Carino Care at Sylvania

Performance Report

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**Commission ID:** 2513

**Provider name:** Carino Care Pty Ltd

**Site Audit date:** 20 April 2022 to 22 April 2022

**Date of Performance Report:** 2 June 2022

# Performance report prepared by

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# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** |  **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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 Site Audit report received 13 May 2022

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

All sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

For example:

All consumers and representatives sampled stated that staff make consumers feel valued and respected. Care staff demonstrated they are familiar with consumers’ backgrounds and preferences and were also able to provide examples of groups who visit such as church service or prayer groups. Care staff were aware of which consumers wish to be involved and needed support to participate.

Care planning documents reflected what is important to the consumer and were specific to the consumer’s needs and their specific cultural background. Personal preferences are recorded in the care plans and lifestyle documentation forms in each consumer file.

All consumers and consumer representatives interviewed said they felt staff are aware of and respect their culture. For example, consumers said that the service provides appropriate activities and meals based on their cultural preferences.

Care staff were able to demonstrate and awareness of how to support consumers in making informed decisions about their care and services. For example, some consumers like to have their personal care provided when they wake earlier and like to go outside to the courtyard after breakfast for morning tea and a cigarette. Other consumers prefer to stay in bed longer and receive personal care and breakfast later. These details are documented within each consumer’s care plan with strategies to guide staff.

Consumers interviewed confirm they are supported to take risks to enable them to live the best life they can. For example, three consumers who smoke have an agreement about how and where this takes place enabling staff to support them to maintain their safety. These consumers said the service had discussed the risks and they signed a form which is within their file.

The Assessment Team observed documents showing choices offered to consumers about personal care, meals and lifestyle activities. Noticeboards within the service contain information about activities provided within the service. Consumers and representatives are invited to regularly scheduled meetings where changes are discussed, actioned and documented.

Consumers interviewed said their privacy and dignity is respected, providing examples of staff knocking on their room doors before entering and closing doors and/or privacy curtains when personal care is being provided to the consumer.

All consumers’ personal information is kept on the service’s electronic computerised record system. Staff were observed entering data into laptop computers which are kept in secure manned or locked office areas. The service has policies and procedures providing guidance for external providers such as the podiatrist, occupational therapist and doctors attending to provide services to consumers to keep their personal information confidential to maintain privacy.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

To understand the consumer's experience and how the organization understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall, sampled consumers confirmed that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

For consumers sampled, assessment and care planning documentation generally consider individual risks, choices, and preferences; and are reviewed when changes in consumers' health and wellbeing occur.

A review of assessment records shows that consumers' medical and health history information is obtained as part of the initial assessment process. Identified risks such as allergies are clearly and consistently documented within assessments, care plans, medication charts and handover sheets.

Two consumers interviewed indicated that staff had discussed end of life care with them. One representative indicated the staff had discussed their relative's care, including advance care directives.

Care planning documentation for consumers reflects that consumers are partners in care and whomever they choose to be involved in their assessments and care planning. The care documentation identifies the person responsible or next of kin in the electronic care system.

Consultation is evident for some consumers sampled with dementia services, psychiatrist services, mental health services, emotional support for older people by Anglicare, older people advocacy network (OPAN) and speech pathology.

While the service demonstrated that consumers' current needs and the assessment outcomes were effectively documented in the care plan, some sampled consumers and representatives said they do not have access to the care planning documents. Registered staff could describe how changes to the care and services plan are received from the multidisciplinary team and promptly updated in the care plan. However, they said they do not offer them to consumers/representatives.

Consumers' care plans reviewed by the Assessment Team contained up to date information and had been reviewed within the three-monthly timeframes or when there had been a change in condition.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

This Requirement was found Non-compliant following a Site Audit conducted in November 2020 where it was found the service was not able to demonstrate effective assessment and care planning systems.

It was identified that when consumer care needs changed, their care plan was not consistently reviewed and updated or, if updated, it was not always timely or reflective of the changes.

In relation to this Site Audit the Assessment Team provided information that the organisation has implemented several activities in response to the non-compliance identified at the Site Audit. Since the Site Audit, these processes have been developed and embedded into everyday practice at a service level.

