Performance

Report

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| Name of service: | Carinya Home for the Aged |
| Service address: | 1 Mills Street ATHERTON QLD 4883 |
| Commission ID: | 5224 |
| Approved provider: | Carinya Home for the Aged |
| Activity type: | Site Audit |
| Activity date: | 21 February 2023 to 23 February 2023 |
| Performance report date: | 24 March 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Carinya Home for the Aged (**the service**) has been prepared by B Bassett, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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.

# 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

Representatives said consumers were treated with dignity and respect, and their identity, culture and diversity was valued by the service. Staff were observed using a respectful manner and respectful language while providing care and services to consumers and were aware of individual consumers’ preferences. Care and support plans and clinical records demonstrated that consumers’ current needs and preferences are identified, and strategies are developed to deliver care and services in line with these needs and preferences. The service had policies to guide staff and staff completed training in relevant topics such as privacy and consent.

Representatives said consumers felt safe and that their spiritual, emotional and social needs were supported by the staff. Care and support plans and clinical records demonstrated that consumers’ current needs and preferences in relation to cultural safety were identified, and strategies were developed to deliver care and services in line with those needs and preferences.

Representatives said they participated in discussions and were consulted regarding consumers’ care and services and consumers were supported to exercise choice, make decisions and encouraged to be as independent as possible. Care and support plans and clinical records demonstrated that consumers’ current needs and preferences in relation to choice and independence were identified, and strategies were developed to deliver care and services in line with these needs and preferences. Staff described how consumers were assisted to make choices and maintain relationships of choice.

Representatives said consumers are supported to take risks and live the best life they can and described risks of their choosing, within agreed parameters, such as mobility and food related risks to maintain their independence and sense of wellbeing. Care and support plans and clinical records demonstrated that consumers’ current needs and preferences in relation to risk taking were managed, with support strategies identified within the care planning documentation.

Representatives said current, accurate and timely information was provided to them regarding consumers in a manner that enabled them to exercise choice in accordance with consumers known preferences. As all consumers in the service have dementia the engagement with consumers’ representatives is prioritised to ensure consumers’ choices are respected. Representatives provided examples of choices for activities and food they assisted consumers to exercise.

Representatives said consumers’ privacy and personal and confidential information was respected. Staff were observed knocking on consumer’s doors prior to entry, addressing consumers using respectful language and ensuring consumer’s personal information was secure. Clinical records were managed using a care management system that is secure through individual staff login and password protection.

# 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

Representatives considered assessment and care planning delivered safe and effective care and services for consumers. Care documentation demonstrated effective, comprehensive assessment and care planning processes identifying the needs, goals and preferences of consumers including identified risks. Documentation reviewed considered potential risks to consumers’ health and wellbeing including falls, diabetes management and skin integrity. Registered staff described the assessment and care planning and review process. The organisation had policies and procedures available to guide staff practice in the assessment and care planning process.

Representatives said assessment and planning identified and addressed the consumers’ current needs, goals and preferences including advance care and end of life planning. Assessment and planning identified consumers’ goals and preferences in relation to advance care planning and end of life care, including when the service had identified the consumer was entering a palliative pathway.

Representatives confirmed they were involved in the assessment, planning and review of consumers’ care and services and were confident that consumer care needs were being met. Care planning documents reflected the involvement of a variety of health professionals, as required, in assessment and planning. The service partnered with representatives to review care and services regularly, including arranging case conferences involving medical offers and other allied health professionals, such as external dementia specialists, if required. Consumer files included input from other health care professionals and services.

Staff advised they had access to care plans for consumers and information was shared between staff members through established processes. Review of consumer files demonstrated the outcomes of assessment and planning was documented. Representatives said staff discussed consumers’ care needs in plain language that they could understand, and the information was recorded in the consumer’s care plan. Care planning documents were readily available to staff delivering consumer care and services.

Representatives said care and services were reviewed when the consumer’s circumstances changed, or following incidents, in addition to scheduled regular reviews. Care planning documentation showed assessments were reviewed and care plans updated in line with the service’s care planning review schedule. Staff interviewed said they were aware of incident reporting processes and how these incidents may trigger reassessment or review. The service monitored clinical indicators, including pressure injuries, medication incidents, the use of restrictive practices and falls.

# 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

Representatives said they felt consumers were receiving care, which was safe, right for them and tailored to their needs. Care documentation and medication records indicated effective care delivery including in relation to management of wounds, pain, challenging behaviours, diabetes and medication administration. Staff demonstrated a shared understanding of sampled consumer’s care needs and the processes in place to support care delivery. The service had a range of clinical policies and procedures to guide staff practice in relation to personal and clinical care.

