Performance

Report

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| Name of service: | Performance report date: |
| Carinya House | 12 July 2022 |
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| Approved provider: | Activity date: |
| Christian Brethren Community Services | 3 May 2022 to 5 May 2022 |

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 House (**the service**) has been considered by Kathryn Spurrell, 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 12 June 2022.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-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 | **Non-compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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)(a): The service ensures 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.
* Requirement 2(3)(b): The service ensures 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 3(3)(a): The service ensures each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care.
* Requirement 7(3)(e): The service ensures regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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 confirmed they are treated with dignity and respect, with their identity, culture and diversity valued. Staff demonstrated familiarity with sampled consumer’s cultural and spiritual backgrounds, daily needs and preferences.

Staff described how they support consumer relationships, choice and independence by providing options, supporting relationships and respecting consumer preferences and decisions about who is involved in their care.

Consumers said they are supported to take risks they want to take, to support their quality of life. Staff said the service uses risk assessments and consultation to support consumer risk-taking decisions. Care plans described how to support consumers take risks they want to take.

Most consumers said they receive information needed to make informed choices. Staff described how the service communicates information to consumers and representatives, including those with communication barriers. Observations showed information about meals, activities and other events displayed throughout the service.

Consumers said staff respect their privacy. Staff were observed knocking on consumer doors before entering and could describe other ways they protect consumer privacy. Staff computers are password protected and records confirmed staff training on privacy and confidentiality.

# Standard 2

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| Ongoing assessment and planning with consumers | | Non-compliant |
| 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. | Non-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. | Non-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

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirements are non-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.
* 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.

The Assessment Team found recent internal audit results identified 14 consumers had not had their malnutrition and obesity risk assessed using accepted measurement tools, some consumers did not have their pain intensity measured using accepted scales or their pain medication effectiveness monitored, while others did not have updated pain plans in all relevant Electronic Care Management System (ECMS) sections. Some deficits in wound care classifications were also identified.

The Assessment Team also found that not all consumers had been offered an opportunity to complete advance care plans (ACP) and some who wanted to complete one had not done so. Reviewed care plans contained other deficits, including lack of personalised goals and incorrect information about consumer responsive behaviours, diagnoses, and allergies. Sampled plans sometimes lacked enough relevant information to support delivery of safe and effective care. Errors ranged from minor to significant, with the latter creating risk to consumers.

The Approved Provider’s response of 12 June 2022, acknowledged the deficits and provided a continuous improvement plan (CIP) with appropriate steps to address the shortcomings, including a review of all care plans, a comprehensive workshop-based education program for staff and changes to the admission process to include ACP discussions. Although the plan demonstrates the service is working toward compliance, I am satisfied that at the time of site audit, the service did not ensure assessment and planning always informed the delivery of care, or that care plans always contained current consumer needs, goals and preferences, including advanced care planning.

The Assessment Team recommended the following requirement was not met:

* 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.

I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service compliant for this requirement.

The Assessment Teams brought forward examples regarding a consumer’s care plan that did not have correct medication allergies listed, however this did not demonstrate that care and services to the consumer should have been reviewed but were not. Other examples illustrated that most consumers sampled in an internal audit had recently been reviewed by a dietician, but some representatives had declined consent for review, for reasons not described in the report. As it lacked context, I do not find the example sufficient evidence of non-compliance with Requirement 2(3)(e). While the service conceded some psychotropic review dates in one consumer’s behaviour support plans were incorrect, this was not sufficient to support a Non-compliant finding and has been considered in the context of restrictive management practice in Requirement 3(3)(a).

On balance, the remaining evidence demonstrated the service reviews care and services 3-monthly and in response to changes in consumer condition and needs. Consumers and representatives confirmed this, and staff understood the scheduled review process and what triggers additional review of care and services. The internal audit results showed the service monitors and reviews wounds, introduces repositioning plans and reviews care needs in response to pressure injuries, as well as referring to external specialists and medical officers for review as needed. Consequently, I find the service Compliant with Requirement 2(3)(e).

I am satisfied that the remaining 2 requirements of Quality Standard 2 are compliant.

Consumers and representatives said they are included in assessment and planning processes. Care plans evidenced this, and other individuals and professionals involved in assessment and planning.

Representatives said they could request a copy of care plans and generally considered they understand the care consumers receive. Staff described how they communicate outcomes of care planning to consumers and representatives. Observations confirmed staff have ready access to care plans and results of assessment and planning.

