Performance

Report

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| Name of service: | Carino Care at Rockdale |
| Service address: | 20-22 Woodford Road ROCKDALE NSW 2216 |
| Commission ID: | 2525 |
| Approved provider: | Carino Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 8 November 2022 to 10 November 2022 |
| Performance report date: | 3 January 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 Carino Care at Rockdale (**the service**) has been prepared by M.Nassif, 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.
* The provider’s response to the assessment team’s report received 2 December 2022.

# 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 consumers are treated with dignity and respect, and their identity, culture and diversity is valued. Staff were aware of consumers diverse cultural backgrounds and explained how this influenced their care and services. Care planning documents reflected the diversity, background and personal preferences of consumers.

Care planning documents identified consumers’ cultural needs and preferences, and consumers reported that they are provided culturally safe care and services. Staff identified consumers from a culturally and linguistically diverse background and provided information relevant to ensure that each consumer received care required that was consistent with care planning documents.

Care planning documents identified consumers individual choices around how and when care is delivered who is involved in their care and how the service supports them in maintaining relationships that are important to them. Consumers and representatives said consumers are given choice about how and when care is provided, and their choices are considered and respected by staff.

Staff demonstrated awareness of risks taken by consumers, and said they support consumers’ wishes to take risks to live the way they choose but are also committed to ensuring that strategies are in place for risk mitigation. Consumers described how the service supported them to take risks. Care planning documents included risk assessments to support consumers to take risks.

Consumers and representatives said consumers are provided with information that is clear to enable them to exercise choice. Staff said activity calendars are displayed in every consumers’ room, they visit each consumer to inform on the daily menu and activities, and how whiteboards and communication cards are used for consumers with communication and hearing difficulties to support consumer choice.

Consumers said they felt the service protects their privacy and confidentiality of their personal information is respected. Staff were observed knocking before entering and closing doors and using privacy curtains in consumers rooms when delivering personal care, and computers were password protected.

# 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

The service was found non-compliant in Standard 2 in relation to Requirements 2(3)(a) and 2(3)(e) following a site audit in June 2021. Evidence in the site audit report dated 8 to 10 November 2022 supports that the service has implemented improvements to address the non-compliance and is now compliant with these Requirements.

Staff described how comprehensive and regular assessment and care planning reviews inform the delivery of care and services. Care planning documents evidenced the service conducts assessment and planning, taking into consideration risks to consumers. Consumers and representatives confirmed consumers receive the care and services they need.

Staff described how the service ensures that assessment and planning reflect consumers' current preferences. Consumers and representatives said staff involve them in assessment and planning of their care, through regular conversations during admission, and through care plan reviews and when circumstances change. Care planning documents included end of life wishes of consumers.

Care planning documents evidenced the involvement of consumers, representatives and other health professionals in the assessment and planning and review process, and consumers and representatives said they were involved. Staff explained how they actively collaborate with consumers, representatives and other providers of care to ensure quality care is provided.

Consumers and representatives said they are kept up to date and informed consumers’ care and care planning documents are readily available. The service had an assessment, care planning and evaluation policy which outlined consumers and representatives’ partner in care, and all outcomes of care are to be communicated to them.

Care planning documents confirmed care plans are reviewed on a regular basis and when the consumer’s circumstances have changed, or incidents have occurred. Management and staff described the 3 or 4 monthly review process, where they review consumers’ care and service needs.

# 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

The service was found non-compliant in Standard 3 in relation to Requirements 3(3)(b) and 3(3)(d) following a site audit in June 2021. Evidence in the site audit report dated 8 to 10 November 2022 supports that the service has implemented improvements to address the non-compliance and is now compliant with these Requirements.

Consumers and representatives said consumers receive care that is safe and right for them and meets their individual needs and preferences. Staff said they are guided by policies and procedures to direct care that is best practice. Care planning documents reflected individualised personal care that is safe, effective, and tailored to the specific needs and preferences of consumers.

