Performance

Report

1800 951 822

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Performance report date: |
| Carinity Home Care - Logan/South Coast | 22 September 2022 |
| Commission ID: | Activity type: |
| 700306 | Quality audit |
| Approved provider: | Activity date: |
| The Baptist Union of Queensland | 5 August 2022 to 9 August 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 Home Care - Logan/South Coast (**the service**) has been considered by J Zhou, delegate of the Aged Care Quality and Safety Commissioner (Commissioner).[[1]](#footnote-2)

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

* Carinity Home Care - South Coast, 18007, 3-4/14 Lavelle Street, NERANG QLD 4211
* Carinity Home Care - Logan River Valley, 19387, 3-4/14 Lavelle Street, NERANG QLD 4211

# Material relied on

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

* The Assessment Team’s report which was informed by observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

|  |  |
| --- | --- |
| 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** |
| **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

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | Compliant |
| 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

According to the Assessment Team’s findings from their site audit, consumers/representatives sampled advised they are treated with dignity and respect. Consumers/representatives described staff as kind, caring and respectful, and staff and management demonstrated sound knowledge of each consumer’s preferences and an understanding of their life journey.

Management provided examples of how services are delivered to meet the needs and preferences of individuals. There was evidence of the workforce demonstrating awareness of the consumer’s individual wishes and understanding their cultural norms. Documentation evidenced consumer involvement in decisions about the service they receive, including details for those whom consumers would like involved in their care and services.

The assessment and planning process includes identification of risks and discussion with the consumer including an explanation of the risks and possible consequences of the choices they make. Management gave examples where they encourage consumers to take risks to enable them to live the best life they can. Consumers said they felt supported to take risks, and staff could describe the process and showed familiarity with choices consumers had made.

Consumers/representatives said they consistently received information that was easy to understand in a timely manner. The service demonstrated that consumers said they receive information in a way that they can understand that enables them to make informed choices. For instance, every quarter the service issues a newsletter to all consumers with information regarding their rights under standard 1 of the Aged Care Quality standards, industry updates, crossword activities and other important updates of the service provider. The Assessment Team observed the newsletter and consumers confirmed receiving the newsletter. The service also demonstrated an appropriate awareness of how to maintain consumer privacy and confidentiality during the delivery of its services.

On the basis of the evidence before me (summarised), I find this service compliant with this standard.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | Compliant |
| 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

Overall sampled consumers/representatives considered they are happy with the service they receive; participate in the planning of service and it meets their current needs, goals and preferences. Furthermore, the service had consumer care plans that contained appropriate information to guide staff in managing the risks for consumers.

Interviews with staff demonstrated they know the consumers well and can discuss their needs and preferences based on memory. The Assessment Team observed care planning documents, which indicate the consumer’s goals, needs and preferences. Consumers/representatives sampled confirmed they participate in the planning and review of the service they receive.

Staff and management described how they work with other service providers, individuals, and organisations. The service effectively communicates the consumer’s needs and preferences to other organisations. The Assessment Team corroborated this through consumer interviews. For instance, a representative reported that she contacted the service to seek a review of her family’s care and services. The service then organised an appointment for this consumer and representative to speak to the Lifestyle Coordinator about additional support. There was evidence that the outcomes of assessment and planning are effectively communicated, and information about care and services is readily available.

Evidence was sighted of the service undertaking annual reviews of consumer care and services, or when circumstances change. Staff conducting reviews could describe the process in detail, which involves a standardised list of questions to ask the consumer. The Assessment Team observed such evidence in a consumer’s electronic file verifying this had occurred.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | Compliant |
| 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

According to the Assessment Team’s evidence, the service could demonstrate it delivered personal and clinical care in line with best practice and was able to meet the clinical and personal care needs of the consumer. For instance, a sampled consumer’s care plan contains detailed, step-by-step instructions on how to provide personal hygiene care. This includes information about which steps the consumer prefers to do by themselves as distinct from the areas where the consumer require further assistance from the carer.

Evidence was sighted of the service effectively managing high impact or high prevalence risks associated with the care of each consumer. For instance, risk assessments are undertaken for high prevalence or high impact risks to create strategies to minimise their occurrence. Risks identified include cognitive decline, pressure injuries and falls. Staff demonstrated knowledge of what risks applied to individual consumers and what strategies had been adopted to manage those risks.

