’s unique identities, culture and needs are identified and recorded to inform staff on delivering care and services which are respectful of each individual consumer’s preferences and background. Consumers and their representatives interviewed confirmed consumers are treated with dignity and respect, with their identity, culture and diversity valued.

Based on the summarised evidence above I find the service Compliant with this Requirement.

# 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

The Assessment Team assessed Requirements (3)(a), (3)(b) and (3)(c) in relation to Standard 2 Ongoing assessment and planning with consumers, which was found Non-compliant following a Review Audit conducted on 19 to 20 February 2020. The Assessment Team found the service now meets Requirements (3)(a), (3)(b) and (3)(c) based on the Assessment Team’s report I find the service Compliant with Requirements (3)(a), (3)(b) and (3)(c) and have provided reasons form my decision below.

All Requirements in this Standard were not assessed and therefore an overall rating of the Standard is not provided.

## 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.*

#### This Requirement was found Non-compliant following a Review Audit on 19 to 20 February 2020. The service did not have an effective system to ensure each consumer’s current needs, including considerations of risks were assessed and documented in plans of care to inform staff on how to manage the risks and deliver safe and effective care.

The service has implemented actions to address the deficits, including communication training for staff in relation to identifying changes in care needs, family conference program to discuss assessment and planning, new assessment and planning review process, and multidisciplinary meetings to review incidents and changes in consumers’ needs.

Management advised all consumers’ files were reviewed and updated to ensure they are detailed, person-centred and address risks to the consumers’ health and well-being.

A sample of ten consumers’ files viewed and information provided to the Assessment Team by consumers, representatives and staff through interviews, demonstrated effective assessment and planning system are in place to ensure consumers’ current needs, including considerations of risks are assessed and documented in plans of care to inform staff on how to manage the risks and deliver safe and effective care.

Based on the summarised evidence above I find the service Compliant with this Requirement.

### Requirement 2(3)(b) Compliant

*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.*

#### This Requirement was found Non-compliant following a Review Audit on 19 to 20 February 2020. The Assessment Team found the service did not have an effective assessment and planning system to ensure consumers’ needs and preferences including advance care planning and end of life wishes are identified and addressed.

The service has implemented actions to address the deficits, including review and update of assessments and plans for all consumers including those identified in the Review Audit. Staff training was completed, family conferences were implemented, and new assessment and planning review processes introduced.

#### A sample of consumer files viewed, and information provided to the Assessment Team by consumers, representatives and staff through interviews, demonstrated effective assessment and planning systems that ensure consumers’ needs, goals and preferences including advance care planning and end of life wishes are identified and addressed.

Based on the summarised evidence above I find the service Compliant with this Requirement.

### Requirement 2(3)(c) Compliant

*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.*

#### This Requirement was found Non-compliant following a Review Audit on 19 to 20 February 2020. The Assessment Team found the service did not demonstrate consumers or their representatives were involved or consulted in the assessment and planning of consumers’ care and services on an ongoing basis. The service did not have an effective process to ensure consumers or their representatives are partnered and involved in assessing and planning of care for the consumers. Representatives interviewed advised and documentation reviewed confirmed the service did not actively involve or provide opportunity for consumers to be partnered in the planning of their care.

The service has implemented actions to address the deficits, including implementing a family conference process, a new assessment and planning review program and process, and training and guidance for staff.

A sample of consumer files viewed, and consumers and representatives interviewed confirmed the service consults and partners with consumers in completing assessments and developing care plans. Consumers and their representatives confirmed staff ask them about their care preferences and inform consumer representatives when incidents and changes occur. Consumer files showed medical officers and other health professionals are involved in assessment and planning of consumer care where required and in consultation with the consumer.

Based on the summarised evidence above I find the service Compliant with this Requirement.

# 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 Requirements (3)(a), (3)(b) and (3)(f) in relation to Standard 3 Personal care and clinical care, which was found Non-compliant following a Review Audit conducted on 19 to 20 February 2020. The Assessment Team found the service now meets Requirements (3)(a), (3)(b) and (3)(f) based on the Assessment Team’s report I find the service Compliant with Requirements (3)(a), (3)(b) and (3)(f) and have provided reasons form my decision below.

All Requirements in this Standard were not assessed and therefore an overall rating of the Standard is not provided.

### 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.*

#### This Requirement was found Non-compliant following a Review Audit on 19 to 20 February 2020.The Assessment Team found the service did not ensure each consumer gets safe and effective clinical and personal care in line with best practice or which is tailored to the consumer needs. One consumer was not receiving personal care, including hygiene and grooming, that was tailored to the consumer’s needs and preferences. The service did not demonstrate the consumer was receiving clinical care to manage skin integrity breakdown, wounds and eye conditions in line with best practice, resulting in ongoing impact to the consumer’s health and well-being.

The service has implemented actions to address the deficits, including a review and update of the consumer’s plan of care and staff training.

A sample of consumer files showed each consumer has an individualised plan of care in relation to personal care and clinical care which is tailored to their needs and preferences and in line with best practice. Consumers and their representatives interviewed confirmed they are satisfied consumers receive safe and effective personal care and clinical care to meet their needs and optimise consumer health and well-being.

Based on the summarised evidence above I find the service Compliant with this Requirement.

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

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

#### This Requirement was found Non-compliant following a Review Audit on 19 to 20 February 2020. The Assessment Team found the organisation did not demonstrate effective management of two consumers’ high impact and high prevalence risks associated with clinical and personal care including risks associated with behaviours, management of eye infection, refusal of medications, refusal of personal hygiene and ongoing incontinence.