Care planning documents identified high impact and high prevalence risks to consumers and evidenced effective management of those risks. Management described the process of analysing clinical data to identify high impact and high prevalence risks to consumers.

Staff described how they support consumers end of life processes and how the service maximises comfort and dignity to align with the consumers and representatives wishes. The service had access to a palliative care team who support the management of consumers acute and complex end of life needs. Care planning documents reflected consumers receive end of life care in line with their end of life preferences.

Care planning documents demonstrated identification of, response to, deterioration or changes in consumers’ condition and health status. Staff explained how deterioration is discussed during handovers and staff meetings, assessed by a medical officer, and results in review of care planning documents. The service had a deterioration policy which guided staff on the detection and management of consumer deterioration.

Consumers and representatives said consumers’ care needs and preferences are effectively communicated between staff. Care planning documents demonstrated adequate information is documented to support effective and safe sharing of consumers' information to support care.

Consumers and representatives said timely and appropriate referrals to a range of health professionals occur. Staff described the process for referring consumers to other health professionals through electronic care planning, scheduling bookings and emails to evidence referrals to other health professionals such as physiotherapists, dieticians and podiatrists. This was consistent with care planning documents.

Consumers and representatives said they are satisfied with infection control practices, and staff described how they minimise infection and monitor consumers for infections. The service had documented policies and procedures on antimicrobial stewardship and infection control that guides staff practice, and explains how the service will prepare for, identify, and manage any outbreaks.

# 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

The service was found non-compliant in Standard 4 in relation to Requirement 4(3)(a) following a site audit in June 2021. Evidence in the site audit report dated 8 to 10 November 2022 supports that the service has implemented improvements to address the non-compliance and is now compliant with this Requirement.

Consumers and representatives said consumers feel supported to participate in activities they like and are provided with appropriate support to optimise their independence and quality of life. Staff provided further evidence that consumer needs and preferences are considered when providing supports for daily living including, respecting consumers who prefer one-to-one activities over group activities, and this aligned with information in the care planning documents.

Consumers said their emotional, spiritual, and psychological needs are supported and when feeling sad they feel comfortable talking to staff. Staff said if they identify a change in a consumer’s mood or emotional need, they provide additional support such as a one-to-one conversation.

Consumers and representatives said consumers are supported to keep in touch with the people who are important to them, do the things of interest to them and participate in the community and maintain relationships. Staff described how they support consumers to participate in the community or engage in activities of interest to them. Care planning documentation aligned with the information provided by consumers, representatives and staff.

Staff described how changes in consumers’ care and services are communicated through both verbal and documented handover processes. Care planning documents provided adequate information to support safe and effective care as it relates to services and supports for daily living.

Care planning documents demonstrated the service provides referrals to external services, providers and volunteers in a timely manner. Staff described how they engaged individuals, organisations and providers to enhance consumers' experience at the service. This was consistent with feedback from consumers.

Consumers and representatives expressed satisfaction with the variety, quality and quantity of food provided by the service. Staff explained the dietary needs and preferences of consumers, and confirmed the menu is designed by a food specialist in consultation with consumer feedback. Staff were observed assisting consumers with meals when required.

Equipment which supported consumers to engage in lifestyle activities was observed to be safe, clean, and well maintained. Consumers confirmed this to be the case and staff described the process for reporting faulty equipment.

# 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 environment welcoming and easy for them to navigate, and said they have a sense of belonging at the service. Consumers’ rooms were observed to be personalised with photographs and important items.

The service environment was observed to be safe, clean, well-maintained and comfortable. Consumers were observed to be moving freely within the services indoor and outdoor walkways with handrails and sufficient lighting throughout the service to support consumers to mobilise independently. The service’s daily cleaning checklist was completed, and all safety issues and maintenance is logged, actioned and completed in a timely manner.

Consumers said furniture, fittings and equipment is kept clean and safe for use by consumers. This was consistent with observations. Consumers said they had not had any equipment or maintenance issues but would report issues to staff if required.