The Approved Provider was able to demonstrate that consumers' care plans contained up to date information and had been reviewed within the three-monthly timeframes or when there had been a change in condition.

Based on the information provided by the Assessment Team, I find that at the time of the Site Audit the Approved Provider demonstrated effective assessment and care planning systems.

I find this requirement Compliant.

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Non-compliant

*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.*

Some sampled consumers and representatives said they do not have access to the care planning documents. Registered staff could describe how changes to the care and services plan are received from the multidisciplinary team and promptly updated in the care plan. However, they said they do not offer them to consumers/representatives.

Consumers and or their representatives said they were not provided with a copy of the care plan. They said they were not aware of the care plans.

For example:

A representative advised, - "they had never seen a care plan, but did note the registered nurse will ring them and leave a message from time to time"-.

A consumer’s representative said they were not offered a copy of the care plan.

A consumer reported that they had never been given a copy of their care plan.

A consumer said they had never seen their care plan.

RNs interviewed said they communicate care changes/needs with the consumer and/or their representative. However, they said they do not offer the care plan the care manager usually does it.

The care manager, when asked about offering the care plan, said they are - “starting to offer them to the consumers and representatives”-.

The Approved Provider responded on 13 May 2022 and did not refute the Assessment Team’s findings. The Approved Provider submitted evidence of corrective actions taken by the Approved Provider since completion of the site audit.

I acknowledge that the Approved Provider has started to implement strategies to address the concerns raised by the Assessment Team, however the corrective actions only took place after the Site Audit. I consider the service did not demonstrate that plans of care and services are readily available to consumers/representatives.

Therefore, I find this Requirement is Non-compliant.

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

To understand the consumer's experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall, sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

Care planning documents demonstrated that consumers receive safe and effective care tailored to their needs that optimise their health. The service provided evidence of assessments and monitoring for consumers who had wounds and specialised care needs.

Staff were able to identify clinical and personal care provided to sampled consumers and were aware of non-pharmacological techniques to manage behaviours. Consumers and representatives said they receive the care individualised to their needs.

The service has identified through monitoringhigh impact, high prevalence risks that several consumers were experiencing unplanned weight loss around December 2021 and January 2022 during the services COVID-19 outbreak. Hence, dietician reviews were conducted as per the services policy and procedures and strategies have been implemented to address this trend evident in their individualised care plans.

The facility manager said the service identifies high impact or high prevalence risks through accident and incident reports and feedback from consumers and staff. They are trended and tracked through the quality indicators and statistics.

For the consumers sampled concerning their end of life care, the care and service records reflect that their comfort was maximised, and dignity preserved when receiving end of life care.

#### Consumer representatives interviewed provided positive feedback regarding the service's response when a consumer’s condition deteriorates or changes. They reported the service is responsive if a consumer is unwell and notifies them of any changes as they occur.

Staff interviewed could describe the different situations where a change in a consumer's condition, health or abilities were identified and how they escalated and manage the situation.

A review of consumers' progress notes entries, handover sheets, handovers, and clinical care documents identifies effective communication between care staff and others involved in care. Consumer notes have evident entries from medical officers, speech pathologists, physiotherapists, dieticians, behavioural specialists, and specialists.

For consumers sampled, care planning documents evidenced the input of others, such as allied health professionals and specialists. Referrals were made when required and there was evidence of referrals to physiotherapists, speech pathologists, dieticians and/or dementia services.

One consumer representative said the consumer's wounds had been reviewed by the wound clinical nurse consultant (CNC) when the wound was not healing in a timely manner.

Consumers and representatives confirmed that care staff take precautions to minimise infection risks to consumers and prevent outbreaks. Care staff could articulate strategies to minimize and manage infection risks or outbreaks under current guidelines.

Most staff interviewed demonstrated that they have a sound understanding of the principles of antimicrobial stewardship. RNs could describe how the service supports them to understand and promote appropriate prescribing of antibiotics.

The service has written updated policies and procedures relating to infection control and practices to reduce the risk of antibiotic resistance. Staff competencies in handwashing, donning and doffing personal protective equipment are current.

