Performance

Report

**1800 951 822**

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| Name: | Carinya of Bristol |
| Commission ID: | 7449 |
| Address: | 41 Bristol Avenue, BICTON, Western Australia, 6157 |
| Activity type: | Site Audit |
| Activity date: | 12 August 2024 to 14 August 2024 |
| Performance report date: | 2 September 2024 |
| Service included in this assessment: | Provider: 1120 Pu-Fam Pty Ltd  Service: 19374 Carinya Of Bristol |

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 Bristol (**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 site audit, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management; and
* an email from the provider received 27 August 2024 acknowledging the assessment team’s report.

# 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

Consumers interviewed said staff treat them with respect and dignity, and many staff have taken the time to get to know them. Consumers said staff understand their individual needs and preferences and know how to make them feel valued and safe when providing care and services. Staff deliver care and services in a respectful way which acknowledges each consumer’s identify and culture, with person-centred care a focus of the service. Consumers are engaged during the assessment process on entry and during reviews to ensure cultural safety is maintained, and staff described how they tailor care and services for consumers with specific cultural needs. Staff have sound knowledge of each consumer’s background, diversity and culture, and provided examples of dignified and respectful care provision.

Consumers feel supported to live the best life they can. Where consumers are identified as partaking in a risk activity, dignity of risk forms are used to support consumers to make informed decisions about the risks and to ensure they are aware of potential consequences. Consumers said they can exercise choice, maintain independence, make their own decisions about the way care and services are delivered, and are supported by the service to make connections with others. Care files reflect current matters relating to consumers’ individual needs and choices, show consumers are engaged in their own care planning and make their own decisions regarding how they want their care and services delivered and when.

Consumers said they are provided information on admission and have access to current information, including, but not limited to, the activities schedule, allied health visits, and meal options. Activity schedules, emails and care planning documents are clearly set out and are communicated to all consumers to enable them to make decisions about their care and services. There are processes to ensure consumers’ privacy is respected and personal information is kept confidential.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant, therefore, the Quality Standard is compliant.

# 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

Assessment and planning processes, including consideration of risks to consumers’ health and wellbeing, inform delivery of safe and effective care and services. A clinical guidelines checklist is generally used to capture information on admission and when incidents occur. Validated risk assessments are used to identify and assess risk, with individualised strategies developed to manage identified risks. Care files also show assessment and planning identifies and addresses consumers’ current needs, goals and preferences. Advance care planning is discussed with consumers and representatives on admission. If they do not wish to discuss advance and end of life care planning at this time, this is revisited during regular reviews or when a change occurs where end of life or palliative care needs may be required, with care plans updated accordingly. Consumers and representatives said they are involved in the assessment process, including on admission, during annual care plan reviews, and as required.

Consumers and representatives said they are encouraged to be involved in assessment and planning processes, they are informed of any changes by staff, and staff consult with them about how care should be delivered to consumers. Care files for consumers who have incidents, or changes to their health and wellbeing evidence consultation with representatives, allied health professionals and other external providers in relation to consumers’ care needs and services. Care files also evidence regular review of care and services, including in response to incidents or changes in consumers’ condition. Following incidents or changes in condition, interventions and mitigation strategies are implemented, a review date is set and observations and charting commenced. Staff said they are kept informed of changes in consumers’ care needs through handover processes and access to care plans. Updated information from clinical reviews, assessments and care plan updates are shared with consumers, representatives and staff, with copies of care plans provided to consumers or representatives.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant, therefore, the Quality Standard is compliant.

# 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

Each consumer receives safe, effective, tailored personal and clinical care which optimises their health and wellbeing. Care files evidence appropriate, best practice care relating to management of pain, wounds and infections. There are processes to identify, assess, plan for, manage and monitor high impact or high prevalence risks related to consumers’ care. Care files evidence effective management of risks relating to behaviours, falls and wounds. Consumers and representatives are satisfied with how identified consumer risks are managed, including pressure injuries, falls, pain and changed behaviours. Management and staff described how incidents are investigated to identify root cause issues to develop strategies to mitigate consumer risks.

The needs, goals and preferences of consumers nearing end of life are addressed, their comfort maximised and dignity preserved. Care files sampled include consumers’ and representatives’ wishes, and evidence referrals to palliative care services and general practitioners. Two representatives said consumers’ wishes were respectfully discussed with them when the time was right, and their wishes and goals of keeping consumers comfortable, pain free, peaceful and in dignified surroundings, as well as to be kept informed with regular updates were put into place and they are thankful and happy with the service.

