Accreditation Decision

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Charingfield |
| **RACS ID:** | 0384 |
| **Name of approved provider:** | Trustees of the Christian Brothers |
| **Address details:**  | 282A Bronte Road WAVERLEY NSW 2024 |
| **Date of site audit:** | 13 August 2019 to 16 August 2019 |

**Summary of decision**

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| **Decision made on:** | 01 October 2019 |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. |
| **Decision:** | To re-accredit the service under section 41 of the Rules. |
| **Further period of accreditation:** | 11 October 2019 to 11 October 2020 |
| **Assessment of performance with the Aged Care Quality Standards** |
| Standard 1 Consumer dignity and choice | Met |
| Requirement 1(3)(a) | Met |
| Requirement 1(3)(b) | Met |
| Requirement 1(3)(c) | Met |
| Requirement 1(3)(d) | Met |
| Requirement 1(3)(e) | Met |
| Requirement 1(3)(f) | Met |
| Standard 2 Ongoing assessment and planning with consumers | Not Met |
| Requirement 2(3)(a) | Met |
| Requirement 2(3)(b) | Not Met |
| Requirement 2(3)(c) | Met |
| Requirement 2(3)(d) | Met |
| Requirement 2(3)(e) | Met |
| Standard 3 Personal care and clinical care | Not Met |
| Requirement 3(3)(a) | Not Met |
| Requirement 3(3)(b) | Met |
| Requirement 3(3)(c) | Met |
| Requirement 3(3)(d) | Met |
| Requirement 3(3)(e) | Met |
| Requirement 3(3)(f) | Met |
| Requirement 3(3)(g) | Met |
| Standard 4 Services and supports for daily living | Met |
| Requirement 4(3)(a) | Met |
| Requirement 4(3)(b) | Met |
| Requirement 4(3)(c) | Met |
| Requirement 4(3)(d) | Met |
| Requirement 4(3)(e) | Met |
| Requirement 4(3)(f) | Met |
| Requirement 4(3)(g) | Met |
| Standard 5 Organisation’s service environment | Met |
| Requirement 5(3)(a) | Met |
| Requirement 5(3)(b) | Met |
| Requirement 5(3)(c) | Met |
| Standard 6 Feedback and complaints | Met |
| Requirement 6(3)(a) | Met |
| Requirement 6(3)(b) | Met |
| Requirement 6(3)(c) | Met |
| Requirement 6(3)(d) | Met |
| Standard 7 Human resources | Met |
| Requirement 7(3)(a) | Met |
| Requirement 7(3)(b) | Met |
| Requirement 7(3)(c) | Met |
| Requirement 7(3)(d) | Met |
| Requirement 7(3)(e) | Met |
| Standard 8 Organisational governance | Met |
| Requirement 8(3)(a) | Met |
| Requirement 8(3)(b) | Met |
| Requirement 8(3)(c) | Met |
| Requirement 8(3)(d) | Met |
| Requirement 8(3)(e) | Met |
| **Timetable for making improvements:** | By 15 January 2020  |
| **Revised plan for continuous improvement due:** | By 16 October 2019  |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance
Assessment Report

The Commission makes the decision taking into account this Site Audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this Site Audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Charingfield (the Service) conducted from 13 August 2019 to 16 August 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report details the findings of this performance assessment and contains a detailed report about the performance of the Service against each Quality Standard assessed and the requirements within each Quality Standard assessed rated as either, Met or Not Met.

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 16 |
| Consumer representatives  | 5 |
| Management | 1 |
| Clinical staff | 3 |
| Care staff | 9 |
| Hospitality and environmental services staff | 1 |
| Lifestyle staff and welfare officer | 2 |
| External contractors | 3 |
| Visiting service providers such as allied health professionals | 1 |
| Administration officer | 1 |
| Executive Committee members | 2 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### 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.

#### Summary of Assessment of Standard 1:

#### The Assessment Team found the service has met all six (6) requirements under Standard 1.

Service staff demonstrated knowledge and understanding of practices to ensure each consumer is treated with dignity and respect and their cultural needs and preferences are considered. There is evidence that consumers are supported to participate in choice and decision making and maintain their independence. Information and evidence was sourced through interview with consumers, staff and management, and, confirmed through observation of practice and documentary evidence as required. Staff confirmed they are implementing practices that are consumer focussed. Most consumers said they feel they are treated with dignity and respect and they are supported to make decisions about care and services and exercise independence.

