Performance

Report

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| Name of service: | Performance report date: |
| Carinya Lodge Hostel | 9 August 2022 |
| Commission ID: | Activity type: |
| 3019 | Site audit |
| Approved provider: | Activity date: |
| Carinya Lodge Homes Inc | 4 July 2022 to 6 July 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 Lodge Hostel (**the service**) has been considered by Kathryn Spurrell, 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 Sit 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 22 July 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 | **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 | **Non-Compliant** |
| **Standard 8** Organisational governance | **Non-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 7(3)(d) - The Approved Provider ensures the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.
* Requirement 8(3)(c) - The Approved Provider ensures it has effective organisation wide governance systems relating to regulatory compliance.

# 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 and that staff are kind when delivering care. Staff showed an understanding of consumers’ backgrounds and preferences and described how it guided them to deliver care to meet consumers individual needs.

Care planning documents reflected consumers’ cultural, spiritual and activity preferences. Consumers are supported to exercise choice and independence and encouraged to maintain relationships with people inside and outside of the service.

The service demonstrated how it supported consumers make decisions relating to which care and services they wish to access, who their nominated representatives or points of contact are and how they wish to maintain relationships, including intimate relationships. Staff demonstrated that they are aware of the risks taken by consumers and said they support the consumers' wishes to take risks to live the way they choose.

The organisation has a risk management framework and policies that support consumers to do the things they want to do. Consumers are encouraged to make choices that may involve elements of risk to their health or safety, which are discussed with consumers and representatives.

Consumers said information provided to them is generally accurate and timely and permits them to make choices about their care, activities and lifestyle choices.

The Assessment Team observed staff practices that demonstrate privacy is respected for consumers, such as knocking on consumers’ doors, computers used by staff were password protected and the electronic care planning system required authentication prior to use.

**Standard 2**

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| Ongoing assessment and planning with consumers | | 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. | 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

Consumers and representatives confirmed they are involved with assessment and care planning on entry to the service and then during periodic reviews. Staff described how they used assessment and planning processes to guide safe care delivery, by identifying consumers’ needs, goals, and risks. Consumers care plans included the details of consumers’ needs and preferences for advance care and end of life care stages.

Care planning documents reflected ongoing partnerships with input from consumers, representatives and other organisations and services, including recommendations or directives from health professionals. Consumers and their representatives said staff explained information regarding care and confirmed they had access to care planning documents.

Care planning documents showed that regular reviews occurred, at least every six months and following any change of circumstances or condition of the consumer. Representatives said they were informed of changes. Management described the process to ensure regular reviews and assessments occur that included a clear line of responsibility and established processes.

# Standard 3

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| Personal care and clinical care | | 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. | 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

Consumers and representatives considered that consumers receive safe and effective care that is best practice, tailored to their needs and optimises their health and well-being

The service has policies, procedures, guidelines, and flowcharts for key areas of care including but not limited to, restrictive practices, skin integrity and pain management. The Assessment team identified some minor deficits in relation to restraint management within the service, however these were quickly rectified by management and the Assessment Team did not consider these deficits an impact on individual consumer care; these issues have been explored further under Requirement 8(3)(c).

The service demonstrated it adequately managed high prevalence risks including falls and infection. Consumers expressed confidence in how the service assessed, communicated, and managed risks and described how the service works with them in relation to engaging with risk, such as self-management of catheters and falls risks.

Staff described the specific strategies the service had in place to manage risks to consumers’ health and comfort. Care plans showed consumers received effective care for skin integrity, pain, and behaviour management. Staff described how care delivery changed for consumers nearing the end of life to meet consumer wishes and maximise their comfort, which aligned with care planning documentation and consumer feedback.