Consumers and representatives are confident staff identify deterioration in consumers’ condition and respond to changes in a timely manner. Care staff said where they identify changes in a consumer’s condition, they report this immediately to the registered nurse and complete a progress note entry. Care files evidence timely and appropriate referrals to individuals, other organisations and providers of other care and services in response to changes in consumers’ condition. There are effective processes to ensure information about consumers’ condition, needs and preferences is documented and communicated throughout the organisation and with other service providers. Staff are provided up to date information relating to consumers through handover processes, electronic care systems and discussions with clinical staff. Handover sheets identify consumers with risk and record mitigation strategies, as well as monitoring and charting required for each consumer. Consumers and representatives interviewed said staff know consumers and what they need and want.

There are effective processes to minimise and control infections, including through use of standard and transmission-based precautions to prevent and control infections and practices to promote appropriate antibiotic prescribing. Care staff described practical strategies to minimise the spread of infections, including use of personal protective equipment, and access to procedures and protocols, including for management of outbreaks, to guide practice. There is an infection prevention control lead in place. Infection reports highlight the use of antivirals, and data from pharmacy medication usage reports is reviewed for duration and reasons for the use of the medication and to identify strategies to reduce the use of antimicrobials. Representatives interviewed said the service seems committed to ensuring the spread of any infections are kept to a minimum, and they receive notifications when there is an outbreak and when consumers are involved in the outbreak.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant, therefore, the Quality Standard is 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 |
| 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 interviewed said the services they receive meet their needs, goals and preferences and enable them to have quality of life. Consumers said they are happy with the supports provided to them to participate in the service’s events, and they do things of interest to them. A lifestyle calendar of events is developed in consultation with the occupational therapist and physiotherapist, based on consumers’ preferences and feedback. Staff described individual approaches to support consumers’ socialisation and participation, and consumers were observed participating in a range of activities throughout the site audit. In relation to one consumer, the physiotherapist said the consumer does regular exercises which they designed in consultation with the consumer to achieve their personal goal of being able to walk again following a medical episode. Equipment, in line with the physiotherapist’s recommendations, has been provided to the consumer to aid independence and enhance their quality of life while they are working towards their goal.

Consumers said there are services and supports available to promote their emotional, spiritual and psychological wellbeing. Consumers said lifestyle staff check in on them regularly to see how they are, listen to them when they express emotional needs and encourage them to participate in social activities while also respecting when they choose not to do so. Consumers said most staff take the time to get to know them, and their needs and preferences are communicated within the organisation. Staff said they continually share information with each other and management during regular handovers and through progress notes entered in shared electronic tablets to ensure any changes in consumers’ preferences is shared and followed up.

Most consumers said they are served meals of a suitable quality and quantity, are offered more than one choice and their dietary requirements are met. Care files include accurate information about consumers’ dietary needs, likes and dislikes, with required information accessible to staff serving meals. Meals are cooked fresh onsite by a chef and served directly to consumers in the dining room or in consumers’ rooms if this is their preference. However, for the duration of the site audit, the menu board was blank and there were no menus on the tables. I would encourage the provider to review how information relating to the menu is made available to consumers to support independent choice and decision making.

Consumers are satisfied with the equipment provided, stating it is suitable for their needs and well maintained. Equipment is maintained through preventative and reactive maintenance programs, and there are processes to ensure shared equipment is cleaned between use.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant, therefore, the Quality Standard is compliant.

# 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

Consumers and representatives are satisfied with the service environment, stating it is welcoming, easy to navigate and there are opportunities for bedroom spaces to be individualised creating a sense of belonging. The service is divided into two sections, with small courtyards around the service. Consumers were observed moving freely within the service, and doors leading to most courtyards are accessible to all consumers.

All consumers and representatives interviewed said the service environment is safe, clean and comfortable, and furniture, fittings and equipment are suitable. Cleaning of the service environment and consumer rooms is undertaken in line with a cleaning schedule, and preventative and reactive maintenance processes, supported by external contracted services, are in place. Staff described their role in keeping consumers safe, including reporting issues, such as hazards, described how they assist consumers with limited mobility to move about the service when needed or requested, and are aware of emergency procedures.

Based on the assessment team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant, therefore, the Quality Standard is compliant.