# Standard 3

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| Personal care and clinical care | | Non-compliant |
| 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. | Non-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

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-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.

The Assessment Team found the service did not demonstrate each consumer gets safe and effective personal and/or clinical care that is best practice, tailored and optimised individual’s health and well-being. Relevant (summarised) evidence included two care plans that lacked essential information to support consumer wellbeing, a consumer whose risk of rolling out of bed was not effectively managed and three consumers’ care plans that lacked informed consents, Behaviour Support Plans (BSPs) and inconsistent review dates for psychotropic medications.

In its written response of 12 June 2022, the Approved Provider acknowledged the service’s approach to informed consent and BSPs were inconsistent and incorrect review dates for psychotropic medications were contained in one BSP, but contended all consumers have BSPs in place. Regarding the consumer with a known risk of rolling out of bed, the response detailed further consultation and planned actions to overcome risks to the consumer, including a 3-monthly review.

While I acknowledge the actions planned and undertaken by the Approved Provider, I am of the view that at the time of the Site Audit the service did not meet its obligations in relation to this requirement and find the service Non-compliant with Requirement 3(3)(a).

I am satisfied that the remaining 6 requirements of Quality Standard 3 are compliant.

Staff and management interviews and review of the service’s risk management framework demonstrated the service manages consumer high impact and high prevalence risks, though some deficits in restrictive practices management were noted, which were assessed above.

Care plans demonstrated the service uses an evidenced-based approach to support consumers at end of life and staff outlined how care changes at end of life.

Care plans showed, and staff described, how the service recognises and responds to deterioration and changes in consumer condition.

Consumers said staff always know what they need. Sampled care plans contained adequate information to support effective care and information is also communicated at handovers. Staff described how information is shared internally and with other services, supported by technology to provide real-time updates to relevant staff.

Care plans confirmed referrals to medical officers and other health professionals. Staff described the referral process and how input from other professionals directs care for sampled consumers.

Staff described infection minimisation and antimicrobial stewardship practices at the service and confirmed they had received relevant training. The service has IPC leads who monitor staff hygiene and PPE practices as well as infection rates. Policies, procedures and an Outbreak Management Plan describe how antibiotic prescribing is managed and how the service manages outbreaks.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

Most consumers felt supported to do the things they want to do, and the Assessment Team observed consumers engaging in activities aligned with their documented interests. Care plans contained information needed to support consumers’ emotional, spiritual and psychological wellbeing. The service has a pastoral care program with a Christian ethos and supports consumers of other religions to practice their faith. Staff confirmed they actively monitor consumers’ well-being daily.

Consumers said they are supported to participate in activities with others inside and outside the service, maintain intimate relationships and stay in touch with loved ones. Care plans demonstrated consumer involvement in the community outside the service. Diversional therapists are employed to support consumer engagement.

Review of care plans, progress notes, handovers and other internal communications showed the service has effective processes for sharing information needed for the delivery of safe and effective supports for daily living.

Document review and observations confirmed consumers are referred in a timely manner to appropriate individuals, external organisations and providers to access supports for daily living not provided by the service.

Consumers were generally satisfied with the quantity and quality of meals provided by the service and said staff are responsive to requests for changes. Consumer dietary preferences and requirements are captured in electronic care plans and information is shared with the contract catering company. Meals are prepared fresh on site daily.

Observations showed equipment to be clean, well-maintained, safe and suitable. Equipment was safely stored and accessible to consumers. Staff confirmed equipment is available to them when needed and understood how to lodge a maintenance request. Document review confirmed the service has both preventative and reactive maintenance systems in place.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 Assessment Team found the service to be welcoming, spacious and light-filled, with good use of signage and dementia friendly design principles to optimise consumer independence and function. Indoor and outdoor communal spaces and highly personalised rooms support consumer belonging and interaction. Consumer survey feedback indicated consumers feel safe and are satisfied there is a sense of community at the service.

Consumers considered the service is clean, bright and homely. Consumers were observed moving about the service freely, except in the secure dementia wing, which has a dedicated, accessible outdoor area. Corridors were observed to be wide and uncluttered.

Rooms, walls, ceilings, floors and the general environment were clean and maintained and furnishings were observed to be appropriate, clean and in good condition. Preventative and reactive maintenance systems are effective.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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

Consumers and representatives said the service responded in a timely manner to previous complaints. Staff understood the complaints process and described supporting consumers to complete feedback forms. Observations showed a feedback box, multilingual feedback forms and complaints process information displayed in the service.

