**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Carrington Centennial Care |
| Commission ID: | 200052 |
| Address: | 90 Werombi Road, CAMDEN, New South Wales, 2570 |
| Activity type: | Quality Audit |
| Activity date: | 12 March 2024 to 13 March 2024 |
| Performance report date: | 17 May 2024 |

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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 2787 Carrington Centennial Care Limited  
Service: 17414 Carrington Community Care  
Service: 17413 Carrington Community Care  
Service: 17412 Carrington Community Care  
Service: 17415 Carrington Retirement Village

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7992 Carrington Centennial Care Limited  
Service: 24815 Carrington Centennial Care Limited - Care Relationships and Carer Support  
Service: 24816 Carrington Centennial Care Limited - Community and Home Support

**This performance report**

This performance report for Carrington Centennial Care (**the service**) has been prepared by M Glenn, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 quality audit, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others.

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

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| 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 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| 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 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.

# Other relevant matters:

* Standard 5 was not assessed as part of the quality audit as the service does not provide services within a communal environment. Therefore, Standard 5 is not applicable. Standard 4 requirement (3)(f) was also not assessed as meals are not provided by the service.

# Standard 1

|  |  |  |  |
| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

The intake and initial planning process includes, but is not limited to, explaining what the service can offer, discussing the My Aged Care support plan and the consumer’s understanding this, seeking consent to speak to/with family members, if needed, clarifying preferred days and times for service, and setting initial goals in consultation with the consumer. Consumers said care workers treat them with respect, know them as people and know what is important to them. Consumers also said staff are aware of their backgrounds and take this into account when they deliver services. Care workers described elements of consumers’ identity and diversity and strategies for incorporating these aspects in the delivery of care. The service involves consumers in decision-making about their services at intake and ongoing through care plan review processes.

Care workers described how they balance consumer risk against independence and assistance at point-of-care. Dignity of risk is embedded in the service’s care planning process and management described how the service understands and escalates risk, in consultation with consumers, in situations where consumers appear to be making unsafe or perverse decisions. Where a coordinator sees or anticipates a risk on which the consumer will not concede, allied health professional assessments are arranged, as applicable, and the dignity of risk is revisited with the consumer or their carer.

Information provided to consumers is current, clear and easy to understand. For consumers who face challenges communicating, family are involved, with consumers’ consent, and interpreters are engaged where there is a language barrier. Consumers said they understand their monthly statements and can phone management for help with understanding their statements if needed. Another consumer reported using the organisations mobile phone application to receive real-time information from the service. 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 Standard is compliant.

# Standard 2

|  |  |  |  |
| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

Consumers and representatives said the services received help consumers remain independent in their own homes. On intake, a range of assessments and observations are undertaken to determine the consumer's care needs, associated risks, and level of assistance. Outcomes of the initial assessment are included in consumer assessment documents, and a goal plan of care is developed. All care planning and assessment documents sampled include sufficient detail, are person-centred and are accompanied by validated risk assessments of the consumer and their home environment. Staff described individual risks for consumers they deliver care to and said care plan and assessment information provides guidance and strategies to assist with service provision.

Consumers and representatives said consumers receive the care and services they need, and staff have discussed advance care planning with them and provided them with related information. Consumer expectations, goals, and preferences are identified during the assessment process and options for support are explained in consultation with the consumer and representatives to reflect consumers’ needs, goals and preferences. All assessment and planning documents contain individualised care needs, goal plans, and preferences, clear and concise information and step-by-step instructions to support staff to deliver care and services.

Consumers and representatives confirm the organisation, and staff, with consumers’ consent, involve the people most important to consumers when deciding the areas of support services. Information gathered from consumers’ carers and/or other agencies assists the service to determine the level of assistance the consumer requires to maintain a safe standard of living and access the correct areas of support. Care plans include key roles and responsibilities and the involvement of others involved in consumers’ care. The service works collaboratively and in consultation with consumers and representatives regarding outcomes and any changes in assessment and planning. Care plans are updated to reflect any changes, are communicated to care staff and other organisations and a copy is placed in the consumer's home folder at the point-of-care. Staff said care plans are available at the point-of-care, which include service plans and case notes that include how support will be delivered. Consumers and representatives said they have received a copy of consumers’ plan and said staff explain and provide information regarding the supports offered under the relevant HCP and CHSP funding program.

