Carinya of Bristol

Performance Report

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**Commission ID:** 7449

**Provider name:** Bansley Pty Ltd

**Site Audit date:** 22 March 2021 to 23 March 2021

**Date of Performance Report:** 11 May 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

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | 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 Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the Approved Provider’s response to the Site Audit report received 9 April 2021.

# STANDARD 1 COMPLIANTConsumer 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 Quality Standard is assessed as Compliant as six of the six specific Requirements have been assessed as Compliant.

### The Assessment Team found most consumers interviewed confirmed they are treated with dignity and respect, they can maintain their identity, make informed choices about their care and services and live the life they choose. The Assessment Team spoke to consumers and representatives and provided the following feedback:

* Consumers said staff treat them with dignity and respect and representatives interviewed said they take their time to understand each consumer’s personal experiences.
* Consumers and representatives indicated staff respected consumers’ individual cultural backgrounds and the care was delivered in a way that was respectful and considerate of the consumer’s preferences.
* Consumers said they felt supported to make their own decisions and their family members are involved in their care.
* Consumers and representatives felt consumers are supported to take risks, enabling them to participate in activities of choice and live the best life they can.
* Consumers felt their privacy was respected by staff when delivering personal care. Three representatives said they were confident their family members’ information about their health, finances and other care matters are kept confidential. These comments aligned with the Assessment Team’s observations.

The service was able to demonstrate that each consumer is treated with dignity, respect and their diversity and culture are valued. The Occupational Therapist could describe how they consider the consumer’s cultural background to develop the monthly activity schedule. Care staff were able to demonstrate they understood consumers’ needs and preferences and they were familiar with their culture preferences for care and service delivery. The Assessment Team observed staff interacting with consumers in a respectful manner and providing care that was respectful of their culture. A review of consumers’ care files showed cultural needs are documented in the care plan, including preferred language, likes and dislikes for care delivery and food preferences.

The Assessment Team found the service was able to demonstrate each consumer is able to exercise choice, independence, and make decisions on the care and services delivered. This also aligned with consumers’ feedback. The Occupational Therapist was able to describe how they engage consumers and representatives during entry to the service to gain an understanding of consumers’ needs and goals. Staff said they involve consumers in regular review of care plans, assessments and care planning conferences and they could describe how they support consumers to make decisions about their care and service delivery.

Consumers confirmed they are assisted to live their best life they can and are supported to take risks in activities of choice. Clinical staff advised risks associated with consumers’ activities of choice are discussed on entry and a consumer handbook is provided to assist with decision making. Further discussions also occur during consumer case conferences. Care staff were able to provide information on how they support consumers to engage in their activity of choice and the service has policies and procedures to guide staff.

Timely and easily understood information is provided to consumers allowing them to make choices on their care and services delivered. The Assessment Team observed a range of information displayed in the service foyer, and on review of consumer case conference notes, when consumers are unable to makes decisions around their care the service seeks support from their representatives.

The Assessment Team found the organisation has monitoring processes in relation to Standard 1 to ensure a culture of inclusion and respect for consumers; supports for consumers to exercise choice and independence and consumers’ privacy is respected.

Based on the evidence documented above, I find Bansley Pty Ltd in relation to Carinya of Bristol, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## 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.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT 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 Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found that overall, consumers confirmed they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers reported feeling confident that staff listen to their goals and preferences when assessing their needs, they are involved in regular discussions with staff about their care, staff discuss any risk associated with activities of choice and all information is incorporated in their care and service plans.
* A representative said they were involved in the assessment and planning process and are happy with the care provided.
* Both consumers and representatives sampled said they always have access and can review, discuss and change the care plan at any time.

The Assessment Team found the service demonstrated they perform initial and ongoing assessments to assist them to identify each consumer’s care needs and preferences and this informs the delivery of safe and effective care and services. This aligned with the comprehensive information noted in the consumer’s assessments and care plans. The service has policies and procedures to guide staff through assessment and planning process.

The service engages with consumers and their representatives on entry, and as required, to gain an understanding of consumers’ preferences and needs to develop the advance care and end of life plan. The Assessment Team sighted all the information clearly documented in consumers’ files and on further review noted the service has policies and procedures to guide staff in supporting consumers and their representatives to document consumers’ advance care and end of life planning.

Assessment and planning for consumer care and service delivery is undertaken in partnership with the consumer and others who the consumer would like in include. The Assessment Team also found other Health Professionals are involved and recommendations are discussed with the consumer and/or representative and clearly documented on the consumer’s file. In addition, on review of consumer files it was noted most care and services are reviewed regularly for effectiveness, when circumstances change or when incidents occurred.