#### Requirements:

Standard 1 Requirement 3(a) Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### **Standard 1 Requirement 3(b) Met**

The organisation demonstrates that care and services are culturally safe.

Standard 1 Requirement 3(c) Met

The organisation demonstrates that 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.

Standard 1 Requirement 3(d) Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

Standard 1 Requirement 3(e) Met

The organisation demonstrates that 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.

Standard 1 Requirement 3(f) Met

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Not Met

#### Consumer outcome:

1. 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.

#### Summary of Assessment of Standard 2:

The Assessment Team found the service has met one (1) of the five (5) requirements under Standard 2.

Service staff demonstrated understanding of a framework for on-going assessment and care planning with consumers and others of their choice but failed to demonstrate compliance with the services preferred care planning processes and practices. Sample files review revealed changes to consumers preferred and assessed care needs and abilities identified through consultation with representatives, staff, health professionals and others are not being accurately recorded in care documentation and communicated to staff delivering care and services.

#### Requirements:

Standard 2 Requirement 3(a) Not Met

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(b) Not Met**

The organisation demonstrates that 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.

Standard 2 Requirement 3(c) Met

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.

Standard 2 Requirement 3(d) Not Met

The organisation demonstrates that 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.

Standard 2 Requirement 3(e) Not Met

The organisation demonstrates that 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:Personal care and clinical care Not Met

#### 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.

#### Summary of Assessment of Standard 3:

The Assessment Team found the service has met six (6) of seven (7) requirements in Standard 3.

The service was unable to demonstrate for Requirement 3 (a) that it provides safe, effective and consumer focused care that is best practice to each consumer. Clinical care is not tailored to individual needs to optimise health and wellbeing for each consumer.

However, high risk areas for consumers have been identified and the service has employed evidence-based strategies to guide practice and to minimise these risks. Care delivery and consumer outcomes are monitored and evaluated, and these findings are used to make required changes in this area.

Needs, goals and preferences for consumers nearing the end of life were recognised and addressed, providing comfort and dignity. Deterioration has been identified and responded to in a timely manner. Information is documented and shared, and referrals are made appropriately. Specialists, medical officers and allied health such as podiatry, palliative care and mental health specialists are accessed as required and on request of consumers and/or their representatives. There are processes to support storage, administration and disposal of medications safely including processes to ensure that consumer’s medications are reviewed, and medication orders are current. A medication advisory committee provides advice on the organisation's medication management system and a pharmacist conducts medication reviews for individual consumers.

Staff said they understand consumers personal and clinical care needs and preferences in relation to delivery of care.

Most consumers and representatives are satisfied that their care needs are met and is provided in a caring and competent manner.

#### Requirements:

Standard 3 Requirement 3(a) Not Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(b) Met

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

Standard 3 Requirement 3(c) Met

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

Standard 3 Requirement 3(d) Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(e) Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(f) Met

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Standard 3 Requirement 3(g) Met

The organisation demonstrates 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.

### Standard 4:Services and supports for daily living Met

#### 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.

#### Summary of Assessment of Standard 4:

The Assessment Team found the service has met all seven (7) requirements under Standard 4.

Of the consumers and representatives interviewed each expressed overall satisfaction with the way consumers are assisted to adjust to life at the organisation and with the supports for daily living provided. Staff consult with consumers and their representatives to identify goals and needs to support daily living, staying active, maintain independence and assisting consumers to do things for themselves, supporting emotional and spiritual well-being, staying connected within and outside of the home, continuing and maintaining personal relationships, doing things of interest for each consumer, enjoying meals and food options, and ensuring needs and preferences are communicated to others with caring responsibilities. The service also provides suitable equipment and ensures equipment used is suitable, safe and well maintained. Consumers and representatives provided multiple examples of being supported to make choices and participate in things of interest to them. This included accessing activities both within and outside of the service, maintaining friendships, provision of emotional and spiritual support and being supported to do things for themselves such as going to the local shops.

Consumers were observed participating in communal activities and meals. Consumers said they are provided with information in writing and verbally by staff on activities offered, menu options available and spiritual and emotional support available. Information on rights and responsibilities is displayed in the service and individualised preferences were sighted in care documentation.

#### Requirements:

Standard 4 Requirement 3(a) Met

The organisation demonstrates that 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.

Standard 4 Requirement 3(b) Met

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

Standard 4 Requirement 3(c) Met

The organisation demonstrates that 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.