The Assessment Team observed outbreak management resources. The service performs RAT tests for staff and visitors every three days. Alcohol based hand sanitisers are available at the entrance and throughout the home.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

This Requirement was found Non-compliant following a Site Audit conducted in November 2020 where it was found the service was not able to demonstrate effective delivery of best practice wound care.

In relation to this Site Audit the Assessment Team provided information that the organisation has implemented several actions in response to the non-compliance identified at the Site Audit. Since the Site Audit, these processes have been developed and embedded into everyday practice at a service level.

The Approved Provider was able to demonstrate a policy and procedure for skin integrity and wound care management to guide staff practices. The service advised that an incident report is generated when an injury occurs, and a wound assessment is attended. The service has access to the local hospital’s geriatric flying squad as well as an independent wound rescue team with a wound CNC to review complex and chronic wounds and provide support and assistance in managing wounds more effectively.

Based on the information provided by the Assessment Team, I find that at the time of the Site Audit the Approved Provided demonstrated effective wound management systems.

I find this requirement Compliant.

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

This Requirement was found Non-compliant following a Site Audit conducted in November 2020 where it was found the service was not able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, particularly in relation to behaviour management.

In relation to this Site Audit the Assessment Team provided information that the organisation has implemented several actions in response to the non-compliance identified at the Site Audit. Since the Site Audit, these processes have been developed and embedded into everyday practice at a service level.

Based on the information provided by the Assessment Team, I find that at the time of the Site Audit the Approved Provided demonstrated effective systems in the management of high impact or high prevalence risks associated with the care of consumers.

I find this requirement Compliant.

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

This Requirement was found Non-compliant following a Site Audit conducted in November 2020 where it was found the service was not able to demonstrate an effective documentation system that is consistent in providing information within the organisation and with others where the responsibility for care is shared.

In relation to this Site Audit the Assessment Team provided information that the organisation has implemented several actions in response to the non-compliance identified at the Site Audit. Since the Site Audit, these processes have been developed and embedded into everyday practice at a service level.

Based on the information provided by the Assessment Team, I find that at the time of the Site Audit the Approved Provided demonstrated an effective documentation and communication system within the organisation and with others where the responsibility for care is shared.

I find this requirement Compliant.

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANTServices and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall sampled consumers and representatives considered that they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do.

For example:

Consumers and representatives interviewed provided positive feedback about lifestyle activities and supports for daily living. Staff members interviewed demonstrated their knowledge and understanding of consumers preferences aligned with information recorded in consumer care plans.

One consumer reported that they enjoy going to the pub and the service has performed a risk assessment and provided access for the consumer according to their choices. Another consumer enjoys ten pin bowling and played at a professional level prior to entering the service. The service has facilitated for the consumer to participate in external bowling activities.

Care plans include social, emotional, spiritual and cultural preferences and activities of interest to consumers. Support plans contain detailed assessments of consumer’s choices of leisure and recreational activities and how staff will provide support to consumers.

Staff members interviewed were able to explain how they identify when a consumer is feeling low and how they implement strategies to support consumers emotional, spiritual and psychological needs.

Care plans sampled contained detailed information about how consumers participate in the community and maintain relationships with family and friends. Consumers interviewed gave examples where staff members supported them with activities, including video calls to keep in touch with family members, going to the pub for a drink with friends as well as sending emails and making phone calls.

Staff interviewed were able to describe how information is shared through daily handover meetings and how they update the needs and preferences of consumers in care plans. The RN’s inform the catering staff of any dietary changes or preferences daily and reviewed documentation confirmed this.

Care plans sampled contained evidence of external service providers engaging in lifestyle support. For example; external entertainers, pet therapy, music and art therapy providers, pastoral services, physiotherapists and hairdressing services.

Consumers and representatives interviewed said they like the variety and quality of meals and have various food options available between scheduled meals.

The Assessment Team observed lifestyle and personal care equipment to be safe, clean and well maintained. Equipment, furnishings, tables and chairs were clean and in good working order. The service has a preventative maintenance schedule and upon review it demonstrated regular maintenance of equipment is being effectively completed.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

This Requirement was found Non-compliant following a Site Audit conducted in November 2020 where it was found the service was not able to demonstrate effectively meeting consumer needs and preferences or support them with an appropriate quality of life.