The Assessment Team found the organisation has monitoring processes in relation to Standard 2 to ensure initial and ongoing assessment and planning is conducted in partnership with consumers and has a focus on optimising health and well-being in accordance with consumers’ needs, goals and preferences.

Based on the evidence documented above, I find Bansley Pty Ltd in relation to Carinya of Bristol, to be Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## 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.*

### 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.*

### 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.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# 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

The Quality Standard is assessed as Non-compliant as two of the seven specific Requirements have been assessed as Non-compliant. The two Requirements assessed as Non-compliant are (3)(b) and 3(g).

The Assessment Team have recommended Requirements (3)(b) and (3)(g) not met. Based on the Assessment Team’s report and the Approved Provider’s response, I find Requirements (3)(b) and 3(g) in this Standard Non-compliant. The Assessment Team found the service could not demonstrate they effectively manage high impact or high prevalence risks in regard to pressure wound management and challenging behavioural responses. I have provided reasons for my finding in the respective Requirements below.

In reference to the other Requirements in this Standard I provide the following information. The Assessment Team found overall, consumers considered they get personal and clinical care tailored to their needs, that is safe and right for them and the organisation has policies and procedures to guide the staff. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers consider they receive personal and clinical care that is safe and right for them.
* Consumers sampled confirmed they have the opportunity to discuss their end of life wishes during annual case conferences, upon entry to the service and when they are approaching end of life.
* Two representatives said when there is a deterioration or change in consumers’ health condition staff respond in a timely manner and strategies to manage the deterioration are identified.
* Both consumers and representatives said they don’t have to repeat information to multiple providers where responsibility is shared and they were confident the service shares information about consumers’ care needs and preferences.

The Assessment Team found the service could demonstrate consumers’ needs, goals and preferences when nearing end of life were recognised and addressed, their comfort is maximised and their dignity preserved. On review of the care planning documentation, the consumer’s care and services reflect changes in line with consumer’s end of life needs and preferences. Staff confirmed they have received training in palliative care and they also choose to spend additional time with the consumer and representatives during this time.

The Assessment Team found the service has systems and processes to manage changes to consumers’ mental health, cognitive or physical function, and their capacity or condition is recognised and responded to in a timely manner. Care planning documents indicate where changes to a consumer’s cognitive and/or physical function was investigated by clinical staff they were referred to their General Practitioner or appropriate Allied Health specialist. Staff demonstrated an understanding of their roles and responsibilities in identifying and reporting signs of deterioration in consumers’ health and well-being.

The Assessment Team found the service adequately demonstrates appropriate and timely referrals to other Health Professionals as required. The service has policies and procedures to guide staff in consumer referrals and staff could describe the process. Consumers’ files noted Health Professionals are involved in the management and ongoing assessment of restraint, skin integrity and pain.

The Assessment Team found the service has a Restrictive Practice policy implemented and processes on restraint minimisation. In addition, a data base system is in place to monitor consumers’ diagnoses and medication, and trials of non-pharmacological strategies, General Practitioner reviews and consent forms.

Based on the evidence documented above, I find Bansley Pty Ltd in relation to Carinya of Bristol, to be Non-compliant with Requirements (3)(b) and (3)(g) in Standard 3 Personal care and clinical care.

### 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.*

### 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 the service was unable to demonstrate they effectively manage risks, specifically in regard to staff practices in managing challenging behavioural responses and pressure wounds. The Assessment Team provided the following information based on the consumers sampled and relevant to my finding:

In relation to one consumer (Consumer A):

The Assessment Team found the service was unable to demonstrate they effectively manage ongoing challenging behavioural responses. Although, the service has policies and procedures in place to guide care delivery for consumers displaying challenging behavioural responses, it was found staff practice was not aligned with the procedure and they failed to review and evaluate the effectiveness of the strategies implemented, especially after an incident; and neglected to update and document all strategies. The Assessment Team provided the following example:

* The Assessment Team reviewed the consumer’s care documentation and the behavioural chart. It noted over a three-month period the consumer displayed 27 incidents of verbal and physical aggression towards staff when they were attending personal needs. Staff had documented in the behavioural plan only some of the strategies implemented to manage the behavioural response, however, they noted the strategies were either semi effective, but mostly ineffective.
* During this time, there was a reportable incident involving the consumer and the staff management of the behavioural response. However, the consumer’s behaviour plan was not reviewed, evaluated or updated. The last behaviour plan sighted by the Assessment Team for this consumer was for the month prior to the incident.
* The care plan noted the trigger for the behavioural response was neuropathic pain, however, the pain chart did not reflect the consumer’s pain was regularly assessed prior to managing personal care needs. For a sampled period, staff documented 13 behavioural responses and the pain chart recorded only one.
* The General Practitioner reviewed the consumer’s behavioural incidents and prescribed an antipsychotic. However, there was no documentation to support the staff monitoring the effectiveness of the medication on the consumer’s behavioural response and health.
* Staff interviewed acknowledged there had been a decrease in frequency of the behavioural responses and advised they were trialling new strategies; however, these were not recorded on the care plan.

In relation to one consumer (Consumer B):

The Assessment Team reviewed Consumer B’s care file and noted the consumer had an unstageable pressure wound. On further review of the progress notes, wound chart and care plan it indicated the staff did not follow the strategies implemented and, therefore, identification of other pressure wounds was not reported and managed in a timely manner. The Assessment Team provided the following example:

* A month prior to the Site Audit, staff identified a deterioration in Consumer B’s mobility and they were assessed by the Physiotherapist as requiring physical assist for transfers and wheelchair for mobility.
* At the same time, a blister on the left foot was identified, 10 days later the care plan notes an air mattress was provided, two hourly pressure care was implemented and moisturiser continued to be applied twice a day.
* Three weeks prior to the Site Audit, the consumer had developed a further four pressure wounds and at the time of the Site Audit, the initial blister on the left foot identified three weeks earlier was now assessed as an unstageable pressure wound.
* Staff mentioned the consumer was ‘grabbing and making noises’ when they were attending to personal hygiene needs and the staff did not identify these non-verbal signs as possible pain. There is no reporting of the non-verbal responses in the pain chart and no record pain levels were assessed.
* The consumer’s representative said they were disappointed staff had not informed them promptly when the pressure wounds were first identified and believes the pressure wounds could have been better managed.

The Approved Provider’s response shows the service is committed to addressing the deficiencies identified by the Assessment Team. The response notes the service initiated performance management of staff, made changes to care strategies and staffing models, initiated further consultation with the General Practitioner where required and provided further training for staff in incident reporting. In addition, the Clinical Manager has conducted a review of Consumer A’s care plan to ensure all care strategies are reflected, however, there was no response to address the evaluation and effectiveness of the prescribed medication and strategies implemented.

In regard to Consumer B, the Approved Provider advised the pressure wounds continue to heal and the staff member who identified the additional pressure wounds has been provided with training in incident reporting. Although the Approved Provider has advised the consumer’s pressure wounds and health have improved, they have not effectively responded to the Assessment Team’s findings that staff did not follow the strategies implemented to manage further development of pressure wounds and, therefore, the additional pressure wounds were not identified and reported in a timely manner.

I acknowledge the Approved Provider’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit the service was unable to demonstrate effective management of high impact or high prevalence risks and pressure wounds.

For Consumer A’s care and management of challenging behavioural responses, I have considered the consumer has had ongoing challenging behavioural responses over a long period of time. Although strategies have been implemented for most behavioural responses and most have been documented staff have noted the strategies were mostly ineffective. In addition, I acknowledge the service arranged a General Practitioner review and medication was prescribed, however, staff have not monitored the effectiveness of the medication usage. The service’s deficiencies to manage high impact or high prevalence risks associated with challenging behavioural responses have impacted the consumer, staff and other consumers at the service.

In regard to Consumer B, the service was unable to demonstrate they were effectively managing the consumer’s pressure wound. I acknowledge the service had identified strategies to manage the initial pressure wound when it was first identified, and the care plan was updated to include skin care management strategies to guide staff.

In my finding, however, the first wound was assessed as unstageable nearly four weeks after a blister was identified and if staff practices were aligned with the care plan, Consumer B’s four additional pressure wounds would have been identified earlier, reported in a timely manner for further management and would have supported risk minimisation and development of further pressure injuries.

For the reasons detailed above, I find the Bansley Pty Ltd in relation to Carinya of Bristol, Non-compliant with Requirement (3)(b) in Standard 2.