Standard 4 Requirement 3(d) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

Standard 4 Requirement 3(e) Met

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Standard 4 Requirement 3(f) Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

Standard 4 Requirement 3(g) Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5:Organisation’s service environment Met

#### 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.

#### Summary of Assessment of Standard 5:

#### The Assessment Team found the service has met all three (3) requirements under Standard 5.

#### The service was observed to be clean and maintained during significant construction to house one with the demolition work occurring for a new lift installation. Most consumers said they feel safe and the environment feels homely. Consumers are able to move freely about the service and furniture; fittings and equipment are satisfactorily maintained and are suitable for consumers. Staff demonstrated practices and processes to ensure the service environment is well maintained and is safe, comfortable and welcoming and meets consumer’s needs and preferences.

#### Consumers’ rooms were observed to be decorated with memorabilia, photographs and other personal items. The common areas within each of the 5 houses/wings of the service enables consumers to move around freely, with suitable furniture, fittings and signage to help consumers navigate the service. Consumers have access to tidy outdoor areas with garden space and communal areas. There are also paths and handrails that enable free movement around the area.

#### Requirements:

Standard 5 Requirement 3(a) Met

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

Standard 5 Requirement 3(b) Met

The organisation demonstrates that the service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

Standard 5 Requirement 3(c) Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6:Feedback and complaints Met

#### 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 into 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.

#### Summary of Assessment of Standard 6:

The Assessment Team found the service has met all four (4) requirements under Standard 6.

The service demonstrated that consumers know how to give feedback and make complaints and feel safe and comfortable doing so. Consumers and their representatives have access to advocates, language services and other methods for raising and resolving complaints. Management and staff demonstrated that appropriate action is taken to resolve complaints with a commitment to open disclosure when things go wrong. Feedback and complaints are reviewed, analysed for trends and used to improve the quality of care across the service. Consumers and their representatives said that they are supported to give feedback and that they are engaged in processes to address any concerns raised. Consumers and representatives said that the service takes appropriate action to resolve complaints.

#### Requirements:

##### **Standard 6 Requirement 3(a) Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

Standard 6 Requirement 3(c) Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

Standard 6 Requirement 3(d) Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7:Human resources Met

#### 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.

#### Summary of Assessment of Standard 7:

The Assessment Team found the service has met all five (5) requirements under Standard 7.

The service demonstrated it has a workforce that is sufficient, skilled and qualified to provide safe, respectful and quality care and services. Workforce planning processes are in place to ensure that the service maintains optimal numbers and mix of staff. The Assessment Team observed that staff interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers confirmed that staff treat them with respect, are kind and caring and gave numerous examples of what this meant to them. The service demonstrated that the workforce is recruited to specific roles, trained and equipped to undertake these roles and are supported to quality care to consumers. The service demonstrated that the workforce is competent, suitably qualified and supported with initial and ongoing training to effectively perform their roles. The skills and capabilities of each member of the workforce is regularly assessed, monitored and reviewed. Consumers and representatives said that staff are well trained and know what they are doing.

#### Requirements:

Standard 7 Requirement 3(a) Met

The organisation demonstrates that 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.

Standard 7 Requirement 3(b) Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

Standard 7 Requirement 3(c) Met

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

Standard 7 Requirement 3(d) Met

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

Standard 7 Requirement 3(e) Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

### Standard 8:Organisational governance Met

#### 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.

#### Summary of Assessment of Standard 8:

The Assessment Team found the service has met all five (5) requirements under Standard 8.

The service demonstrated that it involves consumers in the development, delivery and evaluation of care and services providing examples of how consumers are involved in choice and decision making. Consumers confirmed that they are involved in planning their care delivery and evaluation of care, providing examples of how this occurs. The service is supported by an effective organisational governance framework which promotes a culture of safe, inclusive and quality care that sets clear expectations for accountability around delivery of care and services. There are service wide governance systems to support effective information management, workforce management, clinical care and regulatory compliance. The service has effective risk management systems and practices which support consumers to live the best life they can. The clinical governance framework addresses antimicrobial stewardship, supports open disclosure and minimising the use of restraint. Staff interviewed understood these concepts and could explain how they are applied in practice. Feedback from consumers and their representatives about the service and management of care and services was consistently positive.

#### Requirements:

Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

Standard 8 Requirement 3(b) Met

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

Standard 8 Requirement 3(c) Met

The organisation demonstrates 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.

Standard 8 Requirement 3(d) Met

The organisation demonstrates 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.

Standard 8 Requirement 3(e) Met

The organisation demonstrates that 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.