Performance

Report

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| Name: | Carinity Wishart Gardens |
| Commission ID: | 5278 |
| Address: | 14 Glasford Street, WISHART, Queensland, 4122 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 13 June 2024 |
| Performance report date: | 16 July 2024 |
| Service included in this assessment: | Provider: 970 The Baptist Union of Queensland  Service: 3635 Carinity Wishart Gardens |

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 Wishart Gardens (**the service**) has been prepared by J Earnshaw, 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 Assessment contact (performance assessment) – site 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 July 2024
* other information and intelligence held by the Commission in relation to the service

# Assessment summary

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| Standard 3 Personal care and clinical care | Not fully assessed |
| **Standard 7** Human resources | **Not fully assessed** |

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 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

The service demonstrated high-impact high prevalence risks are effectively identified and managed. Consumers and representatives reported the service delivers adequate assessment and planning to reduce the occurrence and impact of risks to consumers. When risks did occur, the service was able to demonstrate appropriate response, management and escalation of care needs. The service reviews consumer care documentation and risk assessments regularly and following a change or in the event of an incident occurring.

The service has effective processes to manage high-impact or high-prevalence risks associated with hydration and nutrition, choking management, hearing loss management, preventing and managing pressure injuries, minimising restrictive practices, fall management, changed behaviours, delirium management and medication management.

Consumers and representatives expressed satisfaction with clinical care provided to consumers, and the risk management and consultation provided by the service.

Care staff described risk management practices and escalation processes and the service provides training and policies to guide staff practice in the identification and management of high-impact and high prevalence risks associated with the care of consumers.

Continuous improvement initiatives relating to risks are identified through internal audits, incidents analysis and feedback and complaints information. Care documentation demonstrated risk assessments and behaviour support plans, as required, are completed in consultation with consumers or their representatives, and are in place for consumers.

For consumers assessed as at risk of choking, the service implements recommendations from speech pathologists to inform the food texture and fluid thickness levels consumers require. The service uses the International Dysphagia Diet Standardisation Initiative to guide staff training and for the provision of correct consistency of modified diets.

Staff described how they access consumer nutritional information electronically and the risk assessment process for consumers who choose to not follow the recommendations made by speech pathologists.

Staff described how they support a consumer’s quality of life through the use of hearing-aiding devices, stating they check each morning that individual consumer’s hearing aids are fitted, charged and cleaned, and each evening that the device is charging overnight. Management advised Hearing Professionals attend the service regularly, and any hearing loss identified is escalated to a medical practitioner for review.

The service demonstrated effective processes for preventing, identifying and managing pressure injuries. Care documentation demonstrated and staff described how the service actively manages skin care and skin integrity. Wound care processes included wound charting, weekly photographs, measurements, and assessments of the progression of healing.

The service is effectively monitoring and minimising restrictive practices and demonstrated a reduction in the use of restrictive practices where appropriate to do so. The service maintains an up-to-date psychotropic medication register and reports to their Quality Indicator data.

Consumers and representatives expressed confidence in the management of falls by the service and the implemented strategies to minimise the risk of future falls. Clinical staff described falls prevention and management strategies employed by the service. Management advised of a decrease in number of falls experienced by consumers and identified consumers considered as high risk of falling. Management described the strategies implemented for these consumers and how they were monitored for effectiveness.

Care documentation demonstrated assessments that included consumer falls risk information, mobility requirements, continence needs, behaviour support plan and various individualised strategies. The service has, and staff described effective processes, tools and strategies for assessing and responding to changed consumer behaviours, including the use of screening tools, referral to and review by medical officers, consultation with representatives and escalation processes.

Consumers and representatives said regular medications were delivered on time and they received as required medications when requested. Registered staff administer medications and documentation review demonstrated time-sensitive medications are administered on time.

# 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 |

Findings

The assessment team report provided feedback from consumers and representatives regarding the sufficiency of staffing to meet consumer needs.

Feedback provided identified that some consumers and representatives reported consumer care needs were not attended to adequately, for example, areas raised related to:

* Continence care and assistance with toileting needs and therefore call bell responsiveness
* Assistance with meals
* Grooming
* Repositioning
* Some staff expressed difficulty in meeting consumer needs

The approved provider, in their response to the assessment team report, refuted the assessment team report recommendations and advised that the service, at the time of the assessment contact was operating with reduced consumer numbers and was meeting and/or exceeding the care minutes targets.

The service seeks feedback from consumers, staff and others through day-to-day interactions, surveys, and consumer and staff meetings. The approved provider, in their response advised of several actions taken as part of their commitment to continuous improvement.

For one named consumer, the service has initiated a review of the consumer’s continence and grooming needs and is engaging with the consumer’s representative regularly.

The response described the repositioning needs of one named consumer and how concerns raised by a representative had been rectified promptly, which included a full skin integrity assessment of the consumer and issuing electronic communication regarding re-positioning and skin integrity care requirements to staff.

The service has a process where staff document day-to-day care and support provided to consumers by except only, whereby recording when a deviation from the prescribed care may occur. This process is overseen by registered staff to ensure that planned care is delivered.

The response advises of initiatives implemented at the service to improve food service delivery for consumers, including menu planning and consumer feedback and surveys, dining experience training for staff, and clinical and management staff attendance and supervision of meal services at the service. Management has provided electronic communication to staff regarding food service and maintaining adequate temperature control of foods for optimal quality.

The service reviews call bell response data and has processes to investigate calls outside of the expected response times. The service has communicated to staff the expectations of call bell response and consumer assistance provision.

The response detailed staff allocations and rostered staff in alignment with consumer needs and areas residing in. The response advises the service is below occupancy numbers and routinely monitors and adjusts staffing hours to meet consumer needs. The service has reviewed its rostered staff allocations and deemed the staffing adequate to support effective meal services.

The response reports that staff are provided information on how to escalate concerns and are provided opportunities to raise staffing concerns during staff meetings. The service has engaged additional training for staff relating to supporting consumers living with dementia. The service has provided additional devices for staff to contact staff in other areas to provide prompt support and response to consumer needs.

In coming to my decision of compliance under this requirement, I have considered the information included in the Assessment Team report alongside the Approved Provider’s response. I am persuaded by the Approved Provider’s response that adequate measures are in place or have been taken to ensure effective workforce planning and compliance under this requirement. Therefore, it is my decision that this requirement is compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)