Performance

Report

**1800 951 822**

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| Name of service: | Charingfield |
| Service address: | 282A Bronte Road WAVERLEY NSW 2024 |
| Commission ID: | 0384 |
| Approved provider: | Apollo Care Operations Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 1 June 2023 |
| Performance report date: | 27 June 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 Charingfield (**the service**) has been prepared by T Wurf, 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 - 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, and
* the Performance Report dated 19 January 2022 for the site audit undertaken from 15 to 17 December 2021 where requirement 3(3)(g) of the Quality Standards was found non-compliant.

# Assessment summary

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| Standard 3 Personal care and clinical care | 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)(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)(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

*Requirement 3(3)(a)*

The Assessment Contact – Site Report evidenced that the service was delivering safe and effective personal and clinical care in accordance with consumers’ needs and preferences, including in relation to specialised nursing care, use of restrictive practices, pain management and wound care.

Consumers and their representatives were satisfied with the personal and clinical care consumers receive and felt it was safe and individualised. They reported high levels of trust in the staff and care provided. Consumers reported satisfaction with how their diabetes, wounds, and pain are managed.

Staff interviewed by the Assessment Team demonstrated solid knowledge of individual consumers’ care needs and preferences, and their role in providing care and monitoring consumers. They described specific strategies to manage consumers with complex care needs and the response when a consumer recently experienced a decline in health.

Consumers’ care planning documents demonstrated identification, assessment, monitoring and review of consumers’ clinical care needs, clinical deterioration, restrictive practice, wounds, skin integrity and pain. The involvement of allied health professionals in the care of consumers was also evident.

The service was transitioning from one electronic care management system (ECMS) to another. Whilst the Assessment Team identified some gaps in documentation of diabetic management and wound care for a couple of consumers, staff and the consumers described the diabetic and wound care regimes and said these were attended to regularly. Management described further staff education and document transition planned.

Based on the above, I have decided this requirement is compliant.

*Requirement 3(3)(g)*

The Performance Report dated 19 January 2022 found the service non-compliant with requirement 3(3)(g) following a site audit undertaken from 15 to 17 December 2021 because:

* the service did not have a suitably trained and qualified Infection Prevention and Control (IPC) lead, and
* staff had poor etiquette in relation to wearing masks.

The Assessment Contact – Site Report identified that the service has taken actions to remediate the deficiencies and improve its performance in this requirement:

* All staff completed personal protective equipment (PPE) training, including correct mask usage.
* Registered nurses, the clinical manager and the regional service manager (RSM) monitor correct mask-wearing etiquette.
* The RSM has completed the IPC training and is the service’s IPC lead.

The Assessment Team observed staff hand sanitising, wearing masks correctly and using PPE. Staff also described practices to prevent and control infections such as hand hygiene, use of PPE and encouraging fluids.

I am satisfied the improvements have remediated the previously identified deficiencies.

The Assessment Contact – Site Report also included evidence the service has effective processes to minimise infection-related risks. For example:

* The service has documented policies, procedures and an outbreak management plan to guide staff practice.
* The service has a vaccination program for staff and consumers.
* Consumers with infections were in isolation and staff were wearing full PPE.
* The service has screening on entry to the service, including rapid antigen testing (RAT) and temperature testing.

Based on the findings in the Assessment Contact – Site Report and the improvements made by the service, I am satisfied the deficiencies have been remediated and the service effectively minimises infection-related risks. Therefore, it is my decision that this requirement is compliant.

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