Performance

Report

**1800 951 822**

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| Name of service: | Carinya of Bristol |
| Service address: | 41 Bristol Avenue BICTON WA 6157 |
| Commission ID: | 7449 |
| Approved provider: | Bansley Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 11 October 2022 |
| Performance report date: | 23 November 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 of Bristol (**the service**) has been prepared by M Roach, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the approved 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 approved provider’s response to the assessment team’s report received 1 November 2022
* the performance report dated 11 May 2022 for an Assessment Contact – Site undertaken on 17 March 2022.

# Assessment summary

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| Standard 3 Personal care and clinical care | 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 3(3)(b) – the approved provider ensures effective management of high impact or high prevalence risks associated with the care of each consumer including ensuring wounds are consistently monitored and dressed in accordance with consumers’ wound treatment plans, medication is administered safely for all consumers, weight loss and nutritional intake monitoring is consistently completed and documented.

# 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. | Non-compliant |

Findings

Requirement 3(3)(b) was found Non-compliant following an assessment contact conducted on 17 March 2022. The service did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to the management of pain.

On 11 October 2022 the assessment team found the service implemented improvement actions to manage risks for consumers living with pain. These include an overall review of consumers’ pain management and ongoing medical and health professionals’ involvement in pain related risks. Consumers’ documentation review evidenced appropriate pharmacological and allied health professionals’ therapeutic treatments when managing consumers’ pain. Consumers and representatives interviewed were satisfied with the consumer’s pain management. The assessment team was satisfied that the service effectively managed consumers’ risks associated with poor mobility and falls by implementing strategies to prevent or minimise harm for these consumers.

The assessment team found the service was unable to demonstrate effective management of two consumers’ risks associated with wound care, weight management and medication administration based on evidence collected through interview with consumers, representatives and staff and review of the two consumers’ documentation and observation. The assessment team identified:

* A named consumer’s deteriorating wounds were not consistently monitored or dressed in accordance with the consumer’s wound treatment plan, with wound size measurement and exudate not always documented. Medication administration for the consumer was unsafe as staff did not observe the consumer’s medication ingestion and left 2 lots of medication, including a schedule 8 controlled medication, with the consumer who has been assessed as unable to self-administer medication.
* Inconsistent nutritional intake monitoring between 12 September and 11 October 2022 when a second named consumer was identified as having risk of malnutrition and experiencing weight loss.

The approved provider submitted a written response with supporting evidence to the assessment team’s report. In their response:

* For the first named consumer, the approved provider advised the consumer’s deteriorating wound had been managed accordingly, including referred to and reviewed by wound specialist on multiple occasions. The approved provider explained the consumer’s wound size measurements were undertaken and recorded in the electronic documentation system, however, the inputs were not saved due to a system error between end July and end October 2022. The approved provider gave evidence to support the consumer’s wound was dressed in accordance with their wound treatment plan, however, was not documented consistently for a period of 13 days in October 2022. The approved provider evidenced that the staff who performed unsafe medication administration had completed a full medication competency course and advised the staff will be retained in the competency course.
* For the second named consumer, the approved provider advised the consumer’s weight loss and nutritional intake has been monitored. The approved provider supplied 5 monitoring progress notes from September 2022, a dietitian review record from October 2022 and a supplement administration signing page for August to September 2022 to support this.
* The approved provider also submitted evidence, including a memorandum to all staff dated 3 October 2022 regarding documentation and communication requirements and a staff meting minutes dated 28 October 2022 that has specific actions to address/ improve staff communication, consumer monitoring charts documentation and safe medication administration.

Whilst I acknowledge there was a system error that contributed to consumers’ wound size measurements not been saved from 20 July 2020, the issue was not identified until the assessment contact on 11 October 2022. Although the approved provider had identified staff communication and documentation gaps and issued an all staff memorandum on 3 October 2022, the assessment team identified inconsistent or incomplete entry of consumer monitoring charts, including food and fluid intake charting following 3 October 2022. As such, I am not satisfied that the approved provider has effective clinical monitoring mechanisms or oversight in place to ensure consumers’ care related risks, such as chronic wounds and weight loss are properly monitored or managed.

In relation to medication administration, although I acknowledge the staff has passed the medication competency course and will be retrained, I place weight on the named consumer’s possible or actual adverse outcome relating to the unsafe medication administration. Consequently, I am not satisfied that medication related risks have been minimised or managed for the consumer.

While I note the approved provider has taken action in response to the information raised in the assessment team’s report, I was not provided sufficient evidence to be satisfied that the service has addressed all of the deficiencies identified at the assessment contact, including having the systems and processes to identify and address issues that affect or may affect the effective management of consumers’ high impact or high prevalence risks, review outcomes and adjust staff practice. The approved provider is still undertaking improvements and I encourage them to embed these improvements into their usual practice to ensure all consumers’ high impact and high prevalence risk are managed appropriately and documented consistently.

For the reasons detailed above, I find Standard 3 requirement 3(3)(b) is non-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)