Performance

Report

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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 September 2023 to 12 September 2023 |
| Performance report date: | 16 October 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 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 Assessment Contact - Site; the Assessment Contact - 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 27 February 2023 for a Site Audit undertaken from 4 January 2023 to 6 January 2023.

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

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | 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 6** Feedback and complaints | **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 2

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| Ongoing assessment and planning with consumers | |  |
| 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

Requirement (3)(e) was found non-compliant following a Site Audit undertaken in January 2023 as timely assessment, review, and evaluation of personal and/or clinical care management strategies did not occur to ensure risks to consumers’ health and well-being were minimised. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, reviewed all care plans; evaluating the effectiveness of wound care weekly; and reviewing consumers’ care plans when they are involved in incidents, completing a root cause analysis, and discussing the effectiveness of current strategies at fortnightly meetings.

At the Assessment Contact in September 2023, the service was found to have effective processes to ensure when changes to consumers’ care needs, preferences or goals are identified, the care plan is reviewed for effectiveness and updated to meet these needs. Consumers involved in incidents are discussed at fortnightly clinical risk meetings and documentation evidenced strategies are reviewed, and alternatives strategies developed to address the likely root cause of incidents and are evaluated for effectiveness. Incidents are not closed until the root cause analysis has been completed and strategies reviewed and updated. Staff were able to identify when care may need reviewing outside of regular annual care plan reviews. Consumers and representatives stated they had recently been involved in care plan meetings and are informed when changes to consumers’ care are made.

Based on the assessment team’s report, I find requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers 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 |

Findings

Requirements (3)(a) and (3)(b) were found non-compliant following a Site Audit undertaken in January 2023 as the service did not demonstrate safe and effective personal and/or clinical care that was best practice, tailored to consumers’ needs and optimised their health and well-being, specifically in relation to management of continence and pain; or that high impact or high prevalence risks, specifically relating to wounds were effectively managed. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, reviewed the procurement and storage of dressing materials; and provided education to staff on high impact or high prevalence risks, wound care, pain, and continence.

At the Assessment Contact in September 2023, best practice, and tailored care, which optimised health and well-being was found to be provided to consumers. Staff stated, and documentation evidenced an holistic approach to consumers’ care is undertaken to ensure staff are optimising consumers’ health and well-being through involving them in care delivery. Care files sampled demonstrated appropriate, tailored care relating to wounds, pain, diabetes, and Parkinson’s disease, with care reviewed and delivered to optimise consumers’ health and well-being. Consumers and representatives were satisfied with care provided, including in relation to wounds and pain.

There are effective systems to manage and monitor high impact or high prevalence risks associated with consumers’ care. Care files demonstrated appropriate management of risks relating to pressure injuries, falls and weight loss/gain, with referrals to the general practitioner and/or allied health professionals initiated where required. Care files also demonstrated care is delivered in line with consumers’ assessed needs, and strategies to manage risks are documented to guide effective care delivery. Staff described consumers at risk and strategies they use to ensure their safety and management of care. Consumers and representatives interviewed were happy with the management of consumers’ high impact risks.

Based on the assessment team’s report, I find requirements (3)(a) and (3)(b) in Standard 3 Personal care and clinical care 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)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Requirements (3)(a) and (3)(d) were found non-compliant following a Site Audit undertaken in January 2023 as the service did not effectively demonstrate consumers, representatives and others are encouraged and supported to provide feedback and make complaints; or a best practice system to manage feedback and complaints to identify improvement opportunities to the quality of care and services provided. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, implementing a feedback register which can be reviewed and analysed; developed new feedback forms; and added feedback as an ongoing agenda in the service’s meetings.

At the Assessment Contact in September 2023, consumers and representatives said they were able to and felt supported to provide feedback and make complaints, including by speaking directly to care staff. Residents and relative meeting minutes showed consumers and representatives are encouraged to provide feedback and make complaints, with issues raised contributing to the ongoing plan for continuous improvement. Newsletters also showed feedback and complaints are encouraged by management, lifestyle, and governance. Feedback and complaints forms are located in the entrance of the service, and management confirmed their door is always open for consumers and relatives to provide feedback in person if they feel they need to raise any issues. Staff from various disciplines said they receive training on complaints and feedback processes annually and know how to support consumers to provide feedback or make a complaint.

Feedback and complaints are reviewed and used to improve the quality of care and services. All complaints and feedback are analysed on a monthly basis, with results discussed at both consumer/representative and staff meetings and used to identify opportunities for continuous improvement. Consumers and representatives were satisfied their feedback is used to improve care and services.

Based on the assessment team’s report, I find requirements (3)(a) and (3)(d) in Standard 6 Feedback and complaints compliant.