The service had effective processes to manage high impact or high prevalence risks associated with the care of each consumer such as falls, infections, weight loss and changed behaviours. Documentation demonstrated effective management of high impact and high prevalence risks. The service had policies and procedures in place to support the delivery of care provided, in relation to restrictive practices, pressure injury prevention, pain management and other high prevalence risks.

Care planning documentation reflected consumer’s end of life needs and wishes. Advance health directives and statement of choice documents were completed and available to staff. Staff understood and used service processes to support the needs, goals, and preferences of consumers nearing the end of their life. The service had clinical procedures to guide staff when a consumer’s health status changed.

Care planning documentation recorded the identification of, and response to, deterioration or changes in the condition of consumers. Staff described the assessment process following changes to a consumer’s condition. Representatives said staff respond to the needs of consumers quickly. Documentation indicated consumers were regularly monitored by registered staff and in the event of deterioration or change to a consumer’s well-being, this was recognised and responded to in a timely manner and the consumer’s representatives were notified. Policies and procedures were available to guide staff in the timely identification and response to consumer deterioration.

Representatives said consumers’ care needs and preferences were effectively communicated between staff. Care planning documentation contained adequate information to support effective and safe sharing of the consumer’s information in providing care. Care documentation reviewed confirmed staff consistently notified the consumer’s medical officer, other allied health professionals and representatives if they identified a change in a consumer’s condition or needs, and if there was a clinical incident.

Care planning documentation reflected timely and appropriate referrals of consumers to organisations and providers of other care and services. Consumers had access to a medical officer and/or other health professionals when they needed it. Staff described how the input of external health professionals informs care and services.

The service demonstrated effective processes are in place for management of an infectious outbreak and there are practices to promote evidence-based use of antibiotics. The service has an outbreak management plan, policies and procedures to guide staff in infection control and antibiotic management. Registered staff could describe the processes in relation to outbreak management and the appropriate use of antibiotics.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives said consumers receive safe and effective services and supports for daily living that meet their needs and preferences. The service’s leisure, lifestyle and support system was informed by consumer assessment and planning processes. Documentation confirmed that consumers’ initial and ongoing assessments reflect daily living needs, goals and preferences. Staff were aware of individual consumer’s care support needs to optimise their well-being and quality of life.

Representatives said consumers receive safe and effective services and supports for daily living that meet their needs and preferences. Staff demonstrated knowledge of consumers’ needs and preferences and the support they require to participate in daily living activities and maintain as much of their independence as possible. Documentation confirmed that consumers’ initial and ongoing assessments reflected daily living needs, goals and preferences. Staff were observed assisting consumers with daily living support needs.

Representatives described the services and activities provided by the service to support the consumers’ emotional, spiritual, and psychological wellbeing. Consumer care documentation identified consumers’ spiritual denomination, psychological needs and preferred level of engagement. The service has a dementia specialist on site to work with consumers on a daily basis. Lifestyle staff actively identify consumers needing assistance and engaged them with emotional or pastoral support.

Representatives described how consumers are supported by the service to engage in activities and pursue personal interests and maintain contact and relationships with the people who are close to them. Staff described lifestyle preferences of consumers and provided examples of how the service supported individuals to engage in activities and social relationships of importance to them.

Staff providing services to consumers were aware of the consumers’ needs and preferences and representatives were confident consumer information was being provided to external agencies who were involved in their care. Staff explained the processes used in keeping up to date records of consumer information, likes and dislikes, dietary and personal needs and preferences.

Timely and appropriate referrals to other individuals, organisation or providers of care occurred and staff described how they collaborate to meet the diverse needs of consumers. Staff described how consumers’ nominated representatives are involved in decisions and how referrals are made, and consent for referrals are obtained.

Representatives confirmed the food provided at the service aligned with the consumers’ preferences and dietary requirements and were varied and of suitable quantity and quality. Staff described how they ensure consumers’ nutrition and hydration needs and preferences are monitored and recorded.

Representatives said equipment used by consumers at the service was safe and well maintained. The service had appropriate arrangements for purchasing, servicing, and maintaining, renewing and replacing equipment. Equipment used to support consumers to engage in lifestyle activities was observed to be suitable, clean and well-maintained.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The service caters to consumers who require a secure living environment. The service environment was welcoming, with wide corridors, easily identifiable amenities and dining areas with equally accessible and identifiable outdoor access areas for consumers to interact and wander. The service environment incorporated features designed to support consumers with cognitive impairment. Consumers rooms were observed to be personalised with items reflecting their individual tastes and styles.