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

### Requirement 3(3)(e) Compliant

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

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

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

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

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

The Assessment Team found, although the service has policies, procedures and an Outbreak Management Plan in place to minimise infection related risks, staff did not demonstrate practices to minimise infection through standard and transmission based precautions. The following information and evidence are relevant to my finding:

* Three weeks prior to the Site Audit, a consumer presented with flu like symptoms and over the next four to seven-day period another three consumers presented with the same symptoms.
* A day prior to the last consumer’s symptoms appearing, the service received confirmation parainfluenza was detected and initiated the service’s Outbreak Management Plan, under the guidance of the Public Health Unit. They advised consumers presenting with symptoms were to be isolated in their rooms, lock down the wing and implement personal protective equipment (PPE) when managing their care and service needs.
* Around the same time, another consumer from another wing in the service presented with the same symptoms.
* The Assessment Team observed staff not using PPE appropriately and not practising good hand hygiene. Staff were entering isolation rooms not using gloves, masks or gowns, ‘doffing’ outside the room, and hand hygiene was observed to be not occurring prior to entry and exit. In addition, outbreak trolleys located outside the rooms were not appropriately stocked.

The Approved Provider’s response shows the service is committed to addressing the deficiencies identified by the Assessment Team. The response notes they were successful in following policies and procedures to minimise infection, including seeking General Practitioner review for consumers presenting with symptoms, implementing the Public Health Unit Swab Procedure and service Outbreak Management Plan. However, the Assessment Team observed staff not practising correct PPE management and hand hygiene practices, and therefore, the Approved Provider did not address the deficiencies identified in minimising infection through standard and transmission based precautions.

I acknowledge the service’s actions to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, the service did not minimise infection related risks associated with the parainfluenza outbreak. Although, the service has processes in place and the Outbreak Management Plan was implemented under the guidance of the Public Health Unit, and the service had no further parainfluenza identified, the service did not demonstrate they were minimising infection through standard and transmission based precautions as the Assessment Team observed the staff not practising correct PPE management and hand hygiene practices.

For the reasons detailed above, I find Bansley Pty Ltd in relation to Carinya of Bristol, Non-compliant with Requirement (3)(g) in Standard 3.

# STANDARD 4 COMPLIANTServices and supports 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

The Quality Standard is assessed as Compliant as seven of the seven specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers considered that they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers indicated they were supported to maintain their independence, are encouraged to do the things they like to do and engage in the lifestyle program organised by the service.
* Consumers are supported to maintain relationships of importance, including intimate relationships, and staff are available when they require emotional support.
* Consumers said they enjoy the food and the dining experience and said staff know their likes and dislikes.
* One representative said the staff respect their family member to choose the foods they like and said risks associated with the food choice have been discussed.
* Consumers felt they did not have to repeat information about their care needs and preferences, even when the responsibility of care and services are shared. This aligns with a representative comment.
* Consumers and representatives said referrals to other providers of care were timely and appropriate.

A sample of consumer files viewed by the Assessment Team demonstrated information about consumers’ conditions, needs and preferences are clearly documented and communicated within the service and as required with others where responsibility of care is shared. The Assessment Team reviewed policies and procedures to guide staff to identify appropriate referrals to other Allied Health professionals as required.

The consumer files also documented consumers’ emotional need assessments. These formed part of their social, spiritual and leisure plan and included emotional and spiritual support strategies. The Occupational Therapist reviews the lifestyle activities to determine consumer engagement and suitability. Progress notes documented circumstances where care and services are shared and the care planning documents the involvement of other Health Professionals. Staff described how information is shared, including through shift handover process.

The Assessment Team observed the lifestyle, mobility and transfer equipment and noted it appeared to be well maintained. Staff felt they have access to equipment as required and were observed using the equipment in a safe manner. A review of the maintenance log shows where staff have logged issues with equipment they are repaired in a timely manner.

A review of care plans for sampled consumers reflects consumers’ dietary needs, food likes and dislikes are all documented. Kitchen staff said they work with the consumers to develop the menu and invite feedback through surveys, resident meetings and also through speaking directly with consumers during meal service to gauge their satisfaction.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 4 to ensure safe and effective services and supports for daily living are provided that optimise consumers’ independence, health, well-being and quality of life.

Based on the evidence documented above, I find Bansley Pty Ltd in relation to Carinya of Bristol, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

## 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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

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

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANTOrganisation’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

The Quality Standard is assessed as Compliant as three of the three specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers said they felt at home and safe living at the service. They said they are able to move freely around the service, including using the outdoor areas.
* Representatives said they always feel welcome when visiting the service and they were able to visit at times that suited.
* Consumers and representatives both acknowledged they were satisfied with the cleanliness of the service and equipment.
* Consumers were very happy they were able to personalise their room.