# Standard 7

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

Findings

Requirements (3)(c) and (3)(e) were found non-compliant following a Site Audit undertaken in January 2023 as the workforce was not sufficiently competent or had the qualifications and knowledge to effectively perform their roles; and ongoing monitoring of the performance of each member of the workforce was not consistently undertaken. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, restructuring the staffing model, staffing allocation and leadership structure; recruited a new clinical nurse manager, registered nurses, and care workers; implemented clinical staff coaching; and actively monitoring the staff appraisal system and completed staff performance appraisals.

At the Assessment Contact in September 2023, consumers and representatives felt staff were competent and understood the needs of consumers. The organisation has policies and procedures to monitor and ensure all staff have the appropriate qualifications and registrations required for their role. Since the Site Audit, monthly training with clinical and care staff has been undertaken to address knowledge gaps for subjects, such as the management of wound care, pain, and restrictive practice. All clinical and care staff interviewed demonstrated an understanding of chemical restraint and wound management, and said they felt supported by management and have had sufficient training to undertake their roles.

A performance review process includes performance appraisals for new staff following the probation period at six months, annually, and then ongoing for all staff every two years. Information collected from performance appraisals is analysed to determine training needs and identify gaps in the delivery of care and services. Staff performance is monitored on an ongoing basis through direct observation, incidents, feedback and complaints, and there are policies and procedures relating to managing poor staff performance to guide staff and management. Staff interviewed confirmed they undertake regular performance reviews where they can identify their personal strengths and areas for improvement, as well as any additional training they may wish to undertake.

Based on the assessment team’s report, I find requirements (3)(c) and (3)(e) in Standard 7 Human resources 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)(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)(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

Requirements (3)(a), (3)(c) and (3)(e) were found non-compliant following a Site Audit undertaken in January 2023 as:

* the organisation’s processes did not ensure consumers were effectively engaged in development, delivery and evaluation of care and services and supported in that engagement;
* governance systems relating to feedback and complaints were not effective to ensure accountability and action at all levels of the organisation; and
* the organisation’s clinical governance framework was not effective to monitor for opportunities to minimise use of restraint

The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Re-established a regular resident and representative committee in order to obtain feedback and engagement with the evaluation of service delivery.
* Actively promoting and encouraging consumer and representative engagement through regular newsletters, an open door policy and increased visibility of senior staff.
* Recruited a new leadership team with defined responsibilities for monitoring, evaluating and improving care delivery and to actively promote and encourage consumers and representatives to engage with the service to drive improvements.
* Implemented a designated study day to provide education to all staff to improve knowledge of the effective use and management of restrictive practices. Reviewed and redeveloped a restrictive practice register, with responsibility for updating and monitoring clearly assigned.

At the Assessment Contact in September 2023, the service was found to be actively seeking to engage consumers in the development, delivery and evaluation of care and services, including through meeting forums, feedback and complaints processes and surveys. The service is in the process of establishing a consumer advisory body, with correspondence to be sent out asking for engagement and have identified consumers who may be interested in being part of this body.

Effective organisation wide governance systems were demonstrated. Information management systems are now in place to ensure staff have ready access to relevant information to effectively perform their roles. Opportunities for improvement are identified following incidents and near misses, feedback processes, adverse findings from regulatory bodies, and when changes to legislation occur. Management described processes for both planned and unplanned expenditures. In addition to the human resources manager, the director of health, lifestyle and governance now takes an active role in workforce governance. Recruitment processes have been strengthened to ensure staff are employed with the appropriate level of knowledge and skills and the organisation’s expectations for the delivery of safe, high quality care are made clear prior to commencement. A Serious Incident Response Scheme register is maintained and demonstrated incidents are correctly identified and reported appropriately, and there are processes to identify and monitor consumers where restrictive practices are in place. The complaints register shows the service acts on complaints in a timely manner, uses open disclosure and checks to ensure the complainant is satisfied with the outcome.

An effective clinical governance framework, inclusive of antimicrobial stewardship, minimising use of restraint and open disclosure was demonstrated. The framework identifies the roles and responsibilities of staff and management and involves a range of monthly reporting and clinical meetings. Staff could describe the processes in place to deliver effective antimicrobial stewardship, monitoring antibiotic use, and the education of consumers and representatives in relation to alternative interventions available. Effective processes are in place to enable staff to deliver consistent identification, monitoring and evaluation of restrictive practices. Documentation showed consumers subject to restrictive practice are identified, regularly reviewed and restrictive practices are ceased where the effectiveness of the intervention has not been demonstrated.

Based on the assessment team’s report, I find requirements (3)(a), (3)(c) and (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)