Consumers and representatives confirmed changes in a consumer’s condition are responded to in a timely manner. Care staff described how changes in consumers’ behaviour or condition are managed, including monitoring for signs of deterioration, escalation to medical officers or professionals if needed and charting to track changes in behaviours. The service demonstrated that consumer’s conditions, needs and preferences are communicated effectively both within the organisation and with others where responsibility for care is shared. Consumers and representatives confirmed that they are kept informed of any changes to consumer’s condition and consider that the service communicates well.

The organisation had policies and guidelines in place practices in place to minimise the risk of infections and usage of antibiotics in line with antimicrobial stewardship. The Assessment Team reviewed the antimicrobial stewardship policy which describes key responsibilities and accountabilities of staff and management.

# 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

Consumers and their representatives said staff support consumers to participate in activities that are of interest to them, and the service provides supports to enable consumers to optimise their independence and well-being. Staff described how they tailor activities and cater to consumers’ interests and demonstrated a shared understanding of the interests and preferences of individual consumers. Consumers were observed participating in individual and group activities throughout the service.

Staff described how they provide support to consumers to promote spiritual and psychological well-being, including engaging with consumers, referral to external services, and supporting consumers to attend religious services. Consumers and their representatives said consumers are supported to maintain relationships and participate in the community. Staff described how they support consumers to receive visitors and keep in contact with family and friends.

Care documents reflect information is shared within and outside the service, as appropriate, to enable a shared understanding of consumers’ needs and preferences. Care plans show referrals are made to other services and organisations to support consumers to engage in activities and enhance their well-being. Most consumers said they were satisfied with the quantity, quality and variety of meals available and described ways the service uses feedback and accommodates individual meal requests and preferences. Care plans reflect consumers’ dietary needs and preferences and staff confirmed they are kept informed of any changes to the dietary needs of consumers.

Hospitality staff described how they were informed of consumers’ needs and how they evaluate the suitability of the menu. The kitchen environment was observed to be clean and well maintained. Consumers and staff reported having access to equipment, including mobility aids, shower chairs and manual handling equipment, to assist them with their daily living activities. The Assessment Team reviewed maintenance systems, processes and documentation that demonstrates regular servicing of equipment.

**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

Consumers described feeling at home and as though they belonged in the service and feeling safe and comfortable in the service environment. Consumers rooms were observed to be individualised, decorated, and contained personal items. The service was able to demonstrate that the service environment is safe, clean, and well maintained and that consumers have access to both indoor and outdoor areas.

Staff described the maintenance and cleaning schedules undertaken at the service and a review of documentation reflected regular and appropriate cleaning and maintenance of the service environment. The service was observed to be clean and well-maintained and cleaning staff were observed consistently cleaning, especially high touch areas and consumers rooms

The Assessment Team observed the furniture, fittings, and equipment at the service to be safe, clean, well-maintained and suitable for consumers. The service had processes in place to ensure preventative and reactive maintenance is conducted regularly, with maintenance staff available throughout the week. A review of the maintenance request register found that maintenance issues are raised and actioned quickly within the service.

**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 they felt encouraged, safe and supported to provide feedback and make complaints with staff and management. Staff advised that consumers were encouraged to provide feedback and demonstrated they were aware of and understand the operations of the service's complaint handling system. Staff described the various channels available to consumers to provide feedback and included face to face, online or through feedback forms.

Consumers were aware of advocacy and other external complaints services available and felt confident the service would resolve issues and take appropriate action. The Assessment Team observed information displayed at the service entrance and on noticeboards throughout the service on how to make complaints, including details for advocacy and language services, and the service's feedback form and locked letterboxes for the forms.

Consumers and representatives said they felt comfortable raising feedback directly to the service management and described how the service responded to feedback they had raised, which included an open disclosure process. Staff could describe the action taken in relation to recent complaints and demonstrated an understanding of how an open disclosure process is used

Management described complaints and the actions taken in response, as well as how feedback and complaints have been used to inform continuous improvement across the service. The service demonstrated a system and procedure for receiving, monitoring, and actioning feedback from consumers and their representatives.