The Assessment Team observed signage located throughout the service to navigate consumers and their visitors to communal areas, consumers were supported to use all areas of the service environment and it appeared welcoming.

Furniture and fittings appeared clean and well maintained and equipment used for consumers’ mobility and transfers also appeared safe, clean and well maintained. The Assessment Team observed the kitchen area to be clean and tidy and care staff were assisting with serving meals in consumers’ rooms and seen to be practising good hand hygiene and wearing food safety attire, including hair nets.

Staff described how they identify and report maintenance tasks and hazards. The Maintenance Officer advised they do a walkthrough of the service every morning and identified items are logged in the maintenance log. A review of the maintenance log showed items are all fixed in a timely manner.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 5 to ensure a safe and comfortable service environment is provided that promotes consumers’ independence, function and enjoyment.

Based on the evidence documented above, I find Bansley Pty Ltd in relation to Carinya of Bristol, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### 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.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Quality Standard is assessed as Compliant as four of the four specific Requirements have been assessed as Compliant.

The Assessment Team found that overall, consumers consider they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers said they felt confident and knew how to make a complaint.
* Two representatives said they felt safe and heard when making complaints and raising concerns and also said staff and management are approachable and acted promptly to resolve matters raised.
* Consumers and representatives said there are posters and brochures available that informs them how to access external complaint services when they feel their concerns are not acknowledged, and advocate and language services as required.
* Two representatives said the service contacted them promptly after an incident had occurred, one saying the staff explained what had happened and apologised, and the other said staff discussed further strategies to prevent further incidents.

The lifestyle staff regularly seek feedback on the activities provided to ensure they are meeting consumers’ needs. A consumer handbook is provided on entry and provides details on the feedback and complaints process and consumers and representatives said they are satisfied with the complaints process.

Staff could describe how they action complaints and how they try and resolve the issue during their shift and if unable to do so, they assist consumers to complete the feedback form and lodge on their behalf. Clinical staff reported the service conducts family conferences where feedback and response to resolve matters are discussed.

The service has an Open Disclosure policy to support staff to identify and action feedback. Staff said they were aware of the policy and have received training in how it applies to their role.

The Assessment Team reviewed the service’s feedback register which details the nature of the feedback and the actions taken to resolve. A review of the service’s Continuous Improvement Plan indicated the information is used to inform and implement improvements to consumers’ care and service delivery. This aligns with management comments.

The Assessment Team found the organisation has monitoring processes in relation to Standard 6 to ensure input and feedback from consumers, carers, the workforce and others is sought by the service and used to inform continuous improvements for individual consumers and the organisation.

## Based on the evidence documented above, I find Bansley Pty Ltd in relation to Carinya of Bristol, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANTHuman 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 five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found consumers considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers felt there were enough staff and the right mix of roles, they said staff were well trained and qualified to deliver safe, respectful and quality care services.
* Two representatives felt there were enough staff and a ‘good mix of care and nursing staff’.
* Two consumers said staff respond to the call bell in a timely manner and another consumer said they like to be up early and dressed before breakfast and the staff help them and make sure it happens.
* Consumers said staff were kind and caring, one said they are ‘kind and gentle’ and other said the ‘carers were so lovely’.

There are processes to ensure the workforce is planned and the number and mix of staff deployed enables delivery of quality care and services. Rosters are completed six weeks in advance to ensure sufficient time to fill vacant shifts and staffing numbers are based on a number of factors, including consumer needs. There are processes to manage planned and unplanned leave.

The Assessment Team observed staff interacting with consumers in a positive, kind, caring and respectful manner. Staff were allowing time and not rushing consumers when providing care, consumer call bell requests were answered in a timely manner and staff were seen assisting consumers during mealtimes and lifestyle activities.

Management advised staff are recruited based on qualifications and experience and the service has policies and procedures to document core capabilities and competencies expected for each position. A review of the service training matrix indicates all staff have completed the mandatory training requirements and additional training is identified through staff monitoring and when required, external training providers are engaged.

The Assessment Team sampled four staff personal files indicating performance appraisals are completed for all new starters at the end of the probation period. Management considers observations by senior staff and feedback from other staff, representatives and consumers to identify areas of improvement and performance management. Where performance management has been identified, management discusses the matter/s with the staff member and provides them with additional support and training.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 7 to ensure the workforce is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

Based on the evidence documented above, I find Bansley Pty Ltd in relation to Carinya of Bristol, to be Compliant with all Requirements in Standard 7 Human resources.