# 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

Consumers, representatives and others are encouraged and supported to provide feedback through various avenues, including meeting forums, feedback forms, surveys, or directly with staff and management. Consumers said they are supported to provide feedback verbally to staff and through feedback forms, and while they rarely have cause for concern, they feel comfortable providing feedback. Staff said they speak with consumers during service delivery, and if they have concerns, they try to resolve the matter immediately or assist consumers to raise the matter directly with appropriate staff.

The organisation’s feedback form includes information on raising compliments/suggestions or complaints, as well as advocacy, with flow charts for each option and clear steps outlining how the service will respond and escalate feedback. Complaint forms are available around the service, and information on advocacy services is displayed. One consumer interviewed said they are aware of advocacy services and other methods for raising complaints, stating they recently raised a complaint externally which was resolved by the service. However, information relating to external complaints avenues was not observed or included on the feedback form. Staff interviewed are aware of internal complaints processes, however, not of advocacy, language services or external methods for raising complaints. I would encourage the provider to consider how information relating to external methods for raising complaints are provided to and available for consumers and others, and to ensure staff are aware of these avenues to enable them to support consumers and others in raising concerns external to the service.

Consumers said they have raised concerns verbally with staff and feel they were resolved to their satisfaction. Staff are guided in management of complaints through a feedback and complaints policy, and complaints documentation shows complaints are recorded, and appropriate action is taken with an open disclosure process used. A rating system for significance of issues is used to ensure matters are raised through appropriate levels of staff, with higher risk matters going to the quality and compliance manager for oversight. All complaints received are reviewed at monthly quality meetings to identify trends and repeating issues. Discussions are held to determine root causes and solutions to implement and trial to improve the quality of care and services.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant, therefore, the Quality Standard is compliant.

# 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

There are processes to ensure the workforce is sufficient to deliver and manage quality care and services. A range of sources are considered and continually reviewed to ensure consumers’ needs are met, including monitoring of care minutes, service occupancy, and feedback. There are processes to manage planned and unplanned leave. Staff said they have sufficient time to undertake their duties, and consumers and representatives are satisfied with the number of staff available each shift, stating consumers’ care needs are met and call bells are answered in a timely manner. Consumers also said staff are kind, caring and respectful, and staff interactions with consumers were observed to be respectful of their identity, culture and diversity.

Consumers and representatives feel confident staff know what they are doing and have the skills and knowledge to effectively perform their roles. Staff are recruited with the assistance of the people and culture team, with interviews of potential staff conducted by management onsite. Interview questions examine the applicant’s skills and experience depending on the role, with the recruitment process including checks of qualifications, references and working rights. There are processes to monitor currency of police clearances and professional registrations. Each staff role has a job description and duty statement which align with required competencies for the different roles. Staff are required to complete mandatory training, such as manual handling, fire safety and the serious incident response scheme, and training records evidence staff completion of mandatory training requirements. Staff feel they have the knowledge and skills to competently perform their roles, stating they attend regular training to improve their knowledge and enable them to effectively perform their duties.

There are processes to ensure staff performance is regularly assessed, monitored and reviewed. Staff performance reviews are conducted during the probation period at six months, and annually thereafter. Staff practice is monitored on an ongoing basis, with incidents of poor performance acted upon, including through retraining and guidance, as applicable. Staff said performance reviews are an opportunity to discuss how they would like to be supported and any training required. Consumers and representatives feel free to give feedback to management regarding staff performance and are confident action is taken regarding issues of poor performance.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources compliant, therefore, the Quality Standard is compliant.

# 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

Consumers are supported and engaged in the development, delivery and evaluation of care and services through a range of avenues, including feedback processes, meeting forums, focus groups, and surveys. Consumers and representatives interviewed feel the service is well run and they are satisfied with the care and services provided. The organisation’s governing body, the board, promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The organisation has structures in place to follow up and report on issues relating to clinical care, incident reporting, including incidents reported through the serious incident response scheme, complaints and high impact or high prevalence risks within the service. Related information is collated, analysed and provided to the quality care advisory body and the governing body.

A governance structure is in place to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and the governing body is aware of and accountable for the delivery of services. The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system. A clinical governance framework is supported by policies, procedures and training to guide staff practice, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Awareness of organisational policies and procedures relating to clinical governance was further demonstrated through evidence presented in other Quality Standards.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant, therefore, the Quality Standard is compliant.

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