**Standard 7**

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| Human resources | | 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. | Non-Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

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

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

The Assessment Team found the service was not able to demonstrate that the workforce was trained and equipped to carry out their roles and responsibilities and specifically identified gaps in the knowledge of and training in the use of restraint. Care staff could not recall whether they had undertaken training on minimising the use of restrictive practices and could not demonstrate a shared understanding of environmental restraint.

The Assessment Team reviewed the service’s 2021 training schedule, as well as the schedule proposed for 2022. Both schedules revealed there was no refresher training to complement the restrictive practice training delivered during orientation.

In its response dated 22nd July 2022, the Approved Provider advised it has implemented a number of corrective actions, including restrictive practice education being added to the induction program for new staff and restrictive practice training included as an annual mandatory training requirement for existing staff, additional restrictive management training for management and informal educational resources for all staff via an internal staff communication channel.

I acknowledge the actions taken by the Approved Provider to address the training deficiencies identified by the Assessment Team, however at the time of the Site Audit, the service did not demonstrate the workforce was trained and equipped to deliver the outcomes required. I therefore Requirement 7(3)(d) is non-compliant.

I am satisfied that the remaining four requirements of Quality Standard 7 are compliant.

Consumers stated staff were professional, kind and respectful in the way they provide care and services to them. Consumers reported that staff were generally capable in their job and considerate of consumers’ needs. While consumers described some delays to call bell response times and gave mixed feedback of the sufficiency of staff across the service, they acknowledge this did not negatively impact their care. Staff said that while they have busy days, most have enough time to complete their daily tasks comfortably and did not report impact to the quality of care for consumers.

A review of service staff documentation demonstrated staff had appropriate qualifications and experience to perform the duties of their job. Existing staff participated in annual performance review processes, which included goal setting, self-assessments, and identification of training needs.

**Standard 8**

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| Organisational governance | | Non- 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. | Non-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

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

The Assessment Team identified deficiencies in the governance systems within the service, specifically in relation to restraint. The Assessment Team observed the front entrance door of the service being locked while renovations were underway and identified that as a result, consumers at the service were under environmental restraint as their freedom of movement was restricted. The Assessment Team also found that management was unable to demonstrate that they had the knowledge to enable them to determine whether a prescribed psychotropic was for a therapeutic purpose or not, to be able to identify chemical restraint and respond to regulatory requirements.

In its response of 22nd July 2022, the Approved Provider advised it had completed restrictive practices risk assessments for all consumers which have been updated in consumers’ care plans. The service has included all actions that emerged from the site audit report in its continuous improvement plan and the service’s management meeting agenda.

I acknowledge the actions taken by the Approved Provider in response to the Site Audit, however I am of the view that at the time of the Site Audit there were system defecits at an organsitaitonl level relating to regulatory compliance. I find Requirement 8(3)c is non-compliant.

I am satisfied that the remaining four requirements of Quality Standard 8 are compliant.

The service demonstrated that consumers are engaged in the development, delivery and evaluation of care and services and supported in that engagement. Consumers and representatives described involvement through consumer meetings and felt heard by management.

The governing body monitored the service’s performance in relation to the Quality Standards through monthly reports that detailed the performance of the service. The Assessment Team reviewed monthly clinical and general reports for the service which include topics such as complaints, clinical indicators and financial indicators.

The organisation provided a documented risk management framework, including policies describing how to prevent and manage incidents, how the abuse of consumers should be identified and responded to, and the management of high impact or high prevalence risks associated with the care of consumers. Staff had been educated about the policies and were able to provide examples of their relevance to their work.

The service had a clinical governance framework that referenced antimicrobial stewardship, minimising the use of restraint and an open disclosure policy. Staff demonstrated a shared understanding of these frameworks and could identify the key components of the open disclosure policy. Management advised that clinical indicators are discussed at staff meetings and are used to identify improvements in the delivery of consumer care.

1. The preparation of the performance report is in accordance with section s40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)