## 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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

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

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

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# 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

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

The Assessment Team have recommended Requirement (3)(d) not met. Based on the Assessment Team’s report and the Approved Provider’s response, I find Requirement (3)(d) in this Standard Non-compliant. The Assessment Team were not satisfied the service demonstrated the organisation had a management system to effectively manage high impact or high prevalence risks associated with consumer care and could not demonstrate good practices in minimising infection. I have provided reasons for my findings in the respective Requirement below.

In reference to the other Requirements in this Standard I provide the following information. The Assessment Team found the service has processes to ensure consumers and their representatives are engaged, where appropriate, in the development, delivery and evaluation of care and services. In addition, the governing body promotes a culture of safe, inclusive and quality care and services and they perform a clinical analysis of incidents and feedback to inform continuous improvement. This also aligns with documents viewed and comments from both staff and representatives.

The organisation has an effective governance framework which includes information management, financial and workforce governance, regulatory compliance, continuous improvement and feedback and complaints. Management provided evidence of the policies and procedures that guide staff practice and documentation reviewed confirmed the policies are embedded across the service.

The organisation has policies and procedures to guide staff practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Staff interviewed demonstrated an awareness of these policies and described how they implement these within the scope of their roles.

Based on the evidence documented above, I find Bansley Pty Ltd in relation to Carinya of Bristol, to be Non-compliant with Requirement (3)(d) in Standard Organisational governance.

## 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.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### 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.*

### 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 service was unable to demonstrate they have effective systems to monitor staff practices and identify when staff practice is delivered inconsistently against the service policies and procedures. Specifically, when managing high risk or high prevalence risks associated with behavioural responses and wound management, and when minimising infection related risk, and implementing standard and transmission based precautions. The Assessment Team provided the following information based on consumers sampled and relevant to my finding:

* The organisation has a risk management system that guides staff to identify and respond to abuse and neglect of consumers and to support them to live the best life they can. However, the system is ineffective as it did not detect deficiencies in staff practices in care delivery. Refer to Standard 3(b), noting there was no documentation to support the staff monitoring the effectiveness of the medication on consumers’ behavioural response and not all strategies are documented.
* The Governance Manager advised deficiencies in staff practices would normally be identified through an analysis of incidents when measured against the Key Performance Indicators. However, the Assessment Team found not all behavioural and pressure wound incidents were recorded.
* Staff do not always follow the service policies and processes in regard to high impact or high prevalence risks as the strategies implemented are not reviewed or evaluated for effectiveness.
* The service has infection control policies and procedures and an Outbreak Management Plan, however, the Assessment Team observed staff not using PPE appropriately, including when attending to consumers who were isolating, and not practising good hygiene.

The Approved Provider’s response shows the service is committed to addressing the deficiencies identified by the Assessment Team. However, specifically under this Requirement, I find the Approved Provider has not addressed how they would manage the systemic deficiencies when staff practices are not compliant with the service’s policies and processes. The response redirected back to the responses provided for the other Non-compliant Requirements.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. I find at the time of the Site Audit; the service had a Risk Framework and policies and procedures to effectively manage high impact or high prevalence risks associated with the care of each consumer. However, the service’s systems failed to monitor and identify deficiencies in staff practice, showed a failure to effectively manage consumers’ behavioural responses and pressure wounds and to ensure staff were compliant in the use of PPE and good hand hygiene practices. These deficiencies have an impact on consumers’ care, health and well-being.

For the reasons detailed above, I find Bansley Pty Ltd in relation to Carinya of Bristol, Non-compliant with Requirement (3)(d) in Standard 8.

### 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.*

# 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.

The service should seek to ensure the following:

* In relation to Standard 3 Requirements (3)(b) and (3)(g).
	+ Ensure strategies implemented are documented clearly in all relevant documents to ensure consistency and staff are aware of their role and responsibilities in monitoring and evaluating the effectiveness of the strategies implemented.
	+ Ensure staff practices align with strategies implemented to manage high impact or high prevalence risks.
* In relation to Standard 8 Requirement (3)(d):
	+ Ensure effective management of high impact or high prevalence risks associated with care, and that consumers are supported to live the best life they can.
	+ Ensure effective risk governance framework which considers information provided through a variety of sources to identify and monitor staff practices to ensure they align with organisational policies, procedures and risk framework.
	+ Monitor the organisation’s system to ensure non-compliance in staff practices is identified early and staff are provided with additional training and education.