Performance

Report

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| Name of service: | Carinya (Atherton) Hostel |
| Service address: | 1 Mazlin St ATHERTON QLD 4883 |
| Commission ID: | 5077 |
| Approved provider: | Carinya Home for the Aged |
| Activity type: | Assessment Contact - Site |
| Activity date: | 10 January 2023 |
| Performance report date: | 31 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 Carinya (Atherton) Hostel (Merge in Progress) (**the service**) has been prepared by B Bassett, 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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | Not applicable as not all requirements have been assessed |

# The Assessment Team did not assess all Requirements within the Standard, therefore a summary or compliance rating for the Standard is not provided.

# 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 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 |

Findings

The service was found to be non-compliant in Standard 2 Requirement 2(3)(a) following a Site Audit conducted from 11 May 2021 to 13 May 2021.

On 10 January 2023, an assessment contact was completed to assess the organisation’s return to compliance in relation to this requirement.

The service is now able to demonstrate assessment and care planning processes are undertaken to identify consumer risks, needs, goals and preferences.

The service has undertaken a number of actions to address the previous non-compliance. The service engaged clinical care leads to improve clinical oversight and deliver education sessions to staff outlining processes in assessment and care planning to ensure safe and effective cares and services are delivered.

A care plan review schedule has been implemented to assist registered staff in ensuring care planning documentation is reviewed 3 monthly or as changes are required. Review of the care plan review schedule evidenced staff are advised when a review is to occur and reminders are sent to registered staff and escalated to management if reviews are not completed.

Review of consumer care planning and assessment documentation for consumers requiring complex/specialised clinical care needs evidenced specialised care planning and assessments have been completed.

It is my decision the improvements taken by the service were adequate and sustainable, and therefore I have decided this Requirement is now Compliant.

# 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)(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 |

Findings

The service was found to be non-compliant in Standard 3 Requirements 3(3)(a), 3(3)(b) and 3(3)(e) following a Site Audit conducted from 11 May 2021 to 13 May 2021.

On 10 January 2023, an assessment contact was completed to assess the organisation’s return to compliance in relation to these requirements.

The service is now able to demonstrate best practice in the delivery of safe and effective clinical care, effective monitoring and management of high impact or high prevalence risks associated with the care of each consumer and appropriate communication of information regarding consumers’ condition, needs and preferences by staff.

The service has undertaken a number of actions to address the previous non-compliances.

Clinical care leads engaged by the service have provided leadership and education for staff in relation to best practice in tailoring cares and services to consumer needs. Education records evidenced high attendances by staff to educational sessions provided by the clinical care leads.

The service has engaged an exercise physiologist to work in consultation with the Medical Officer (MO) and other allied health professionals in relation to pain management. Reviewed documentation demonstrated consumers who experience pain have noted improvement in their pain levels since the implementation of treatments and care support from the exercise physiologist.

The service has reviewed all consumers with a diagnosis of diabetes and have implemented diabetic management care plans. Review of these care plans evidenced management regimes are documented, as is guidance for staff if parameters are not in alignment with the MO’s advice.

Documentation provided evidenced a review has occurred for all consumers with wounds or pressure injuries. All consumers with wounds or pressure injuries now have a wound management plan that includes the wound management regime, photographic evidence and information in relation to resources and products to be used for the management of the wound.

Consumers and their representatives expressed satisfaction with the management of consumer’s clinical care needs and communication of information regarding consumers’ condition, needs and preferences.

Review of care planning documentation identified risks in relation to consumer care such as falls, behaviours, diabetes and catheter care are monitored and managed effectively.

A care plan review schedule has been implemented to ensure registered staff regularly review and update care plans with information to guide staff in the monitoring and management of risks associated with the care of each consumer. The clinical care leads review care plans to ensure information entered is accurate and up to date.

The service’s induction program for new staff includes training on how to access policies and procedures in relation to the management of high impact and high prevalence risks. Staff sampled confirmed they are aware of how to access this information. Review of training attendance records and interviews with staff confirmed they have received education on various topics including wound management and dementia/behaviour management.

The service has strengthened its handover process by providing education to registered staff in relation to how to communicate handover information more effectively. Review of handover sheets identified information regarding any changes within the last 24 hours in relation to consumer needs, health and condition are being captured. Staff sampled confirmed handover occurs regularly, the handover sheet is updated each shift and is effective in ensuring staff receive information in a timely manner.

Assessments and care plans completed by registered staff are reviewed to ensure information entered to guide staff in the management of consumers’ clinical and personal care is accurate and up to date.

It is my decision the improvements taken by the service were adequate and sustainable, and therefore I have decided Requirements 3(3)(a), 3(3)(b) and 3(3)(e) are now Compliant.

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