The service demonstrated its ability to recognise and respond to a consumer’s change or deterioration in condition. For this service, it means the Assessment Team sighted evidence that the service has appropriate processes to identify and support consumers who may be nearing the end of life, including making appropriate referrals to community organisations that provide palliative care. The Assessment Team also saw in a specific consumer’s case, the service established a wound care plan that gives carers step-by-step instruction on managing the consumer’s condition and detailed subsequent risks if the wound was not appropriately treated. Additionally, the service conducted a review of the consumer’s circumstances to ensure they were receiving the most appropriate level of care and service.

Documenting and communicating information about the consumer’s condition, needs and preferences. For instance, relevant ‘progress notes’ about the consumer’s care and services are recorded in an electronic file. Consumers retain a copy of their care plan, and staff can refer to this when present in the home if necessary.

The service also demonstrated its ability to minimise infection-related risks through standard precautions to prevent and control infection, including COVID-19.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | Compliant |
| 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

The Assessment Team heard evidence that consumers and their representatives felt they would not be independent in their own homes had they not connected with this service. Consumers and representatives interviewed were satisfied that they receive safe and effective services and supports for daily living that meets their needs, goals and preferences and optimises their independence, well-being and quality of life. There was evidence of care staff knowing when and now to support the consumer’s emotional and psychological wellbeing. The service has processes in place to identify and record those consumer needs, goals and preferences.

Staff interviewed had a good understanding of what is important to individual consumers and could describe how they help the consumer to do as much as they can for themselves, if this is their preference. For instance, the service regularly transports one of its HCP level 4 consumers and from their preferred Seniors Group. Staff advised that maintaining social connections is one of the most important goals for this particular consumer.

The service communicates information about consumer conditions needs and preferences. For instance, care planning documents have sufficient information to guide staff on delivering care and services in line with the consumer’s preferences. If necessary, information about the consumer’s care and services is available at their home, as consumers retain a copy of their care plan although staff usually review documentation prior to attending the consumer’s residence in preparation for their visit.

There are referrals processes in place to other organisations or individuals to be involved in the consumer’s care. According to the evidence, if staff identify an additional need for a consumer, they will contact the lifestyle coordinator, who, depending on the nature of the need, may contact the Registered Nurse to do an assessment. Following the evaluation, referrals are made to assist the consumer.

Meals are varied and suitable for the consumer cohort. Sampled consumers/representatives stated they were satisfied with the meals provided by the service. Management advised that each consumer’s home has a book for staff communication where carers can leave notes. When providing food services, staff reported they note in the communication book what they have prepared for the consumer to avoid repetition in meals.

With respect to equipment, the Assessment Team saw evidence that the service would organised for equipment used by its consumers to be inspected and serviced to ensure it was safe to operate. In that instance, Management advised that the service was paid for using funds from the consumer’s home care package.

# Standard 5

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

## Findings

The service does not have a physical service environment and as such this standard is not applicable to the quality review.

**Standard 6**

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | Compliant |
| 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

The service demonstrated they encourage and support consumers and their representatives to provide feedback and make complaints. There was evidence that consumers are able to provide feedback at any time and can also participate in satisfaction surveys. For instance, consumers/representatives are provided with information on how to access translation and interpreting, communication support and advocacy services including a brochure from the Australian Competition and Consumer Commission (ACCC) should they require these. The consumer is informed of their right to contact the Commission to make a complaint and current contact details are provided.

Management reported most of their consumers speak English, however management were aware of how to access translation services if required. In addition, consumer’s with dementia or language barriers are provided with a flash card containing simplified English/language to assist them to understand their rights and instructions to provide feedback.

Management demonstrated a general understanding of the importance of utilising open disclosure throughout the complaints process. The Assessment Team observed this in practice. A consumer complained that the quarterly newsletter was too female centric and wished to see more male-oriented contents. Staff are working to include a balance of content that appeals to its wider readership and will be implementing them on the next quarterly newsletter.

An analysis of the complaints data demonstrates how the service monitors, reports and uses feedback to improve their services. The complaints’ register confirms feedback is recorded and actions taken by the service to resolve the complaint are documented, including communication with the consumer/representative. The Assessment Team sighted various notes including meeting minutes and agendas discussing the complaints and feedback for the previous month as well as using that information to identify risks.