Regular review and reassessment occurs in response to changes in consumers’ condition. CHSP consumers are reviewed and reassessed at a minimum every 12 months, Level 1 and 2 HCP consumers at a minimum every six months, and HCP level 3 and 4 consumers every three months. Staff interviewed know consumers well and said they report to coordinators if they notice a change in the consumer’s condition, which would also trigger an immediate review of the care and services. Where consumers’ care or support needs cannot be met, referrals to access support are made, and pathways provided to the consumer and/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 Standard is compliant.

# Standard 3

|  |  |  |  |
| --- | --- | --- | --- |
| Personal care and clinical care | | HCP | CHSP |
| 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

Consumers receive safe and effective personal and clinical care which is tailored to their needs and optimises their health and well-being, including hygiene needs, diabetes and pain, and care files demonstrate effective identification, assessment and management of high impact or high prevalence risks. The incident register includes detailed information regarding the risk and impact on the consumer involved and how the service mitigates and minimises the risk. Care plans show appropriate monitoring and adjustment of care practice to support care delivery. Care workers monitor and support wellness through direct observations, document changes and concerns in progress notes, and report immediately to office staff. Consumers and representatives are happy with how the care team provides consumers’ clinical and personal care, which reflects their individual needs and situations. They reported personal and clinical care is provided mainly by the same person each time and confirmed consumers have a designated care team.

The needs, goals, and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and dignity preserved. The service supports consumers at the end of their life by ensuring they are as free from pain as possible, have those important to them with them, and the end of life phase is in accordance with their social, cultural, religious, and spiritual preferences. There are processes for connecting consumers with specialist palliative care providers, where required. Care workers interviewed described how care delivery changes for consumers nearing the end of life and the application of safe, practical ways to ensure consumers’ comfort is maximised, and consumers and representatives feel confident the service will support them when consumers are nearing end of life.

Deterioration of change in a consumer’s condition is recognised and responded to in a timely manner, and referrals to other areas of the organisation or service providers are initiated, as required. Staff follow certain procedures if they notice changes or deterioration in a consumer's health or function, and care files show care plans are regularly adjusted in response to changes in consumers’ condition. There are processes to communicate information relevant to consumers’ care needs within the organisation and with other relevant parties. Consumers and representatives said the service regularly communicates with consumers’ doctors and has made referrals to other care and supports consumers require.

Information about consumers’ supports and services is documented and effectively communicated. Care workers are aware of consumers’ current conditions, needs and preferences and where to access the most up-to-date information. Consumers and representatives are satisfied consumers’ needs and preferences are being met and staff know their care needs.

The service has policies to guide infection control practices. Consumers and representatives are satisfied with the measures the service has in place for the management of COVID-19 and the minimisation of other infection-related risks. Care staff demonstrated an understanding of the precautions required to prevent and control infections and said they are provided with regular and sufficient training in infection control.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant, therefore, the Standard is compliant.

# Standard 4

|  |  |  |  |
| --- | --- | --- | --- |
| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers and representatives are satisfied with the services and supports for daily living provided, stating they assist consumers to do the things they want to do and promote their spiritual, emotional, and psychological well-being. Assessment documentation reflects consumers’ emotional, spiritual, and psychological well-being needs and include management strategies to assist care workers providing services. Staff described how they come to understand what consumers want to do, how they work with consumers to help them do as much as they can for themselves and maintain their independence and quality of life. Staff said they have enough time to meet the needs of consumers and build an excellent relationship to meet their emotional needs.

