Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Carino Care at Oatley |
| Commission ID: | 2163 |
| Address: | 7-11 Mimosa Street, OATLEY, New South Wales, 2223 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 24 September 2024 |
| Performance report date: | 22 October 2024 |
| Service included in this assessment: | Provider: 9352 Carino Care Pty Ltd  Service: 679 Carino Care at Oatley |

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 Carino Care at Oatley (**the service**) has been prepared by G Cherry, 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 15 October 2024 including a Plan for Continuous Improvement (PCI)
* Information received by the commission regarding lack of care provision.

# Assessment summary

|  |  |
| --- | --- |
| Standard 3 Personal care and clinical care | Not applicable as not all requirements assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements assessed 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.

# Other relevant matters:

Carino Care at Oatley is in Oatley, a Southern Sydney suburb in New South Wales. The building environment consists of different room configurations, including furnished single and couple/companion rooms. The building is on 2 levels with secured courtyards and communal areas.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 demonstrates effective management of high impact/prevalence risks through use of clinical governance systems and procedures. Sampled consumers/representatives gave positive feedback regarding management of risks to care and wellbeing, noting consumers receive appropriate care. Examples include completion of extensive assessments relating to high care needs and consultation regarding minimisation strategies during admission processes, ensuring wellbeing/safety, and a representative noted positive changes in care provision. Consumers consider staff promptly investigate incidents, and they are consulted/informed of strategies to prevent/reduce reoccurrence. Interviewed Management and staff demonstrate a thorough understanding of risks and management strategies.

A process of monitoring/trending consumers clinical and personal risks included systematic review/analyses of data via regular clinical/staff and multidisciplinary meetings. Key performance indicators include falls, skin integrity, infections, use of psychotropic medications, restraints, polypharmacy, and behaviour related incidents. Incident documents demonstrate meaningful review/root cause analysis to determine reasons and appropriate strategies to prevent/reduce reoccurrence. An exercise program exists relating to falls prevention and appropriate plans implemented for consumers experiencing an increase in number of falls. Clinical data is collated in relation to skin integrity and management of pressure injuries and wounds. Document review of consumers experiencing wounds, pressure injuries, skin tears, bruises and incontinence associated dermatitis (IAD), demonstrate appropriate strategies/interventions to reduce or prevent risks, including scheduled pressure area/continence care, skin barrier creams/moisturising agents, limb protectors and pressure relieving devices which the assessment team observed occurring.

The service implements comprehensive medication management strategies to identify and reduce use of psychotropic medication and subsequent risks including regular medication review to ensure the necessity of each medication. They prioritise non-pharmacological interventions such as personalised behaviour support plans, care plans, consultation with other care providers/geriatricians to identify/manage symptoms; evidenced by review of 3 consumers documents. Staff receive training regarding risks of polypharmacy/importance of monitoring for adverse effect/changes in condition. Management and staff demonstrate knowledge of risks noting the most significant risks for sampled consumers consistent with care plan directives. The assessment team observed potential environmental restrictive practice relating to access of elevator and door leading to ground floor courtyard. Although, access codes are on display information is not available from outside resulting in a risk/preventing re-entry. Management explained for service-wide events, consumers are supported to access level 1, however acknowledged feedback, committing to review of environmental restrictive practices. The assessment team observed availability of comfort chairs, noting several in the dining area, and Management advised of chairs available to accommodate consumer’s needs. Sampled consumers/representatives expressed positive feedback relating to use of comfort chairs when needed.

Whilst clinical policies document organisational expectations to guide staff practice, they do not include staff roles and responsibilities. The Chief Operations Officer (COO) advised the organisation’s policies are currently under review, for finalisation once the Strengthened Quality Standards come into effect. The assessment team note information in the psychotropic medication register not current due to overdue assessment/care plan reviews. The COO advised since the appointment of a new care and service manager (CSM) and clinical nurse specialist (CNS) focus has occurred to increase occupancy rates. Staff recruitment has subsequently increased including registered nurses, care, lifestyle, and kitchen staff, plus a Quality and Education manager (QEM) to assist with compliance and staff education. As a result of an increase in falls/incidents a new CNS was appointed. A Board report recommends addressing increased risk, including a review of restrictive practices, and provision of education. Actions are documented in the service’s continuous improvement plan (CIP).

In their response, the provider supplied evidence of a decrease in the number of falls experienced between August and October 2024, plus pressure injuries regularly reviewed by a Wound Nurse Practitioner, provision of staff training resulting in a decrease in number of pressure injuries/skin tears. They advised review of environmental issues including display of access details both indoors and out and changes to ensure automatic locking devices for security, enabling consumer access via staff assistance after hours.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | |  |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |

Findings

The service demonstrates timely and appropriate referrals to individuals and assistance from other care/service organisations. Consumers/representatives gave positive feedback regarding available services; consider consumer’s feel part of the community, and are supported to participate in spiritual, cultural, and other activities. Documents for one consumer who is legally blind and requires assistance in mobilising and communication, detail care directives aligned to representative feedback. The assessment team observed the consumer interacting with family and listening to music with others in communal areas. One consumer gave positive feedback in relation to assistance offered including volunteer companionship and support received from staff relating to a recent bereavement, and another consumer advised of involvement in culturally specific activities. The assessment team observed staff gently approaching a consumer asking if they would like to participate in activities. A volunteer who regularly visits the service recently resumed visits post COVID-19. Outcomes of visits are discussed with leisure/lifestyle staff and documented within consumer files. Management and staff describe how they support consumers to maintain independence/quality of life including social/craft activities, music therapy, garden walks and bus trips. A consumer survey was currently being conducted. An RN explain processes for referring consumers to outside organisations. Policies clearly define the organisational role in partnering to plan/deliver care. Documents detail tailored service delivery/supports to meet consumers’ needs, noting links/referrals to other providers.

# Standard 8

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

An organisational clinical governance framework details expectations regarding safe and effective clinic care. Clinical policies guide provision and oversight of clinical care including antimicrobial stewardship, infection control, restrictive practices, and open disclosure. Management and clinical staff demonstrate a thorough understanding of process including collation of clinical performance indicators leading to improvement. Staff demonstrate knowledge of antimicrobial stewardship, describe minimising antibiotic use, receipt of training and access to relevant information. Documents demonstrate effective monitoring processes. An effective system exists for implementing, monitoring, and evaluating use of restrictive practices and policies provide general information relating to assessments/consent and monitoring requirements. Staff receive training and describe use of behaviour support plans to direct care delivery. Organisational polices guide staff in relation to open disclosure practices. Staff demonstrated awareness and feedback/complaints/incident reports demonstrate communication with consumers/representatives include open disclosure practices and resolution. The assessment team observed some consumers inability to access some areas of the service without staff assistance, although noted consumers did not provide negative feedback nor a desire to do so. Consumers are unable to access codes to enter/exit the courtyard and lift. Management committed to review this situation. In their response, the provider advised review of environmental issues including display of access details both indoors and out and changes to ensure automatic locking devices for security, enabling consumer access via staff assistance after hours.

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)