In relation to this Site Audit the Assessment Team provided information that the organisation has implemented several actions in response to the non-compliance identified at the Site Audit. Since the Site Audit, these processes have been developed and embedded into everyday practice at a service level.

Based on the information provided by the Assessment Team, I find that at the time of the Site Audit the Approved Provided demonstrated effective systems to ensure consumers receives services and supports for daily living that meet their needs, goals and preferences and optimise their independence, health, well-being and quality of life.

I find this requirement Compliant.

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Overall sampled consumers and representatives considered they feel they belong in the service and feel safe and comfortable within the service environment.

For example:

The service has hand rails and indoor and outdoor areas are available for consumers to enjoy individually or for social interaction. The service is easy to navigate with only one corridor and no stairs and has pictures and printed names for consumers to identify their rooms.

A consumer reported that they feel comfortable at the service and enjoys spending time in the outdoor areas, they also enjoy socialising in the activities room with staff and consumers.

The Assessment Team observed the facility was clean and well maintained. All consumers can access the main outdoor area within the facility which leads to an outdoor garden with tables and chairs where consumers and visitors can enjoy the sun or shade.

Staff members interviewed were able to describe how they check equipment is safe before using it to provide personal care to consumers. Staff members said they check the battery and functions are working correctly. Equipment is cleaned with sanitising wipes before and after use in accordance with infection control policy and procedures.

The maintenance department documentation demonstrates the service engages in the regular maintenance of equipment to ensure the service environment and equipment are safe, clean and well maintained

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

Consumers/representatives interviewed reported that they are aware of and feel comfortable and safe to raise issues using the mechanisms provided, which include both internal and external complaint mechanisms. For example, the bimonthly ‘resident relative’ meetings, staff meetings, paper-based feedback forms for complaints and compliments, use of an email link on Carino Care’s website, use of an electronic App feedback system, plus external complaints bodies and advocacy groups.

Consumers and consumer representatives interviewed stated that they were aware they could access language services including interpreters from a professional interpreter service should they need assistance when making a complaint.

Details of the service’s internal complaint system and the external complaint mechanisms including the complaints group in the ACQSC, advocacy services and language services are available to consumers at the service. This information is provided to consumers on their entry to the service and is displayed in prominent areas throughout the service.

The service has an ‘open disclosure’ approach to feedback. If a complaint is made it is acknowledged and an investigation carried out. A full and factual explanation is given to the complainant, steps are put in place to ensure the issue does not occur again and an apology is made to the complainant when things go wrong.

Consumers and representatives interviewed felt that improvements were made by the service in response to complaints and feedback.

The service regularly conducts two very comprehensive Continuous Improvement surveys. A Consumer Feedback Survey and a Relatives and Representative Feedback Survey. They are used to measure satisfaction with overall care and service provision including complaints management. The results are used for improvement purposes.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANTHuman resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Most sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

Management reported that they have agreements in place to use agency staff to attend unfilled shifts, but it is their preference to use their own staff rather than agency staff that are unfamiliar with consumer’s needs.

Management at the service monitor call bell response times daily. The service investigates any complaints in regard to attending to consumers in a timely manner, however there have not been any recent complaints in this regard.

The Assessment Team observed many respectful, kind and caring interactions between staff and consumers throughout the Site Audit. It was also observed that consumers identity, culture and diversity were identified by the service and consumers wishes were respected.

The organisation has a comprehensive recruitment process which includes value-based questions during interview, reference checks and police checks. The organisation has an orientation process which is conducted over three days. At least three days of buddy shifts are conducted and the ‘buddies’ are experienced team members identified as mentors by management.

There are annual competency assessments required of staff to complete each year as well as an education program. Assessments include handwashing, PPE, COVID-19, medication management, manual handling and fire safety

Management reported that the service uses feedback from consumers, clinical indicators, incidents and performance reviews to identify staff training needs. A staff survey is also conducted to receive feedback on training needs. Education training analysis is conducted annually. Most recently there has been an upward trend in consumer falls. Education has been conducted to support staff to implement falls prevention strategies.

