Performance

Report

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| Name of service: | Carinity Fairfield Grange |
| Service address: | 33 Kokoda Street IDALIA QLD 4811 |
| Commission ID: | 5411 |
| Approved provider: | The Baptist Union of Queensland |
| Activity type: | Site Audit |
| Activity date: | 6 September 2022 to 8 September 2022 |
| Performance report date: | 7 October 2022 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Carinity Fairfield Grange (**the service**) has been prepared by Susan Turner, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

The following information has been considered in preparing the 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.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is compliant as six of six requirements have been found compliant.

Consumers and representatives spoke positively about staff and said that they were respectful and treated consumers with dignity, valuing their identity and culture. Consumers and representatives said staff know the consumer and that consumers receive care and services that are appropriate to their needs, including for example, consumers’ preferences as to the gender of staff who attend to them.

Consumers said they receive sufficient information and are supported to make decisions about their care including making choices about the involvement of family and friends. They expressed satisfaction with their ability to take risks and said that staff supported them to live the best life they can.

Care documentation provided information about the consumer’s background, history, place of birth, culture, religious affiliation, previous occupations, key relationships, and significant life events. Documentation identified evidence of engagement with consumers and their representatives.

Care documentation evidenced risk assessments, and risk minimisation strategies in those circumstances where consumers choose to take risks including for example smoking cigarettes and mobilising independently. Strategies to minimise harm to a consumer who chose to smoke cigarettes included education on how to use the call bell, the use of sensor equipment, the provision of a smoking apron, the development of a smoking schedule and staff supervision.

Staff said they are kept abreast of changes to consumers’ care needs through the electronic care management system, via handover, meetings and other forms of correspondence. Staff could explain how they support consumers who choose to take risks by explaining the benefits and possible harm associated with the activity. Staff said consumers are involved in problem-solving solutions to reduce risk where possible and could describe the strategies they implement for individual consumers.

The service has policies and procedures to guide staff in supporting consumers to make their own decisions including the consumers’ right to take risks.

Staff were observed providing care in accordance with the consumers’ preferences. Staff knocked on doors and announced themselves before entering rooms. Staff were noted to seek consent to provide care and were aware of the consumer’s preference for male or female staff.

Information about advocacy and support networks was displayed in the main foyer and throughout the service.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

This Quality Standard is compliant as five of five requirements have been found compliant.

Consumers and representatives were satisfied with assessment and care planning processes. They said that consumers’ needs, goals and preferences including in relation to advance care planning, were considered. Consumers provided examples of how their preferences have been identified and communicated to staff, including when there has been a change in their condition, and how they have been referred to other health specialists when a need has been identified.

Registered staff explained how they develop the care plan together with the consumer, their representatives (if appropriate), the medical officer and allied health. They said that end of life planning is discussed when the consumer enters the service and at care plan reviews. The electronic care management system supports the process and alerts registered staff when assessments are due. Staff were observed throughout the site audit, accessing consumers’ care planning documentation.

Assessment and care planning processes included consideration of risks to the consumer’s health and well-being, including for example falls, weight loss, medications and changed behaviours. Strategies to address and minimise risk were reflected in care planning documentation. Care documentation evidenced regular review including when circumstances change or when an incident occurred and following a deterioration in health and well-being.

Policies and procedures relating to Standard 2 provide guidance to staff and include assessment and care planning.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

This Quality Standard is compliant as seven of seven requirements have been found compliant.

Consumers and representatives were satisfied with the care and services consumers received and felt that staff understood their care needs. They said consumers received care that is right for them and that it optimised consumers’ health and well-being. They provided examples of the effective management of consumers’ pain, wounds, medications, chronic conditions and specialised nursing care needs.

For those consumers who have restrictive practices applied, care documentation demonstrated that informed consent and authorisations were in place.

For consumers with risks associated with their care such as changed behaviours, falls, diabetes mellitus and weight loss, there was evidence these risks were being managed through clinical monitoring, incident trending and individualised risk minimisation strategies. Care documentation demonstrated that where a need was identified there was engagement with allied health professionals and clinical equipment supported the delivery of safe, quality care.

Education and training records identified that staff receive comprehensive clinical education and the Assessment Team found staff demonstrated knowledge and skills in managing consumers’ personal and clinical care needs including non-pharmacological interventions in supporting consumers with pain and changed behaviours.

