**Performance**

**Report**

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| Name of service: | Carinity Home Care - Brisbane North |
| Service address: | 53 Prospect Road GAYTHORNE QLD 4051 |
| Commission ID: | 700318 |
| Home Service Provider: | The Baptist Union of Queensland |
| Activity type: | Quality Audit |
| Activity date: | 9 May 2023 to 11 May 2023 |
| Performance report date: | 7 August 2023 |

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 Home Care - Brisbane North (**the service**) has been prepared by J. Bayldon, 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.

# Services included in this assessment

**Home Care:**

* Carinity Home Care - Brisbane North, 18005, 53 Prospect Road, GAYTHORNE QLD 4051

**CHSP:**

* Community and Home Support, 23691, 53 Prospect Road, GAYTHORNE QLD 4051

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 2 June 2023.

# Assessment summary for Home Care Packages (HCP)

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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 | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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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 | **Not applicable as not all requirements have been assessed** |
| **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

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.

* Ensure staff are adequately trained in order to demonstrate the services risk management strategies to effectively manage high impact and high prevalence risks and to ensure demonstration of how assessments relating to risks are incorporate in consumers care plans.

# Standard 1

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

Findings

At the time of the performance report decision the service was:

* Ensuring that consumers are treated with dignity and respect with their individuality and diversity valued.
* Demonstrating practises that ensure delivery of culturally safe consumer care and services.
* Evidencing consumers are informed and supported to make choices and maintain their independence, including supporting consumers to take risks to live the best life they can.
* Ensuring that the provision of information to consumers is accurate, timely, and easy to understand.
* Evidencing practices that ensure consumer privacy is respected and protected.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

At the time of the performance report decision the service was:

* Demonstrating embedded processes to consider, identify, and mitigate consumer risks during assessment and planning.
* Evidencing a consumer centric approach to service planning that accurately reflects needs, goals, and preferences.
* Evidencing consumers are involved and engaged in the assessment and planning of their own services.
* Demonstrating that the outcomes of assessment and planning are communicated with consumers and those they wish to be involved in the process.
* Evidencing the regular and episodic review of consumer care and services.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

At the time of the performance report decision the service was:

* Demonstrating safe and effective clinical care practices that reflect the individualised needs and preferences of consumers to optimise their independence, health, and well-being.
* For CHSP services only, effectively managing the consideration, identification, and mitigation of high-impact, high-prevalence consumer risks through assessment & reporting tools and documented risk strategies.
* Evidencing that consumers’ needs are recognised and responded to, including when consumers preferences change, or when they approach end of life.
* Evidencing that consumer deterioration is recognised and responded to by service staff in a timely manner.
* Demonstrating that consumer needs, goals and preferences are documented and communicated to inform those involved in delivering consumer care.
* Demonstrating the service makes timely and appropriate referrals to other organisations.
* Demonstrating practices that minimise infection-related risks for consumers.

At the time of the performance report decision for HCP services provided, the service was not:

* Effectively managing the consideration, identification, and mitigation of high-impact, high-prevalence consumer risks through assessment & reporting tools and documented risk strategies.

At the time of the quality audit, the assessment team found when reviewing consumers files that the service was not effectively managing high impact, high prevalence risks to consumers. For example, when reviewing an HCP consumer’s file who had recently suffered a fall (causing a leg injury), no risk assessment was conducted following the fall and the consumer’s file indicated that physiotherapy appointments had ceased with no mention of the incident occurring. A further review of the consumers documentation found the following:

* A home safety assessment document was present in the consumer’s file; however, the document was blank.
* An updated care plan following the incident was reviewed and it was noted that the plan did not identify falls as a risk, with the ‘mobility’ section of the document indicating that the consumer uses a wheelie walker and moves independently.
* A clinical assessment for the consumer that was performed by the service a short time following the fall reporting no records of a fall in the previous six months.

When discussed with the service during the quality audit, the service indicated that until recently, it did not have an internal falls risk assessment tool to utilise. Upon being identified by management, the service conducted a falls risk awareness month to coincide with the establishment of its new risk assessment tool. Management, however, did acknowledge that the incident report regarding the consumer had been missed before the clinical assessment was performed.

In response to the Assessment Team report, the service was able to evidence an updated completed home assessment report for the consumer. The service also provided recent physiotherapy notes showing the progress of the consumer’s injury.

On the balance of the evidence provided by the assessment team and the service, I am not satisfied that the service is able to effectively manage high impact, high prevalence risks. Whilst I acknowledge that the service has implemented a risk assessment tool, it will take time for the service to successfully imbed processes to enable staff to effectively use the risk assessment tool and for staff to be able to demonstrate the identification and effective management of high impact and high prevalence risks and documenting them accordingly. I therefore find the service to be non-compliant with requirement 3(3)(b) for HCP consumers at the time of the performance report decision.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

At the time of the performance report decision the service was:

* Demonstrating the delivery of safe and effective services and supports for consumers, to improve and promote their health, well-being, and quality of life.
* Demonstrating practices that support consumers emotional, spiritual, and psychological well-being.
* Demonstrating support to consumers that enables community participation, maintaining of social and personal relationships and supports their independence.
* Evidencing effective communication within the service and with other organisations where consumers’ needs, or preferences involve shared care.
* Evidencing timely referrals are completed to optimise consumers quality of life.
* Evidencing that equipment is provided and maintained in a safe way that is suitable for consumers.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| 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. | Not applicable | Not applicable |
| 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. | Not applicable | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Not applicable |

Findings

This Standard was not applicable to the quality review as the service does not provide a physical service environment for consumers.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

At the time of the performance report decision the service was:

* Encouraging consumers/representatives to provide feedback and make complaints.
* Evidencing consumers have access to advocates, language services and are aware of the methods for raising and resolving complaints.
* Responding to complaints appropriately ensuring an open disclosure process is used when responding to feedback and complaints.
* Ensuring feedback and complaints are reviewed to improve the quality of care and services to consumers.

# Standard 7

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

Findings

At the time of the performance report decision the service was:

* Demonstrating a planned workforce in the delivery of essential services, communicating changes to consumers where required to enable the continued management of safe and quality care services.
* Respecting each consumer’s identity, culture, and diversity.
* Monitoring and reviewing the performance of the workforce to ensure workforce members are competent, have the qualifications and knowledge to perform their roles effectively.
* Providing the workforce with the resources and training required to deliver quality care and services.
* Evidencing that service staff performance is monitored, managed, and assessed regularly and episodically when the need arises.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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 | 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 | 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 | Compliant |

Findings

At the time of the performance report decision the service was:

* Engaging consumers in the development, delivery and evaluation of care and services.
* Demonstrating its governing body is accountable for service delivery and a culture of safe, inclusive, and quality care.
* Evidencing effective organisation wide governance systems.
* Utilising effective risk management systems and practices to support consumers to live the best life they can.
* Evidencing a clinical governance framework that includes antimicrobial stewardship, minimising restraint, and open disclosure.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)