Performance

Report

**1800 951 822**

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| Name of service: | Carinity Wishart Gardens |
| Service address: | 14 Glasford Street WISHART QLD 4122 |
| Commission ID: | 5278 |
| Approved provider: | The Baptist Union of Queensland |
| Activity type: | Site Audit |
| Activity date: | 18 January 2023 to 20 January 2023 |
| Performance report date: | 1 March 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 Wishart Gardens (**the service**) has been prepared by G. Hope-Simpson, 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.
* other information and intelligence held by the Commission in relation to the service.

# 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

Consumers and representatives said the service recognised and respected their cultural background and they were treated with dignity and respect. All staff spoke about consumers in a respectful manner and demonstrated they were familiar with consumers’ individual and cultural backgrounds, life stories and preferences. Consumers’ care plans included cultural backgrounds, personal preferences, and spiritual needs. The Assessment Team observed staff interacting with consumers respectfully throughout the Site Audit.

Consumers and representatives stated they were given choice about when care is provided, and their choices are respected. Staff said consumers are always supported to, and provided opportunities, to do what they would like to do. Care planning identified the consumers individual choices around when care is delivered, who is involved in their care, and how the service supports them in maintaining relationships.

Consumers said they were supported to take risks if they wished. Staff explained how consumers are supported to understand the benefits and possible harm prior to decision making, via a risk assessment and a 'resident choice' process. The service has an assessment process in place including completing a risk assessment and dignity of risk forms to identify elements of risks and mitigation strategies.

Consumers said they were informed how to make choices, and confirmed they were supported to understand information. Staff interviewed described different ways in which information was provided to consumers, in line with their needs and preferences. The Assessment Team observed information was available to consumers in a clear and easy to understand way.

Consumers said they felt the service was considerate of their privacy and did not express concerns about confidentiality of their personal information. Staff described various ways in which they maintain privacy. The Assessment Team observed a range of signs on consumer doors in line with their preferences.

# 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

All consumers and representatives said they received the care and services they needed, and felt they had a say in care planning processes. Staff described the assessment and planning process for each consumer at the time of admission, which includes assessment of current needs, goals, preferences, and risks. Consumer care files evidenced a comprehensive assessment and care planning process which included detailing individual consumer risks that had been assessed and the strategies to reduce or eliminate those risks.

Consumers and representatives said staff spoke to them regularly about their care needs and confirmed advance care planning and end of life wishes had been discussed. Staff described what is important to consumers in terms of how their personal and clinical care is delivered and how they approached conversations with consumers and their representatives about end of life and advance care planning. Advanced care planning documentation were up to date and identified end of life wishes for consumers.

Consumers and representatives said they were actively involved in the assessment and care planning process and could describe those that were involved in their care. Clinical staff described consumer centred care planning and explained how they have conversations around care planning with consumers via various methods. Care planning showed evidence of involvement from the consumer and their representatives, as well as a range of other providers including Medical Officers and allied health.

Consumers and representatives said they are involved if changes are made to their care and services plans. Management said all consumers and their representatives are offered a personal copy of their care plan. Care files evidence representatives were contacted following incidents and changes in care needs.

Consumers and representatives interviewed said clinical staff regularly discuss their care needs with them, and any changes requested are addressed in a timely manner. Staff described how consumer care plans are reviewed and the frequency of reviews. All consumer care planning documentation reviewed showed evidence of review in line with the service's 3-monthly review process, or when circumstances changed, such as consumer deterioration or incidents.

# 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

Consumers confirmed they receive safe and effective personal and clinical care, that is best practice, tailored to meet the individual consumers needs and optimised their health and well-being. Sampled consumer files included care assessments, care and service plans, progress notes, medication and monitoring charts that generally reflect individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer.

Consumers and representatives interviewed said they felt that the service was adequately managing risks to consumers' health. The service demonstrated high-impact and high-prevalence risks are effectively managed through regular clinical data monitoring, trending and implementation of suitable risk mitigation strategies for individual consumers.

