Performance

Report

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| Name of service: | Carinya Lodge Hostel |
| Service address: | Carinya Crescent KORUMBURRA VIC 3950 |
| Commission ID: | 3019 |
| Approved provider: | Carinya Lodge Homes Inc |
| Activity type: | Assessment Contact - Site |
| Activity date: | 15 June 2023 |
| Performance report date: | 13 July 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 Lodge Hostel (**the service**) has been prepared by D. Fekonja, 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.
* the provider’s response to the assessment team’s report received 06 July 2023

# Assessment summary

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| Standard 7 Human resources | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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 7

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| Human resources | |  |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

During a Site Audit conducted from 4 July 2022 to 6 July 2022, the service was found non-compliant with this requirement. The service at that time was unable to demonstrate that the workforce was trained and equipped to carry out their roles and responsibilities, specifically in relation to the use of restraint. Staff at the time had nominal training in the minimisation of restrictive practices and were not consistently able to demonstrate a shared understanding of environmental restraint.

The service planned and/or implemented several continuous improvement actions in response to the non-compliance prior to the assessment contact being undertaken on 15 June 2023. These included:

* Restrictive practices risk assessments and care plans updated for all consumers.
* Staff knowledge and training deficiencies identified were to be addressed, and education provided to staff in the areas of restrictive practice. This is to be included as an annual mandatory training requirement.
* Education in restrictive practice to be added to the induction program for new staff.
* The restrictive practice module to be included in the monthly face-to-face staff training day.
* Informal educational resources were offered to staff via internal email.
* The service’s managerial team and members of the committee underwent additional restrictive management training.

The Assessment Team at the time of the assessment contact found that there were still knowledge gaps among staff in relation to restrictive practices. The education has not been continued on a monthly basis and new staff have not accessed the mandatory training in restrictive practices.

Not all consumers subject to restrictive practice had current assessments or consent in place. One consumer had a bed rail which was their preference but there had been no assessments conducted in relation to its use by the consumer and had also been miscategorised as a physical restraint when the documentation was updated during the assessment contact.

The induction checklist does not refer to specific topics to cover by new staff, but refers to ‘education’ in general. At the time of the assessment contact, 18 new staff had not completed restrictive practices education and training. The file review of 2 consumers, however, evidenced that chemical restraint was managed effectively.

The approved provider in its response clarified information in relation to the consumer with the bed rail and provided evidence of a range of measures undertaken since the assessment contact. All staff have now received mandatory training on restrictive practices in aged care. Face-to-face training is delivered annually in relation to restrictive practices and on the first day of employment or during orientation for new staff. The induction/orientation checklist now includes specific topics that must be completed during orientation.

The Assessment Team found the service not met in relation to this Requirement, however, I have come to a different view. The evidence submitted by the approved provider has persuaded me that they have undertaken the necessary improvements and will continue to undertake improvement activities in relation to the non-compliance.

I therefore find the service is compliant with this Requirement.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The service was found non-compliant with this requirement following a site audit conducted from 4 July 2022 to 6 July 2022. The service at the time was not able to demonstrate effective governance to ensure regulatory compliance in relation to restraint. This was due to the front entrance door of the service being locked while renovations were underway and as a result, consumers at the service were under environmental restraint as their freedom of movement was restricted. The service was also unable to demonstrate they had the knowledge to identify chemical restraint and respond to regulatory requirements.

The service has implemented several actions in response to the non-compliance identified at the site audit from 4 July 2022 to 6 July 2022 which have been effective. These include:

* Affected consumers now have environmental restraint authority and consent in place on the electronic care plan system.
* The service has subscribed to the Department of Health and the Commission to receive updates in relation to restrictive practices.
* Some staff have received education in relation to restrictive practice which has been implemented in all staff training.
* Legislation updates have been added to the agenda for the committee of management meetings which are held regularly.

During the assessment contact on 15 June 2023, the service was able to describe the improvements made in relation to restraint and staff were able to demonstrate an understanding of restrictive practice and identify the different types of restraint.

The service stated consumers are still subject to environmental restraint and require a code to exit the temporary entrance to the service after hours as the main entrance is still undergoing repairs. The Assessment Team observed the temporary entrance door to be unlocked and not require a code to enter or exit during the assessment contact. Care planning documentation reviewed by the Assessment Team identified environmental restraint authority and consent has been completed for all consumers.

The service received education from an external provider in relation to governance which included education on restrictive practices and the service is aware of its responsibilities in relation to restrictive practices. The service identified that there were 8 consumers subject to chemical restraint at the service.

A restrictive practice policy was reviewed by the Assessment Team which is accessible to staff through the organisational online platform.

In its response, the approved provider outlined that restraints that were incorrectly identified as physical restraints have now been documented as mechanical restraints. The service will also undergo a full compliance audit from an independent organisation to assist them with continuous improvements.

Based on the information provided by the Assessment Team and the response from the provider I find the service has made improvements in their processes and are compliant with this Requirement.

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