The service environment was observed to be clean, safe, well maintained and comfortable. Consumers were able to move freely, both indoors and outdoors and representatives said they were happy with the cleanliness and maintenance at the service. The service had secure outdoor areas and manicured gardens which were easily accessible and welcoming to consumers and visitors.

Furniture, fittings and equipment were observed to be well maintained, clean and safe. Cleaning and maintenance are scheduled and monitored daily by staff. Cleaning staff were observed to be cleaning areas throughout the service, including bathrooms and corridors, as part of the regular cleaning schedule. Maintenance staff described the service’s processes for identifying, reporting and actioning maintenance issues to ensure equipment used by consumers is safe, clean and maintained.

# 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

Staff described how they encourage and support consumers to raise concerns. Management described the various methods available for representatives to provide feedback or make complaints including speaking to management or staff directly, using feedback forms, at monthly consumer and family meetings or by contacting the service directly by email or phone.

Representatives were aware of advocacy and language services that were available to them. Staff described how they would assist consumers who have a cognitive impairment or difficulty communicating to raise a complaint or provide feedback. Methods described by staff included utilising multi-lingual staff, assisting with accessing advocate services and contacting the consumer’s representative for further assistance.

Appropriate and timely action is taken by the service in response to complaints. Representatives described actions taken regarding issues they had raised. Staff were aware of open disclosure principles in relation to their responsibilities and shared a common understanding of processes to be followed when feedback or complaints were received.

Management described how they reviewed feedback and complaints and used this information to improve care and services. The service trends and analyses feedback and concerns and uses this information to develop continuous improvement activities across the service.

# 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

Representatives said the care and services consumers received was in line with their needs and preferences. They said staff were kind, caring and respectful and their requests for assistance were responded to in a timely manner. Representatives felt staff were appropriately qualified and knew how to perform their roles. They provided positive feedback in relation to staff capabilities and how their care and services were delivered. Staff were observed interacting with consumers in a kind and caring manner.

Staff said they had enough time to complete their duties and management employed strategies to replace staff on planned and unplanned leave. Registered and care staff were guided by their position descriptions, workflow documents and duty statements. They confirmed they had received training relevant to their roles.

The organisation has policies and processes to ensure staff are recruited, trained, supported and have the qualifications and knowledge to meet the needs and preferences of consumers across all areas of service delivery. Registered staff qualifications were monitored by the organisation to ensure they remain current.

The service has a suite of documented policies and procedures to guide staff practice and which outlines that care and services are to be delivered in a person-centred manner. Management reviews staff performance on a regular basis. While the performance reviews of staff were not entirely up to date, the service demonstrated awareness of the issue and provided a plan designed to address this.

Training records indicated staff had been provided with additional education opportunities and mandatory education online and face to face. The organisation had policies and procedures in relation to rosters, recruitment, personnel management and dignity and respect.

# 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

Representatives said they considered the service to be well run and felt that they could partner in the delivery and evaluation of care and services. Representatives said they participated in the development and evaluation of services including by having regular input into the care requirements and needs of consumers. Management described processes to support the involvement of representatives in the delivery of care and services such as family meetings, case conferencing and other feedback avenues.

The governing body promotes a culture of safe, inclusive and quality care. Management described processes to ensure the governing body regularly reviews information and reports relating to clinical and incident data trend analysis to identify compliance with the Quality Standards and provide monitoring and accountability for care and service delivery.

Staff confirmed the service’s information management systems provides them with the support required to perform their roles. Opportunities for continuous improvement are identified through a range of sources, then planned and implemented via established processes. Governance systems relating to the management of the workforce and feedback and complaints were effective. Regulatory compliance was monitored through subscriptions to various legislative services and peak bodies and communicated to staff through a variety of communication channels.

Effective risk management systems and processes ensured that the service identifies and responds to high impact and high prevalence risks that may impact consumers’ health, safety and well-being. Incidents are captured and reported under the Serious Incident Response Scheme as required and processes are in place to manage and prevent incidents.

The service has strategic quality and clinical governance frameworks that promote a culture of safe, inclusive and quality care. The clinical governance framework, in conjunction with clinical policies and procedures, outline the safety and quality systems required to maintain and improve the reliability, safety and quality of clinical care and to improve clinical outcomes for consumers. It includes policies regarding antimicrobial stewardship, minimisation of restrictive practices and open disclosure.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)