**Standard 7**

|  |  |  |
| --- | --- | --- |
| Human resources | | Compliant |
| 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

The Assessment Team interviewed consumers/representatives, staff, and management, reviewed unfilled shift reports and relevant documentation, and found the service could demonstrate it had the number and mix of members of the workforce to ensure the delivery and management of safe quality care and services for aged care consumers. Staff and management advised there had been no unfilled shifts and discussed current staff shortages and the actions being undertaken to address this.

The service was able to demonstrate the workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. The Assessment Team verified this with sampled consumers who all confirmed staff treat them with respect and are responsive to their needs. As part of staff’s onboarding process, they are required to complete a mandatory course called ‘Providing the client with a 5-star experience’ which is also reviewed annually.

The service demonstrated the workforce is competent and have the qualifications and knowledge to effectively perform their roles. Recruited staff must have relevant qualifications specific to their roles. Management described how they ensure staff have appropriate qualifications, such as enrolling care staff into Certificate III – Individual support and community care to ensure they are job ready.

The service could demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. The service has human resources and related policies to guide management in initial selection, and the onboarding process, annual mandatory schedule of training identified based on job roles and regular staff meetings to provide information and support. All new care staff are rostered with an experienced care staff (buddy shifts) at the start to provide training and feedback until the new staff is comfortable to work on their own. Feedback from consumers, staff and a review of incident data showed training to meet the clinical needs of consumers have consistently been identified and provided to staff to ensure they have the requisite skills and knowledge to provide safe and quality care.

Staff performance is monitored on an ongoing basis and formally assessed through an annual performance appraisal process. Management stated they discuss any individual performance concerns with the staff member when they are identified through regular discussions. Performance of staff is gauged in part by feedback from consumers. Subcontractor performance is monitored through positive and negative feedback from consumers, staff and monthly meeting with the company’s representatives. Staff seek consumer feedback every 3 months at a minimum.

**Standard 8**

|  |  |  |
| --- | --- | --- |
| Organisational governance | | Compliant |
| 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

There is evidence of the service involving its consumers to have input into service improvements. For instance, the service conducts various surveys at regular intervals to gauge consumers satisfaction with the services being provided. Management described how feedback from consumers/representatives feed into broader service improvements. For instance, they are now reinstating social events and Christmas lunch events with consumers/representative following consumer evaluation of feeling increased isolation during the COVID-19 pandemic.

The Assessment Team found the service’s governing body is accountable for the delivery of a culture of safe, inclusive and quality care and services and remains informed through formal governance, leadership and reporting pathways at the service level. The governing body satisfies itself that the Quality Standards are being met through feedback and complaints mechanisms and consumer surveys. The service coordinator provides a monthly report to the State Manager who provides a report to the Chief Executive Officer (CEO) and the board of Executives. Reports include information on incidents, complaints and feedback, survey results and inputs from all staff. The service also established a Clinical State Manager function in July 2022 following an internal audit that the CEO commissioned.

The service has effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. This includes but is not limited to:

* Information about consumers are provided to the workforce on a ‘need to know’ basis to ensure consumer privacy and confidentiality is maintained.
* Financial governance systems and processes are in place to manage the finances and resources that the organisation needs to deliver care and services. This comprises monthly statements include income and expenditure, including an itemised list of the care and service provided, and ongoing balance
* The organisation monitors compliance with requirements, through subscription to SAI Global Lawlex – a notification with all the latest changes on legislation, advice from the Department of Health, aged care peak body and State government agencies.
* Management and staff are provided with a job description and have a clear understanding of their roles and responsibilities.

The organisation has an effective risk management framework to manage and respond to high-impact or high prevalence risks. Management demonstrated an understanding of what high impact or high prevalence risks are associated with the consumers such as identifying their vulnerable consumer cohort or those diagnosed with dementia. The Assessment Team identified some consumers assessed with high impact or high prevalence risks, have been effectively managed by the service to ensure the delivery of safe and effective care and services.

The service has a documented clinical governance framework and policies and procedures relating to antimicrobial stewardship, minimising the use of restraint and open disclosure framework. Staff are trained in relation to these policies and procedures and could provide examples to the Assessment Team of how the relevant policies apply to their daily work.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)