Performance

Report

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| Name of service: | Carmelite Residential Care |
| Service address: | 7 Spence Avenue MYRTLE BANK SA 5064 |
| Commission ID: | 6958 |
| Approved provider: | Southern Cross Care (SA NT & VIC) Incorporated |
| Activity type: | Site Audit |
| Activity date: | 3 April 2023 to 5 April 2023 |
| Performance report date: | 8 May 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 Carmelite Residential Care (**the service**) has been prepared by R Beaman, 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 Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others

The provider did not provide a response to 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 and representatives confirmed staff treat consumers with dignity and respect and consumers are able to exercise choice in relation to the delivery of care and services. Consumers confirmed they have choice over who they wish to be involved in making decisions about care and services. Consumers and representatives were satisfied personal information in relation to consumers is kept confidential and privacy maintained. Observations showed staff interacting with consumers in a respectful manner, delivery of care done in a way that maintained privacy and dignity of consumers and information about consumers and their care and services is kept on password protected electronic care systems.

Consumers and representatives confirmed care is delivered in a culturally safe manner including where consumers have made a choice over preferences of male or female staff to deliver personal care. Consumers confirmed they are supported to take risks to live the best life they can and where they choose a risky activity staff support that choice and discuss ways to maintain safety. Documentation confirmed where consumers made the decision to take risks this was supported through recorded mitigation strategies to ensure consumer safety.

Staff were able to describe consumers including their preferences for care and services and the ways they supported consumers who wished to undertake risky activities. Staff confirmed they assist consumers to understand information provided to assist them make decisions about care and services including around lifestyle for meals and activities.

Documentation reflected consumers’ choice and consultation of risks where appropriate, and information provided to consumers is done so in an appropriate, accurate and timely manner.

Accordingly, I find all requirements in Standard 1, Consumer choice and dignity, 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

Consumers and representatives confirmed they are included in the development of consumer care and services and were confident consumer’s assessments and planning considered risks associated with consumer care. Consumers and representatives confirmed information about consumer care planning is current and in line with consumers’ needs, goals, and preferences and is documented and accessible for consumers.

Consumers and representatives were satisfied with how outcomes of assessments and care planning are communicated and in a way that consumers are able to understand, and confirmed where changes or incidents occur consumer care documentation is updated in response.

Staff demonstrated understanding of the assessment and planning process and confirmed risks are considered when assessments are undertaken at the admission process or where changes and incidents occur. Staff were able to describe the care planning process and how consumers and consumer representatives are engaged to input into those processes.

Documentation for sampled consumers confirmed risks including falls, skin integrity, pain, and behaviours and evidence of strategies to manage those risks included in consumer care planning. Consumer assessments and planning showed evidence of discussions with consumers and representatives about end of life and advanced health care needs and recorded the outcomes of those discussions. Documentation confirmed consumers’ assessment and planning is reviewed at regular intervals and where changes in consumer condition or incidents occur strategies for care delivery and reviewed and new interventions documented where appropriate.

Accordingly, I find all requirements 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 |
| 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

Consumers and representatives were satisfied consumer’s received care that is safe and right for them. Consumers confirmed personal care is delivered in a way that meets their preferences and consumers and representatives are confirmed clinical care is delivered in a safe and effective manner and manages risks associated with care including weight loss, pain, behaviours and falls.

Consumers and representatives confirmed referrals to other providers of care are completed when required or requested and any changes or decline in consumer condition is responded to in a timely and appropriate manner. Consumer representatives confirmed consumers are treated with dignity and respect and comfort is maximised as consumers enter end of life stages. Documentation confirmed consumer needs, goals, and preferences for end of life care and advanced health directives are recorded within consumer care plans to guide staff practice.

Consumer care documentation reflected needs, goals, and preferences in relation to the delivery of clinical care and confirmed where risks to consumer’s health including wounds, pain, diabetes, continence, falls and behaviour management they are documented with strategies to deliver safe and effective care that mitigates those risks.

Observations showed staff adhering to appropriate infection control practices including hand hygiene and the use of personal protective equipment (PPE), including masks, to deliver care to consumers.

Staff demonstrated knowledge of consumers’ needs, goals, and preferences in relation to personal and clinical care and could describe ways in which they manage risks to consumers health through care delivery including looking for signs and symptoms of deterioration and escalating those in a timely manner. Staff demonstrated knowledge of infection control principles and confirmed they regular receive infection control training including the correct donning and doffing of PPE procedures. Management confirmed the organisation has an outbreak management plan that is regularly reviewed and updated and the service increased cleaning hours to undertake additional cleaning of high touch point areas.

Accordingly, I find all Requirements 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 |
| 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 and representatives confirmed consumers are supported to engage with the lifestyle program and care and services are tailored to consumer needs, goals, and preferences. Consumers described ways in which care and services for daily living are developed to support consumers to maintain their independence including through supporting consumers to undertake tasks independently such as making beds, folding their washing, and mobilising without assistance. Consumers and representatives were satisfied with the lifestyle program and confirmed consumers were able to, and supported to participate in activities of choice, maintain connections with others and participate within the internal and external community. Observations throughout the site audit showed consumers engaging in activities in group and individual settings.