Consumers said care workers have knowledge of the care and services they require and liaise with others, including their families, when required. Staff described communicating with consumers, their family and other representatives, as required, and how they provide information or make referrals for additional services. Staff provided numerous examples of referring consumers internally and to other organisations, such as community services and social groups, allied health professionals, and external community social support groups. Care files evidence communications between the service to sub-contractors, outlining consumers’ needs to ensure services are correctly delivered in line with consumers’ preferences.

Equipment, where provided, is safe, suitable, clean, and well maintained. Consumers and representatives are satisfied with the equipment and said they would contact the service if they had concerns. The service refers consumers to allied health professionals, as required, to inform the purchase of suitable equipment.

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

# Standard 6

|  |  |  |  |
| --- | --- | --- | --- |
| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Consumers know how to provide feedback and complaints and feel safe to do so. Consumers are made aware of advocates, language services and internal and external complaints avenues through information included in the welcome pack, HCP agreements and CHSP intake paperwork. The service’s own feedback form is also available in consumers’ in-home folder. Care workers said where they receive a complaint they encourage consumers to call their coordinator and talk about their concern with them. Care workers also said they will encourage consumers to submit a feedback form.

Consumers are satisfied with how the service has acted on and resolved their complaints. Where complaints are received, the coordinator talks with the consumer and apologises, and depending on the nature of the allegation, escalates the complaint to the team leader. Of 37 complaints documented on the service’s feedback and complaints register over an eight month period, all but three are resolved. Feedback received is used to inform the service’s plan for continuous improvement. The complaints management policy details the service’s complaints handling approach, including trending, reporting of complaints, and identifying opportunities for improvement.

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

# Standard 7

|  |  |  |  |
| --- | --- | --- | --- |
| Human resources | | HCP | CHSP |
| 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

There are processes to ensure the workforce planned to enable the delivery of and management of safe and quality care and services. Care workers said they have time to do their work and complete their tasks. Consumers said services are never rescheduled, care workers are competent and always turn up on time and are kind and respectful in their interactions.

The workforce is recruited by dedicated human resources management staff against documented position descriptions which detail minimum knowledge, experience and qualifications for workers entering the roles, and banning orders are checked prior to employing new staff. All care workers must have a current first aid certificate, unrestricted driver licence and comprehensive car insurance. The service maintains a register of subcontracted providers and checks professional certifications for these service providers, as appropriate and relevant to their roles. A meeting/training calendar is maintained and includes a range of training relating to personal and clinical aspects of care, infection control, elder abuse, and various diseases and conditions. Feedback and complaints, annual performance reviews and routine online learning are also used to identify staff training needs, and management communicates regulatory changes and reforms to all staff through meetings, email and newsletters. Care workers have an annual medication refresher at which management ask and identify any other training requirements staff may have. There are processes to ensure regular assessment, monitoring and review of each staff member is undertaken and to identify and address staff performance deficits.

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

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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 | 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 | 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 | Compliant |

Findings

Consumers are engaged and supported in the development, delivery and evaluation of care and services through surveys, a mobile phone application and feedback and complaints processes. A consumer advisory body has been implemented and to date, has met on one occasion. The agenda and minutes for the meeting held in December 2023 includes the terms of reference, aged care reforms, background from the Aged Care Quality and Safety Commission, feedback from consumers, workforce and rostering, continuous improvement, and the future of aged care services.

The organisation is governed by a Board comprised of directors with relevant qualifications and experience. Board members sit on three committees each with a focus on elements of safe, quality care. The committees, which include finance, resources and infrastructure; audit and risk; and clinical governance, are attended by staff from the service to provide expert input. The chief executive attends these meetings and acts as an intermediary between the committees, the Board and service staff. There are various reporting mechanisms to ensure the Board is aware of and accountable for the delivery of care and services. Information reported includes new and upgraded HCP consumers, HCP occupancy, clinical care episodes in the community, the Serious Incident Response Scheme for home care, and home care reforms.

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, supported by policies, procedures and staff training, in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; and supporting consumers to live the best life they can. While a formal incident management system is not in place, there are processes to recognise, respond to and trend incidents effectively, and care workers understand and practice their role in this process. 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 Standards.

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

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)