Clinical staff were able to describe the way they support consumers who are approaching end of life. They described the conversations they have with the consumer, their representatives and the medical officer and said there are equipment and resources available to support them as they care for consumers entering the palliative phase.

Management reported that information about consumers and their care needs is communicated via the electronic care management system, handover, the electronic messaging platform and face to face communication. The Assessment Team observed a shift handover and noted that it included discussions of changes in consumers’ care needs and preferences and the involvement of allied health professionals.

The service demonstrated that it was prepared for an outbreak of an infectious disease including a COVID-19 outbreak and that an outbreak management plan was in place to guide staff. Consumers and representatives were satisfied with the service’s infection control practices and the management of a recent outbreak. An Infection Prevention and Control Lead has been appointed and has completed the relevant training associated with the role. The service was found to carry a plentiful supply of personal protective equipment, screening processes were in place, and a vaccination register was being maintained. The Assessment Team observed staff adopting the appropriate infection control measures when attending to consumers.

The service has access to a range of policies, procedures and care pathways to guide staff practice in relation to personal and clinical care including wound management, skin integrity and restrictive practices.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is compliant as seven of seven requirements have been found compliant.

Consumers and representatives were satisfied with consumers’ ability to engage in activities that are of interest and are enjoyable to them. They said consumers are provided with the relevant supports, equipment and resources to promote their well-being, independence and quality of life. Consumers said they attended the men’s club, played pool, visited with the Chaplain, spent time with therapy dogs and enjoyed the musical events provided. Two consumers said they ‘feel at home’ living at the service.

Consumers said the service provided emotional, spiritual and psychological support to them. They said that regular church attendance is available and that events such as ANZAC Day and Remembrance Day are celebrated. Consumers are supported to celebrate NAIDOC week and said staff provide services in a culturally sensitive way.

Care related documentation demonstrated that consumers’ needs, preferences and goals are recorded and supported and that consumers enjoy their preferred activities, hobbies and pastimes. Documentation included information about those identified people who are important to the consumer and those who are involved in providing care or activities of interest. Staff knew those consumers who are married or who had developed close relationships with others.

Staff said they observe consumers and if they are sad they take time to sit with them and have a chat. Staff said they report their concerns to a registered nurse who will liaise with the consumer, their representatives, lifestyle staff and if required, the medical officer.

Staff said consumers are supported to maintain links with the community outside the service including visiting family, shopping and pursuing other community interests. Consumers provided examples of the things they do outside the service including going to local cafes, going on bus trips, taking taxis to events, birdwatching, swimming and visiting family.

The Assessment Team observed consumers playing pool and involved in various activities throughout the service including arts and crafts, reading, board games, singing and supported walking groups.

Overall consumers said they found the meal service satisfying, varied and appropriate in quality and quantity. Consumers provided feedback including ‘the food is great’, ‘you would never go hungry’ and ‘there’s plenty of food’. Staff said consumers have input into the menu as does the chef and dietitian. Staff said alternative meal options are offered if consumers do not want the menu on offer. The Assessment Team observed menus displayed in various locations and noted that a variety of options were available. Special diets were catered for and specific dietary requirements were captured in the electronic care management system to ensure staff provided consumers with the correct meal.

Catering staff were observed wearing personal protective equipment, hair nets, masks, face shields, gloves and regularly washed their hands when preparing and serving/delivering food.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is compliant as three of three requirements have been found compliant.

Consumers spoke positively about cleaning and provided feedback that the ‘staff do a great job’ and that the service ‘feels like home’. They said that maintenance was well managed, that they felt safe within the internal and external environment and when using equipment.

Consumers said they can come and go from the service as they wish and were observed using various internal and external areas to read, relax, enjoy the sunshine and exercise.

The Assessment Team observed the service to be welcoming and easy to navigate with open corridors, a hairdressing salon and areas for dining, activities and socialising. Consumers are able to personalise and decorate their rooms in a way that reflects their individual tastes and preferences.

The service environment (both internal and external), equipment, fittings and furniture were observed to be safe, comfortable and well-maintained. The large external area was accessible and inviting to consumers with multiple walkways, gardens and a barbecue area that can be used by consumers and their guests.

Staff described the processes in place to identify maintenance issues or hazards and when necessary, to escalate the situation to the management team. There are preventative and reactive maintenance schedules in place and these are monitored and managed via an electronic maintenance system. The Assessment Team reviewed the electronic maintenance schedule and found that incidents were recorded, actioned and escalated as required and that scheduled maintenance was completed.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is compliant as four of four requirements have been found compliant.