Staff described how they approach consumers and their families around end of life and how they care for end of life consumers through supporting regular family contact, comfort, hygiene care, and adequate pain management. Care files showed initiation of end of life medications to ensure comfort was maintained and good communication with families.

Consumers and representatives said the service recognised and responded to changes in condition and implemented strategies to assist the consumer in a timely manner. Clinical staff explained how deterioration would be discussed during handovers and how escalation of care would be provided including review by specialists and review of care planning documentation. Care planning documentation and progress notes identified, deterioration or changes in their condition and in a timely manner.

Consumers and representatives said the consumer's preferences and care needs are communicated effectively with staff, and external providers involved in their care. Care planning documentation showed care and service plans provide adequate information to support effective and safe sharing of the consumer’s information to support care. The Assessment Team observed handover and noted changes to the consumers conditions were discussed to support staff in the delivery of care.

Consumers and representatives said referrals were timely and occurred when needed, and consumers had access to a range of health professionals, including allied health and medical specialists. Staff described the process for referring consumers to other health professionals. Care planning evidenced referrals to Medical Officers and other health professionals.

Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. The Assessment Team observed all staff, visitors and contractors carry out a thorough screening process prior to entering the service. The service has an appointed infection prevention control (IPC) lead who has completed the related competency training.

# 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

Consumers and representatives said they were supported to pursue activities of interest to them and are supported to do so. Staff explained how consumer input is gathered through lifestyle surveys and discussions during consumer meetings. Care planning showed consumers interests had been documented in line with their preferences.

Consumers and representatives said they were supported when they are feeling low, and described how the service promotes their emotional, spiritual and psychological well-being. Staff explained the different religious services that are offered and explained how attendance is monitored to monitor potential social withdrawals. Care planning documentation included information on consumers' emotional, spiritual and psychological well-being needs, goals and preferences.

Consumers said they felt supported to participate in activities within the service and in the community. Staff provided examples of consumers who were supported to maintain their relationships, both inside and outside of the service. Care planning documentation identified people important to individual consumers and the activities of interest to that consumer.

Consumers said information about the consumer's conditions, needs and preferences were communicated within the organisation and with others where responsibility for care is shared. Care and hospitality staff said they were made aware of any changes to a consumer's needs through a verbal and documented handover process, information available in the service's electronic care management system. Care planning provided adequate information to support safe and effective care as it relates to services and supports for daily living.

Consumers said they were supported by other organisations, support services and providers of other care and services. Staff described how the service works with external organisations to help supplement the lifestyle activities offered within the service, including volunteers who provide one-on-one support to consumers. Care planning identified referrals to other organisations and services.

Consumers interviewed said they were satisfied with the variety, quality and quantity of food currently being provided at the service, and felt the meals met their needs and preferences. Staff were knowledgeable regarding consumers, dietary needs. The Assessment Team observed consumers finishing their meals and assisted if required.

Consumers said they felt safe when using the service's equipment and that it was readily available should they require it. Staff interviewed said they have access to equipment when they need it and could describe their role in keeping equipment safe, clean and well-maintained.

# 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

Consumers and representatives confirmed they find the service welcoming and easy to find their way around. Management and staff describe aspects of the service environment which make consumers feel welcome and optimise their independence, interaction and function. The Assessment Team observed the service environment to be welcoming, with dementia-enabling principles of design and enough light, signage and handrails to support consumers to move around. The service has 2 floors and houses 2 memory support units.

Consumers and representatives interviewed said the service environment is safe, clean and well-maintained and allows them to move around freely as they wish. Staff could describe how the service environment is cleaned and maintained. The Assessment Team sighted the service's maintenance online log and noted 2 outstanding reactive maintenance issues which were waiting external contractors and posed no risks to consumers.

All sampled consumers said that any maintenance issues raised, are attended to in a timely manner. The Assessment Team observed, and consumers said that their equipment is checked, cleaned and maintained regularly. Staff were able to explain their equipment maintenance and cleaning responsibilities.