Consumers overall were satisfied with the quality and quantity of meals and advised consumer feedback is sought through the resident relative meeting forums about ways to improve meal service. Consumers described how they are supported by staff with their emotional, spiritual, and psychological needs including through individual sessions, volunteers visiting, and church services delivered within the service or consumers supported to attend religious services outside of the service. Documentation sampled showed consumer’s likes and dislikes for meals is recorded, including any risks in relation to assessed dietary needs. Consumers confirmed equipment is provided to them when they need it to maintain their independence including mobility and engage in the lifestyle program and were satisfied it was right for them.

Staff demonstrated knowledge of individual consumer needs, goals and preferences for lifestyle supports including meals and activities and described ways in which they engage consumers.

Staff confirmed information about consumers’ condition and lifestyle supports required is communicated with them to enable them to deliver the right care to consumers. Documentation confirmed referrals to other providers of care including volunteers is done in a timely manner when requested or required.

Accordingly, I find all Requirements for Standard 4, Services and supports for daily living, 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 confirmed the service environment is welcoming, clean, and well maintained. Consumers confirmed they are able to personalise their rooms with items of importance including photographs, artwork, and furniture. Observations showed consumer rooms were decorated with personal items including paintings and pictures. Navigational items were displayed to enable consumer movement throughout the service environment and consuemrs were observed engaging with other consumers and visitors in various communal and smaller areas.

Consumers and representatives confirmed consumers felt safe living at the service. I If any issues requiring maintenance arose, staff including maintenance staff, responded to and resolved those in a timely manner. Observations showed consumers moving freely indoors and outdoors throughout the visit with staff confirming the doors to the outdoor garden area are on a timed auto lock to enable consumers to be able to move freely in those spaces during the day.

Documentation showed the service has systems and processes in place for routine and preventative maintenance. Staff described the process of escalation for all maintenance issues and the ways in which they assist consumers to have those issues resolved in a timely manner.

Accordingly, I find all Requirements in Standard 5, Organisation’s service environment, 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 and representatives confirmed consumers are supported to provide feedback including making complaints and can do so in various ways including via resident relative meeting forums, food focus group, verbally or in written form via emails or the service’s feedback form. Consumers confirmed when a complaint is made it is actioned in a timely manner with the outcome provided.

Observations showed information about how to make complaints and accessing advocacy and other language services to raise complaints is displayed throughout the service environment for consumers and representatives to access. Consumers and representatives confirmed they were aware of how to access advocacy services to assist them in providing feedback, including complaints. Management provided a recent example of where they have assisted a consumer to access an advocacy service to assist with resolution of a complaint.

Staff demonstrated knowledge of the service’s feedback systems and processes and described ways in which they support consumers to make a complaint and the process they take to escalate those for resolution.

Documentation showed the service encourages consumers to provide feedback and make complaints and where they do, it is captured and actioned in a timely manner. Management confirmed they use consumer feedback to improve care and services, providing specific examples of projects that have been implemented directly from consumer feedback including the implementation of a Food Dictionary to assist consumers from varying cultural backgrounds recognise foods on the service’s menu.

Accordingly, I find all Requirements in Standard 6, Feedback and complaints, 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

Consumers and representatives were satisfied there were enough staff to deliver care and services in the way consumers’ wished and confirmed when they request assistance, consumers receive it in a timely manner. Consumers confirmed staff treat them in a kind, caring, respectful manner and were confident staff were well trained and knew their needs, goals and preferences for care and services. Observations throughout the site audit showed staff interacting with consumers in a kind, caring and respectful manner.

Staff confirmed they are well supported with enough staff to undertake their roles with enough time to deliver care in a way that aligns to consumers’ needs, goals, and preferences. Staff confirmed they had recent discussions about performance with management where they were able to discuss their skills, knowledge, and any areas of training or skills gaps they felt they needed further development with.

Management confirmed recruitment is undertaken at a service level with processes in place to check staff have the appropriate registrations, qualifications and have police checks prior to engagement. Management confirmed rostering and allocations are completed using feedback from consumers, staff, and acuity of consumers. Management confirmed staff performance is monitored through observation, feedback from consumers, representatives and staff, incident, and audit data.

Accordingly, I find all Requirements 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)(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 and representatives confirmed they are engaged in the development and evaluation of care and services including direct input into the lifestyle program and feedback sought about food via the Food Focus meetings. Consumers confirmed their feedback is invited through regular resident and relative meetings conducted at the service.

Documentation confirmed the service has processes in place to ensure the organisation’s governing body is accountable for the delivery of safe, inclusive, and quality care, including through various reporting and monitoring systems and a monthly performance report that includes information on clinical indicators, incidents, serious incident response scheme (SIRS) data, feedback and complaints, restrictive practice data and improvement initiatives is provided directly to the governing body. The organisation has up to date policies and procedures in place to guide staff practice in relation to risk management, organisational and clinical governance. Systems and processes are in place to ensure changes to legislation, continuous improvement is consumer focused, and the workforce is monitored at an organisational level to ensure staff numbers, skills, and training is right.

Staff demonstrated an understanding of how the risk management system operates and their part in monitoring high impact or high prevalence risks and recognising and responding to abuse and neglect. Documentation confirmed consumers are supported to live their best life and where risks are taken, those are mitigated with strategies to ensure safety through a risk assessment process. Staff described how they use the incident management system to manage and prevent incidents including those that require reporting to external services.

Staff demonstrated knowledge of the clinical governance framework, including antimicrobial stewardship and the use of open disclosure. Documentation confirmed where a restrictive practice is in place these are monitored effectively and in line with legislative requirements.

Accordingly, I find all Requirements in Standard 8, Organisational governance, 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)