Consumers said they felt comfortable making complaints directly to staff. Staff said advocacy services and representatives were available to look after consumers’ interests. Staff described supporting Non-English-Speaking consumers to communicate but did not demonstrate awareness, or use, of accredited interpreters and translators. Information about an advocacy service was displayed at reception.

Consumer representatives confirmed the service had addressed their concerns and issued apologies in response to past complaints. Staff understood that open disclosure requires an apology when things go wrong and management demonstrated clear understanding of the approach in complaints management.

Consumers described service-level changes made by the service, in response to complaints and feedback. Management described trends in complaints received and service-level improvements made as a result. The service’s continuous quality improvement register contained complaints and improvement actions arising from them.

**Standard 7**

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| Human resources | | Non-compliant |
| 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. | Non-compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

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

The Assessment Team found the organisational policy of annual performance appraisals had not been implemented. Relevant (summarised) evidence included staff not knowing when their last appraisal was and not being able to describe development opportunities that arose from it, a staff member who had not had an appraisal and had been refused support to access development opportunities. Management confirmed performance appraisals had not occurred for most staff in recent years, but the issue had been added to the corporate continuous improvement register. Observations confirmed only two performance appraisals conducted in 2021.

In its written response of 12 June 2022, the Approved Provider acknowledged the deficits and provided evidence that since the site audit, action had been taken and 88% of performance appraisals completed, with the remainder on track for completion within the financial year. Future appraisals had been scheduled for completion gradually over the coming year.

I acknowledge the service has brought performance appraisals up to date and I am satisfied the service has taken steps to maintain compliance in the future. However, I am unable to find this is evidence of compliance as these steps were taken after the site audit. Accordingly, I find requirement 7(3)(e) is non-compliant.

I am satisfied the remaining 4 Requirements in Quality Standard 7 are compliant.

Call bell data confirmed most calls were responded to within 5 minutes and 97% within 10 minutes. Staff described the workplace as being busy and stated at times they needed to work additional hours to cover shifts, however overall felt there were sufficient staff to meet consumer needs. Consumers were concerned about delayed responses to call bells at the service and considered this reflected inadequate staff numbers, however no consumers described any significant detrimental impact as a result. Consequently, the Assessment Team were satisfied the service plans and deploys sufficient number and mix of staff to enable safe and effective care.

Consumers said staff are kind, caring and respectful and described how the service supports their identity and preferences. Staff described consumers’ needs and preferences and their understanding aligned with care plan information. Observed interactions between staff and consumers were attentive, kind and respectful.

Consumers reported staff have the skills they need and could not identify areas for improvement. Management said recruitment and onboarding processes ensure staff have the necessary competencies, registrations and screening checks for their roles and observations confirmed this.

Consumers considered staff have had the training needed to perform their roles effectively. Staff confirmed they had completed training in a range of topics aligned with the Quality Standards and are supported in their roles. Training records confirmed mandatory annual training is on track for timely completion.

**Standard 8**

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| Organisational governance | | Compliant |
| 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

Consumers and representative confirmed they have input into development, delivery and evaluation of the service and care delivery. Staff described how the service encourages consumer input through surveys, meetings and feedback and complaints mechanisms.

Management described recent initiatives and improved governance and accountability structures implemented by the governing body to promote a culture of safety and quality care and services. These include introduction of a ‘Board Quality, Safety and Risk’ report tabled at monthly meetings with senior leadership to monitor compliance and identify improvement opportunities, procuring a Nurse Practitioner to audit wounds across services and the creation of new Clinical Care and Work Health and Safety subcommittees.

The organisation has effective governance systems to ensure staff can access information. Continuous improvement opportunities are identified, and finance is obtained through effective financial governance processes. Feedback and complaints are effectively addressed. Although deficits were identified in workforce performance appraisals, evidence indicated governance processes were identifying opportunities for improvement.

The service has a documented risk management framework with policies addressing management of high impact and high prevalence risks, abuse, consumer quality of life and incident prevention and management. Staff demonstrated they understand these policies and confirmed they had completed related training. Staff knew how to identify abuse, understood reporting requirements and described how they support consumers to take risks to enhance their quality of life.

The service has a documented clinical governance framework with policies addressing antimicrobial stewardship, minimising restraints and open disclosure. Staff demonstrated they understand how the policies are applied in practice.

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)