Consumers and representatives said they feel encouraged, safe and supported to provide feedback and make complaints and said that management address their concerns when raised. They could describe the various mechanisms available for them to raise concerns that included speaking with management or staff directly, raising matters at consumer meetings and through the use of feedback forms. Consumers and representatives were aware of external complaints mechanisms and could provide examples of when they had made contact with external bodies.

Staff were familiar with the principles of open disclosure and said they are encouraged by management to support consumers to complete feedback and complaints forms if assistance is required. Staff were familiar with internal and external complaints mechanisms and advocacy and translation services and they could describe how they assist consumers with a cognitive impairment or difficulty with communication.

Management said that complaints data is collected and used to inform continuous improvement with improvement initiatives reflected in the service’s plan for continuous improvement.

The Assessment Team found that information about how to make a complaint is included in the monthly consumer newsletter and the consumer handbook, and that suggestion boxes, feedback and complaint forms were accessible. Posters and information about external complaints mechanisms and advocacy services were placed throughout the service. There are policies and procedures that guide staff in relation to complaints management and the principles of open disclosure.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is compliant as five of five requirements have been found compliant.

Consumers and representatives spoke highly of staff with feedback including staff are ‘fantastic,’ ‘gentle, kind and caring,’ and that they are ‘respectful and patient.’ Consumers and representatives were generally satisfied with staffing levels and said care was delivered in a timely manner and in accordance with their identified needs. Consumers said they were confident in the staff’s ability to care for them and felt that staff were well-trained and equipped to undertake their role.

Staff across various service areas felt there is the right mix of staff to plan and deliver care and the Assessment Team found they had an in-depth understanding of the consumers they cared for. Staff described the orientation and onboarding process which includes mandatory training, competency assessments, role specific training and education relating to the Aged Care Quality Standards. They said that they have an annual performance appraisal completed and if they request additional education or training that this is supported by management.

Management said the service employs a mix of registered and care staff and that they have experienced challenges recruiting staff. Management described some of the actions they have taken to support the delivery of safe care that includes reduced occupancy and closure of one wing (following consultation and engagement with consumers); they said that recruitment is an on-going process. Management explained the rostering processes in place and how unplanned leave is addressed including through the extension of existing shifts and redirecting staff where this is appropriate.

Management said that new staff receive an orientation and the onboarding process includes opportunities for new staff to work closely with and shadow more experienced colleagues. Management said they determine staff competency through skills assessments, toolbox sessions, analysis of clinical data, performance appraisals, observations of practice and feedback from consumers and representatives. Position descriptions are maintained which establish responsibilities, knowledge, skills and qualifications for each role. There are monitoring mechanisms for staff national criminal history checks, professional registrations and vaccination records. The Assessment Team reviewed staff training records and identified staff have received training including in relation to the Serious Incident Response Scheme, open disclosure, infection control, manual handling and fire safety.

The Assessment Team observed staff responding to consumers’ requests for assistance, meals were served on time and activities occurred at scheduled times. Interactions between staff and consumers were found to be kind, caring and respectful.

The service has a suite of policies and procedures that guide staff, including in relation to human resources and person-centred care.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

Management described the ways in which consumers are engaged in the development, delivery and evaluation of care including through surveys, consumer meetings, and verbal feedback. Consumers said they were confident in the way the service is run and are satisfied with their level of engagement.

The service has policies and procedures that promote a culture of safe, inclusive, quality care and there are systems and processes to monitor the service’s performance, including compliance with the Aged Care Quality Standards. Policies include antimicrobial stewardship, minimising the use of restraint and open disclosure. A clinical governance framework and clinical governance team maintains oversight of the service’s clinical matters and an incident management system ensures incidents are identified, actioned and reported appropriately.

Management said policies and procedures are updated in response to legislation and these changes are communicated to relevant stakeholders through staff messaging systems, electronic mail, newsletters and staff training. Staff were familiar with organisational policies and could explain how they applied these in a practical way to the work they did.

The Assessment Team found that effective governance systems operate in relation to information management, continuous improvement, financial governance, workforce management, regulatory compliance and complaints processes. For example, staff said they could readily access the information they need to undertake their role and consumers were satisfied with the amount of information they received. Continuous improvement initiatives were drawn from a variety of sources and examples of improvements, including those initiated by consumers, were provided to the Assessment Team.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)