# 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

Consumers and representatives confirmed the service encouraged and supported them to provide feedback and make complaints. Staff and management interviewed were able to describe the processes in place to encourage and support consumers and representatives to provide feedback and complaints. The Assessment Team observed feedback and complaints systems were clearly communicated throughout the service and easily accessible.

All consumers and representatives interviewed said they were comfortable and preferred to raise concerns within the service, and some stated that they were aware of external advocacy services that they could use. Management and staff advised that they did not have any consumers at the service who required interpreter services but were aware of how to request their services if needed. The Assessment Team observed different posters and flyers relating to external advocacy agencies displayed throughout the service.

Consumers and representatives indicated confidence in the services ability to action complaints. Management and staff demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer and their representatives in the event of something going wrong. All complaints reviewed by the Assessment Team were resolved in a timely manner with open disclosure practiced in the resolution process.

Consumers and representatives confirmed feedback and complaints were reviewed and used to improve the quality of care and services received, such as improvements in meal options. Management and staff described various complaints they had received, and the actions taken or proposed actions to be completed. The services continuous improvement plan showed consumer feedback gathered through feedback forms and verbal discussions were tracked in a centralised system and used to drive ongoing improvements in the delivery of care and services.

# 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

Four of 5 consumers and representatives sampled said there were not enough permanent staff at the service, however they said staff were still meeting their needs and that there was no impact on the care and services they received. Call bell times indicated the majority of calls were answered within 10 minutes. Management explained how they allocate staff in line with consumers’ needs.

Consumers and representatives said staff were kind, caring and respectful when providing care and services, and that they recognised each person’s identity and diversity. Staff were observed to be always interacting with consumers using a positive and respectful attitude and using each consumer preferred names.

Consumers and representatives said staff were competent and performed their roles effectively. Management described how they determine whether staff are competent and qualified for their roles. Staff interviewed said they were confident that they had the necessary skillset to carry out their job functions, and that they could request additional training. Position descriptions provided include key competencies and qualifications required for each role.

Consumers and representatives said staff were competent and qualified to do their job and did not identify any areas where staff needed more training. Staff described training and how management supported their ongoing development and training. While the Assessment Team identified the majority of staff had not completed their mandatory learning modules, management described action to be taken in response and no consumer impact was identified. Management recognised this was an area for improvement and added it to the continuous improvement plan.

Staff recalled their most recent performance appraisal within the past year or recognised if they were due for one. The Assessment Team’s review of the performance appraisal management matrix showed that service was up to date with just over half of the appraisals at the time of the Site Audit. Review of a completed performance appraisal demonstrating a comprehensive performance evaluation with staff goals. While the Assessment Team noted the service is behind in its annual appraisal process, it was able to demonstrate staff are still being performance managed as required.

# 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

Consumers and representatives described the various ways in which the service engages consumers in the development, delivery and evaluation of care and services, such as through meetings, surveys, and feedback outlets. Management reported they had not held consumer meetings in recent months due to changes in management. However, the service kept consumers engaged through satisfaction surveys and 3-monthly care plan review consultations. The last consumer meeting minutes noted discussions around menu changes, changes to the service environment and laundry services.

Management described the organisational structure which facilitates the oversight and governing of the delivery of quality care and services across the service, using electronic management systems and meetings at the different organisational levels. Review of quality meeting minutes evidences the occurrence of regular monitoring by management and the organisations governing body. The Board has visibility over clinical data through regional quality meetings and internal audits. The services management meets with their regional quality advisors to discuss incidents, complaints, survey results, clinical indicators, and other risks at the service.

The service demonstrated processes and mechanisms in place for effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

Management and clinical staff identified risks at the service and described how they mitigated these risks. The service has policies, guidelines, and tools to support the identification, reporting, recording, and reviewing of SIRS incidents. Clinical staff sampled were able to explain the types of reportable incidents, their responsibilities, and their role within the SIRS escalation pathway.

The service demonstrated a clinical governance framework in place, including policies concerning antimicrobial stewardship, minimising the use of restrictive practice, and by practicing open disclosure. Staff demonstrated shared understating of these concepts and gave practical examples to demonstrate how the principles applied to their work.

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