Performance

Report

**1800 951 822**

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| Name: | Carrum Downs Aged Care |
| Commission ID: | 4525 |
| Address: | 80 William Road, CARRUM DOWNS, Victoria, 3201 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 25 June 2024 |
| Performance report date: | 30 July 2024 |
| Service included in this assessment: | Provider: 1303 Aged Care Group Pty Ltd  Service: 3037 Carrum Downs Aged Care |

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 Carrum Downs Aged Care (**the service**) has been prepared by Jeorgia Cayabyab, 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others,
* the provider’s response to the assessment team’s report received 8 July 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | 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 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. | Compliant |

Findings

Consumers and representatives provided positive feedback in relation to the effective identification and implementation of strategies to manage high impact high prevalence risks associated with individual consumer care and confirmed staff are knowledgeable of the consumers’ clinical care needs. Management and staff explained how risks are assessed and addressed holistically in consultation with consumers and representatives and other allied health professional. Care documentation review for sampled consumers demonstrated the effective planning and implementation of preventative strategies to mitigate consumers’ risks such as falls, pressure injuries, changed behaviours, restrictive practices, unplanned weight loss, pain, and catheter management and comprehensive handover reflecting consumers risks and mitigation strategies to guide staff in managing identified risks. The service demonstrated high impact high prevalence risks to consumers are managed effectively through clinical assessment and review, which includes other health professionals when required.

Based on the evidence, as summarised above, I find this Requirement 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 |

Findings

Overall, consumers interviewed said they receive quality care and services and confirmed staff are available to meet their assessed needs, with their calls for assistance responded to in a reasonable amount of time. Staff stated the service support them with appropriate number and staff skills to be able to meet consumer’s care needs. A review of rostering documentation evidenced processes are in place to fill planned and unplanned including utilising staff from affiliated services within the area and use of labour hire staff.

In relation to the workforce responsibilities (including the 24/7 registered nurse (RN) requirement and mandatory care minutes), the roster review and interview with management and staff demonstrated the service does not have RNs rostered on site and on duty 24/7. However, management described effective alternative clinical arrangements and on-call process are in place, these include an endorsed enrolled nurse rostered as in charge at the service, and RNs from affiliated services within the area, the home manager and clinical care manager are available on call to support the staff at the service 24/7. Additional 24/7 on call support from the organisation’s several senior managers are available to provide oversight on clinical matters including reportable incidents. The service also utilises virtual emergency telehealth services and Residential In Reach (RIR) services which can provide RN and medical officer to attend physically on site as required. A suite of policies and procedures and evidence of training are available and provided to guide staff including in regard to clinical escalations, and staff’s understanding of these were confirmed on interview.

In relation to meeting the mandatory care minutes requirements, interview with management and review of service documentation identified the service is currently not meeting its mandatory care minutes targets. However, the Assessment Contact Report evidenced the service demonstrated a range of strategies are in place to support their commitment to working towards meeting their care minutes target to ensure the delivery of safe and effective care. Ongoing actions implemented to recruit, train, and retain staff include career development pathways provided to staff, visa sponsorship for international EENs and support to undertake their RN training, and offering casual employees to become permanent staff. The service described the process of monitoring its care minutes requirement including the home manager undertaking roster review in collaboration with the general manager.

The Approved Provider submitted a response providing further context and clarification on some information outlined in the Assessment Contact Report. The response also included the provider’s commitment to continue to implement strategies to meet their workforce responsibilities. I have considered the information within the assessment contact report, and I have placed weight on the information including the positive feedback from consumers, representatives, and staff interviewed, staff knowledge of the consumers’ care needs and escalation processes, and the actions implemented by the service towards meeting the workforce responsibilities including the mandatory care minutes. As a result, it is my decision Requirement 7(3)(a) is Compliant.

# Standard 8

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| Organisational governance | |  |
| 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

The clinical governance framework was effective as staff understood the principles of open disclosure, minimising restrictive practice, and antimicrobial stewardship. Consumers interviewed provided positive feedback in relation to the clinical care they receive in line with their needs and preferences and confirmed staff knew how to practice open disclosure when things went wrong. Staff demonstrated knowledge of how to effectively manage consumers associated clinical risks, minimise the need for restrictive practices including through behaviour support and evaluating its effectiveness, implement antimicrobial stewardship, and practice open disclosure. Management described action implemented to mitigate consumers’ risk as a result of incident analysis and trending including engaging with an external specialist to provide staff education and access to online learning modules. The organisation has suite of policies and procedures which guide staff to deliver safe and effective care and manage incidents.

In relation to workforce responsibilities, I have considered information contained in the assessment contact report under this and Requirements 3(3)(b) and 7(3)(a) which evidenced the service had an effective clinical governance framework, a suite of policies and procedures, on call arrangements, and ongoing education and training to guide staff including in relation to clinical escalations.

The Approved Provider submitted a response providing further context and clarification on some information outlined in the Assessment Contact Report. I have considered the information within the assessment contact team report, and the approved provider response which evidenced effective implementation of the clinical governance framework including on workforce responsibilities, antimicrobial stewardship, minimising use of restraint, and open disclosure. As a result, it is my decision Requirement 8(3)(e) is Compliant.

1. The preparation of the performance report is in accordance with section s 68A – assessment contact, of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)