Performance

Report

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| Name: | Carinya of Bicton |
| Commission ID: | 7230 |
| Address: | 220 Preston Point Road, BICTON, Western Australia, 6157 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 9 January 2024 |
| Performance report date: | 12 February 2024 |
| Service included in this assessment: | Provider: 899 Bansley Pty Ltd  Service: 4757 Carinya Of Bicton |

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 of Bicton (**the service**) has been prepared by M Glenn, 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.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others; and
* a performance report dated 11 May 2023 for a site audit undertaken 22 March 2023 to 24 March 2023.

The provider did not submit a response to the assessment team’s report.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not Applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not Applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not Applicable as not all requirements have been assessed** |
| **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 1**

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| Consumer dignity and choice | |  |
| 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 |

Findings

Requirement (3)(c) was found non-compliant following a site audit undertaken in March 2023 as each consumer was not supported to exercise choice and independence, specifically in relation to making decisions about their own care and the way care and services are delivered. The assessment team’s report included improvements implemented by the service in response to the finding, including, but not limited to, redesigning the menu to increase choice for consumers residing in the memory support unit and additional meal options consumers on texture modified diets; reassessing preferred bedtimes for all consumers through use of assessments; and for consumers in the memory support unit, conducted surveys on meal choices and reassessments of capacity to attend meal time activities independently.

At the assessment contact in January 2024, consumers were found to be supported to exercise choice and independence. Care files included consumers’ individual choices relating to when care is delivered, who is involved in their care and how the service supports them in maintaining relationships. Staff described how they support consumers to make decisions about their care and family involvement, and consumers and representatives said consumers are given choice about when care is provided, and these choices are respected.

For the reasons detailed above, I find requirement (3)(c) in Standard 1 Consumer dignity and choice compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Requirement (3)(b) was found non-compliant following a site audit undertaken in March 2023 as risks associated with chemical restraint were not effectively managed. The assessment team’s report included improvements implemented by the service in response to the finding, including providing education for staff on psychotropic medication, restrictive practices, behaviour management, pressure injuries and falls management; and reviewed all consumers to identify risks and ensure they are effectively managed, including consumers prescribed psychotropic medication and/or using a restrictive practice, with consideration to remove or minimise the restraint.

At the assessment contact in January 2024, systems and processes were found to assist the service to identify, monitor, and effectively manage high impact or high prevalence risks associated with consumers’ care. Care files include appropriate assessment and strategies to mitigate risks relating to restrictive practices, behaviours, falls and pressure injuries. Care files also evidence involvement of general practitioners and allied health professionals in assessment and management of high impact or high prevalence risks. Staff described how they identify, assess, and manage specific risks when delivering care to consumers sampled, and consumers and representatives are satisfied with management of risks associated with consumers’ care

For the reasons detailed above, I find requirement (3)(b) in Standard 3 Personal care and clinical care compliant.

# 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 |

Findings

Requirement (3)(a) was found non-compliant following a site audit undertaken in March 2023 as each consumer did not receive safe and effective services and supports for daily living that met their needs, goals and preferences and optimised their independence, health, well-being and quality of life. The assessment team’s report included improvements implemented by the service in response to the finding, including, but not limited to, engaging consumers who reside in the memory support unit with appropriate activities suitable to their preferences and needs; and redesigning the activities program, increasing staffing and appointing new therapy assistants.

At the assessment contact in January 2024, consumers and representatives were satisfied consumers receive safe and effective services and supports for daily living that meet their needs, goals and preferences and optimises their independence, well-being and quality of life. Care files include a section on mobility care, consumers’ background and a lifestyle and leisure plan which details consumers’ interests and preferences. Care files also demonstrated involvement of allied health professionals in assessing consumers’ abilities to support them to optimise their independence and well-being, including with meal requirements and therapy plans. Staff were familiar with consumers’ identified goals for optimising their independence and well-being.

For the reasons detailed above, I find requirement (3)(a) in Standard 4 Services and supports for daily living compliant.

# Standard 7

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| Human resources | |  |
| 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 |

Findings

Requirements (3)(b) and (3)(c) were found non-compliant following a site audit undertaken in March 2023 as workforce interactions were not kind, caring and respectful of each consumer’s identity, culture and diversity; and the workforce was not competent nor did they have the qualifications and knowledge to effectively perform their roles. The assessment team’s report included improvements implemented by the service in response to the finding, including, but not limited to, developing and delivering an education program on respectful care when assisting consumers with their meals; and developing/sourcing/delivering restrictive practice training modules and materials, psychotropic toolbox sessions and an education schedule to track non-mandatory training.

At the assessment contact in January 2024, consumers and representatives spoke positively of staff, stating they are caring, kind and always make them feel welcome. Staff described how the service values respect and how they ensure consumers are treated in a kind and caring manner. Staff have received training on cultural diversity, understanding dementia, and ways they respect consumers. Cultural diversity is a core training component and the organisation’s values promote acceptance and respect of difference in individuals.

Consumers and representatives feel staff are competent and understand consumers’ care needs, and staff feel supported by management and said they have had sufficient training to undertake their roles. The organisation has policies and procedures to monitor and ensure all staff have the appropriate qualifications and registrations required for their role and to provide ongoing support, education and training to ensure staff are up to date and work within the scope of their role requirements. Mandatory training, tailored to each role, is provided on an annual basis and is aimed at ensuring all staff have the skills and knowledge to perform in their roles.

For the reasons detailed above, I find requirements (3)(b) and (3)(c) in Standard 7 Human resources compliant.

# Standard 8

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| Organisational governance | |  |
| 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

Requirement (3)(e) was found non-compliant following a site audit undertaken in March 2023 as an effective clinical governance framework to minimise restrictive practices was not demonstrated. The assessment team’s report included improvements implemented by the service in response to the finding, including, but not limited to, reviewing all consumers prescribed psychotropic medication to establish reasons for use; and using a restrictive practice register to improve record keeping and support monitoring and evaluation.

At the assessment contact in January 2024, an effective governance framework supported by policies and procedures and inclusive of antimicrobial stewardship, minimising use of restraint and open disclosure was demonstrated. The service has a dedicated infection prevention and control lead. Infection records showed antibiotics are prescribed when there is a positive pathology result and antibiotic usage is monitored through the service’s monthly quality clinical analysis and meetings with pharmacy. A restrictive practice register is maintained and demonstrated regular review and monitoring. In conjunction with the general practitioner and representatives, use of psychotropic medications for individual consumers has reduced or been minimised, and ongoing monitoring shows no adverse effects have been recorded. Staff are aware of open disclosure principles and described how they apply this in practice. Documentation showed open disclosure is applied, where required, with evidence of staff apologising and explaining what happened and discussing actions to prevent recurrence.

For the reasons detailed above, I find requirement (3)(e) in Standard 8 Organisational governance compliant.

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