#### The service has implemented actions to address the deficits, including review and update of consumers’ assessments and care plans identified by the Assessment Team, relevant training for staff, review of risk management system and strategic plan, development of a risk register, family conference program and ongoing implementation of the care management system.

Consumer files viewed confirmed consumers’ high impact risks associated with care are identified, assessed and strategies are in place to direct staff on managing the risks. Consumers identified in the previous Assessment Report have had reduced incidents of behaviours. Incidents and changes in consumers’ condition are appropriately reviewed and referrals to specialists and new strategies are implemented to manage risks associated with care of consumers. Staff interviewed confirmed training provided and strategies used to manage risks associated with individual consumers. Consumers and their representatives interviewed are satisfied consumers’ clinical risks are managed and representatives confirmed they are informed when incidents and changes occur.

Based on the summarised evidence above I find the service Compliant with this Requirement.

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

This Requirement was found Non-compliant following a Review Audit on 19 to 20 February 2020. The Assessment Team found the service did not demonstrate it had effective processes to ensure consumers requiring referral to specialists were identified and referred in a timely and appropriate manner. Two consumers with ongoing and escalating behaviours were not identified and appropriately referred to behaviour specialists in a timely manner.

The service has implemented improvements to address the deficits, including ongoing implementation of the clinical care system and staff training to ensure consumers requiring referral to behaviour specialists are identified and referred appropriately.

Consumers’ files viewed showed consumers are referred to appropriate specialists and medical officers following incidents or changes in condition. The referrals are completed in a timely manner and directives or outcomes of specialist reviews are used to update consumers’ care plans. Staff and management interviewed confirmed the referral process for various specialists and medical officers. Consumers and their representatives interviewed confirmed consumers are referred and have access to medical officers and health specialists when required.

Based on the summarised evidence above I find the service Compliant in this Requirement.

# 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 Requirements (3)(a), (3)(c), (3)(d) and (3)(e) in relation to Standard 8 Organisational governance, which was found Non-compliant following a Review Audit conducted on 19 to 20 February 2020. The Assessment Team found the service now meets Requirements (3)(a), (3)(c), (3)(d) and (3)(e) based on the Assessment Team’s report I find the service Compliant with Requirements (3)(a), (3)(c), (3)(d) and (3)(e) and have provided reasons form my decision below.

All Requirements in this Standard were not assessed and therefore an overall rating of the Standard is not provided.

## 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 service was found to be non-complaint in this requirement in a Review Audit conducted on 19 to 20 February 2020. The service has policies and procedures in place to involve consumers and in the development and delivery of care and services. However, the processes are were not effective as staff were not implementing the processes to engage consumers or their representatives in relation to decisions about care and services.

The service has implemented improvements to address the deficits identified including; individual family conference and meeting program to discuss consumer’s care, consumer and family meetings, engagement in development/refurbishment of outdoor areas and consumer surveys.

The service demonstrated they are engaging consumers and their representatives in the delivery and evaluation of care and services and are supported in that engagement. Consumers and representatives interviewed were satisfied with their involvement and said were consulted and engaged in development and changes to care and service and they feel the service values and supports their opinions.

Based on the summarised evidence above I find the service Compliant with this Requirement.

### 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 to be non-complaint in this requirement in a Review Audit conducted on 19 to 20 February 2020. It was identified the service did not have an effective information system in relation to consumers’ clinical and care information. Deficits in Standards 1, 2 and 3 showed the service did not effectively use the existing clinical information systems effectively to record care needs, consumer and representative decision making, and incidents were not documented correctly or analysed. The service did not have an accurate consolidated register for recording reportable assaults including assaults where discretion not to report has been used.

The service has implemented improvements and actions to address the deficits identified including review of current governance systems and implementation of new systems to manage information, complaints and managing reportable assaults.

The service demonstrated they have reviewed the electronic care management systems and the system has been upgraded to enable the recording of better information. The service has introduced a consolidated register for recording reportable assaults including where discretion not to report has been used. Staff confirmed they have received education in the new electronic care system along with reporting reportable assaults and the recording of that information. A new system for complaints has been implemented to ensure the flow of complaints is followed and open disclosure used where appropriate.

Based on the summarised evidence above I find the service Compliant with this Requirement.

### Requirement 8(3)(d) 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 service was found to be non-complaint in this requirement in a Review Audit conducted on 19 to 20 February 2020. It was found the service did not have an effective risk management system in relation to the management of high impact and high prevalence risks associated with the care of consumers.

The service has implemented improvements to address the deficits identified including; staff training on management of high impact risks in relation to consumers’ care and recognising and responding to elder abuse, implementation of key performance indicators for risks and a risk register to monitor and identify trends.

The service has undertaken a review of risk management systems and provided staff with training to ensure they understand and document risks along with mitigating the risks to consumers. Representatives interviewed were satisfied the risks to their loved ones are managed. Staff said they have received training in person centred care which has assisted them to understand and better manage behaviours of consumers and the additional training has assisted them to identify and understand other risks.

Based on the summarised evidence above I find the service Compliant in this Requirement.

### 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 service was found to be non-complaint in this requirement in a Review Audit conducted on 19 to 20 February 2020. It was identified the service did not have an effective clinical governance framework in relation to the minimisation of chemical restraint.

The service has implemented improvements to address the deficits identified including conducting a full audit and review of the use of physical and chemical restraint, new policy and procedures and training for staff.

The service maintains a register for physical and chemical restraint. The improvements have been effective as the service currently has no chemical or physical restraint in use. Staff interviewed could describe what constituted a physical or chemical restraint and what step needed to be taken if one was in use.

Based on the summarised evidence above I find the service Compliant in this Requirement.

# 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.