Staff confirmed that they have had their performance reviewed by management at the service and that this is conducted annually on the anniversary of their commencement date or as needed. They confirmed that it is an interactive process where management and staff have input into the review.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

This Requirement was found Non-compliant following a Site Audit conducted in November 2020 where it was found the service was not able to demonstrate sufficient staffing levels.

In relation to this Site Audit the Assessment Team provided information that the organisation has implemented a number of actions in response to the non-compliance identified at the Site Audit. Since the Site Audit, these processes have been developed and embedded into everyday practice at a service level.

The Approved Provider was able to demonstrate a system within the organisation to fill unexpected unfilled shifts. The service advised that they have agreements in place to use agency staff to attend unfilled shifts and an administration manager who manages the roster and supports management to fill unexpected shifts.

Based on the information provided by the Assessment Team, I find that at the time of the Site Audit the Approved Provided demonstrated efficient systems in place to ensure sufficient staffing levels are maintained to facilitate the delivery and management of safe and quality care and service.

I find this requirement Compliant.

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANTOrganisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

Consumers were able to describe how they engaged in the development, delivery and evaluation of services using the strategies described by the management team. One consumer said that they attend consumer meetings and feels that management actively seek their feedback and feels that their opinions are heard and valued.

The CEO and Board Chair were interviewed by the Assessment Team. They demonstrated several board driven changes made in the last six months as a result of consumer feedback, experience and incidents. Staff have been provided with new uniforms that represents diversity. Management have received compliments from consumers/representative on the new uniforms. Indigenous artwork is part of the design on the uniforms.

The service has frequent management meetings, which are attended by the CEO. Its purpose is to continually improve safety and quality of care provided to consumers, to review outcomes and evaluate continuous improvement activities.

The organisation provided a documented risk management framework as part of its overall governance framework, including policies describing how:

* high impact or high prevalence risks associated with the care of consumers is managed;
* the abuse and neglect of consumers is identified and responded to;
* consumers are supported to live the best life they can.

The service has reviewed and updated their incident management system, focusing specifically on how incident information is used to identify risks to consumers’ care and ways to mitigate these and drive continuous improvement. For example, the management to reduce the exposure and risk to consumers during the COVID-19 pandemic.

Registered staff confirmed that they had received information or training about antimicrobial stewardship. When asked about their understanding of antimicrobial stewardship and what this means for their day to day practice, the RNs provided explanations consistent with best practice and described how they work with the staff to prevent infection in consumers and work with the medical officers for appropriate antibiotic prescribing.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

This Requirement was found Non-compliant following a Site Audit conducted in November 2020 where it was found the service was not able to demonstrate effective workforce governance systems.

In relation to this Site Audit the Assessment Team provided information that the organisation has implemented a number of actions in response to the non-compliance identified at the Site Audit. Since the Site Audit, these processes have been developed and embedded into everyday practice at a service level.

The Approved Provider was able to demonstrate a system within the organisation to fill unexpected unfilled shifts. The service advised that they have agreements in place to use agency staff to attend unfilled shifts and an administration manager who manages the roster and supports management to fill unexpected shifts

Based on the information provided by the Assessment Team, I find that at the time of the Site Audit the Approved Provided demonstrated effective workforce governance systems.

I find this requirement Compliant.

### Requirement 8(3)(d) Compliant

*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.*

This Requirement was found Non-compliant following a Site Audit conducted in November 2020 where it was found the service was not able to demonstrate consistent care planning to inform risk or sufficient management of risk.

In relation to this Site Audit the Assessment Team provided information that the organisation has implemented a number of actions in response to the non-compliance identified at the Site Audit. Since the Site Audit, these processes have been developed and embedded into everyday practice at a service level.

The Approved Provider provided a documented risk management framework as part of its overall governance framework, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed.

Based on the information provided by the Assessment Team, I find that at the time of the Site Audit the Approved Provided demonstrated effective management and care planning of high impact or high prevalence risk.

I find this requirement Compliant.

### Requirement 8(3)(e) Compliant

*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.*

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

**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.*

The approved provider must demonstrate:

* Plans of care and services are readily available to consumers and or their representatives.
* A care and services plan, which includes a person’s needs, goals and preferences, should be available to the consumer in a way they can understand.
* Systems in place to inform consumers/representatives how they can access their plans of care and services.