# 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

The service was found non-compliant in Standard 6 in relation to Requirement 6(3)(c) following a site audit in June 2021. Evidence in the site audit report dated 8 to 10 November 2022 supports that the service has implemented improvements to address the non-compliance and is now compliant with this Requirement.

Consumers and representatives said they know how to give feedback or make a complaint, they feel comfortable doing so and there are multiple ways to provide feedback and make complaints. Management and staff described the processes in place to encourage and support consumers and representatives to provide feedback and make complaints.

Consumers and representatives said they are aware of external complaints, language and advocacy services for raising and resolving complaints. Staff from multi-cultural backgrounds said they can communicate and interact with consumers and family from the same culture. Management described the information and brochures available around advocacy organisations and language services available and these were observed displayed around the service.

Consumers and representatives said staff and management addressed and provided a solution in response to feedback or complaints. 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.

Consumers, representatives and staff provided examples of how feedback and complaints are used to improve the quality of care and services delivered at the service. Management provided examples of feedback used to improve services for consumers, for example, increased outdoor furniture and leisure areas.

# 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

The service was found non-compliant in Standard 7 in relation to Requirements 7(3)(a) and 7(3)(c) following a site audit in June 2021. Evidence in the site audit report dated 8 to 10 November 2022 supports that the service has implemented improvements to address the non-compliance and is now compliant with these Requirements.

Consumers and representatives felt the service had sufficient number of staff to meet their needs. Management and staff described how they ensure there is enough staff to provide safe and effective care by having a pool of casual staff available to fill vacancies at short notice to cover the care needs of consumers, and employing agency staff as a last resort, as well as conducting regular surveys to ensure call bells are responded to in a timely manner.

Consumers and representatives said staff engage with consumers in a respectful, kind, caring and gentle when providing care. Staff were observed to promptly support a consumer who was visibly upset, and always greet consumers by their preferred name and demonstrated they are familiar with each consumers individual needs and identity.

Consumers and representatives felt staff are competent and confident that staff are skilled to meet their care needs. Management stated the service requires staff to attend a mandatory face-to-face orientation day, complete role based competencies and annual mandatory online training that is monitored by head office. The service had position descriptions which included key competencies and qualifications that are either desired or essential for each role and staff are required to have relevant qualifications.

Consumers and representatives said staff have the appropriate skills and knowledge to deliver safe and quality care and services. Management said there is annual mandatory training and in-service training resources available for staff. Training records demonstrated the workforce is satisfactorily recruited, trained, equipped, and supported to deliver the outcomes required by the Quality Standards and all active staff members had completed mandatory and optional training.

Staff described how their performance is reviewed annually. Management described how they maintain regular assessment and monitoring of staff’s performance through performance appraisals and performance review if 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

The service was found non-compliant in Standard 8 in relation to Requirements 8(3)(c), 8(3)(d) and 8(3)(e) following a site audit in June 2021. Evidence in the site audit report dated 8 to 10 November 2022 supports that the service has implemented improvements to address the non-compliance and is now compliant with these Requirements.

Management and documentation demonstrated that consumers and representatives are actively engaged in the development, delivery and evaluation of care and services through surveys, food focus groups and monthly meetings. Documentation also demonstrated how consumer feedback from meetings influenced decisions.

Management described how the governing body is involved in the delivery of care and services via clinical governance meetings and reviews which are reported to management and the Board. Review of monthly clinical indicators and board meeting minutes evidenced the occurrence of regular monitoring by the service’s governing body.

The service demonstrated it had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, feedback and complaints. For example, management said regarding financial governance, the Board approve capital expenditure and are collaborative with the service to attend to consumer’s needs and wants.

The service had an effective risk management system and practices that included high impact and high prevalent risks, identifying and responding to abuse or neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents through the use of an incident management system. The service also had a clinical governance framework and supporting policies that addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff were able to describe these systems and policies and what it meant for their roles.

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)