Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | CraigCare Ascot Waters |
| Commission ID: | 7412 |
| Address: | 2 Waterway Crescent, ASCOT, Western Australia, 6104 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 6 August 2024 to 7 August 2024 |
| Performance report date: | 22 August 2024 |
| Service included in this assessment: | Provider: 1213 Glenn-Craig Villages Pty Ltd  Service: 22933 Craigcare Ascot Waters |

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 CraigCare Ascot Waters (**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 (performance assessment) – site, which 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 13 February 2024 for a site audit undertaken from 14 November 2023 to 16 November 2023.

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

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Not fully assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not fully assessed** |
| **Standard 3** Personal care and clinical care | **Not fully assessed** |
| **Standard 7** Human resources | **Not fully assessed** |
| **Standard 8** Organisational governance | **Not fully 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 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |

Findings

**Requirement (3)(a)** was found non-compliant following a site audit undertaken in November 2023 as each consumer was not treated with dignity and respect, or their identify and diversity valued. In response to the non-compliance, the provider has implemented a range of improvement actions, including additional education to staff on providing respectful and dignified care; introduction of care/lifestyle roles on each floor to provide additional support to each consumer, and assist in further identifying aspects of consumers’ identity which can inform care and service delivery; and reviewing consumer files to identify needs/preferences regarding preferred carers.

At the assessment contact undertaken in August 2024, consumers and representatives interviewed said staff treat consumers with dignity and respect, and know them as individuals and what is important to them. Staff receive ongoing education on providing respectful, dignified person-centred care and services, with documentation showing these issues have also been raised in staff meetings. Management provided a recent example of a staff member who was not adhering to the service standards, including treating consumers with dignity and respect, and subsequent actions taken, which were confirmed through documentation. Staff interviewed described how they get to know consumers as individuals and how this informs care and service delivery. Information provided by staff about each consumer’s identity aligned with consumer feedback and care plans. Throughout the assessment contact, all levels of staff and management were observed providing consumers with respectful and dignified care and services.

Based on the assessment team’s report, I find requirement (3)(a) in Standard 1 Consumer dignity and choice compliant.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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)(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)(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

**Requirements (3)(a), (3)(c) and (3)(e)** were found non-compliant following a site audit undertaken in November 2023 as assessment and planning, including consideration of risks to consumers’ health and well-being, did not inform delivery of safe and effective care and services; assessment and planning was not consistently based on ongoing partnership with the consumer and others that the consumer wished to involve in their care; and care and services were not regularly reviewed for effectiveness, or when circumstances changed or when incidents impacted on consumers’ needs, goals and preferences. In response to the non-compliance, the provider has implemented a range of improvement actions, including, but not limited to, monthly monitoring of the resident of the day program to improve consistency; improved care plan documentation to reflect consumers’ needs, goals and preferences and other partnerships in care and service delivery; allocation of staff to individual consumers to undertake assessment and reviews; and strengthened clinical oversight and monitoring processes.

At the assessment contact undertaken in August 2024, assessment and planning processes were found to ensure staff can deliver safe and effective care and services. Assessments, including those which consider risk, are undertaken initially and on an ongoing basis, with information gathered from assessments and discussions with consumers and representatives, used to inform care plans. Care files sampled identify known consumer risks, including in relation to falls, pressure injuries, and behaviours, and strategies to inform the delivery of safe care. Consumers and representatives said they were involved in the assessment and planning process on entry and staff encourage them to participate in reassessment processes on a regular basis.

Care files show assessment and planning is based on ongoing partnership with consumers and others they wish to be involved, and includes providers of other care and services. One representative described involvement in discussions with service staff, allied health professionals and specialist services to improve outcomes for a consumer relating to changed behaviours and pain management. Care files also show in consultation with family members, three consumers have been referred to specialist services for assistance with assessment and planning for additional supports for changed behaviours.

Consumers and representatives interviewed said they have been involved in regular care reviews, and staff keep them informed when incidents occur. Assessment and planning review processes include monthly resident of the day reviews, six monthly care plan reviews, and three monthly restrictive practice reviews. Monitoring processes, including various daily checks, resident of the day processes, care plan review checks, and meetings and handover processes ensure consumers’ care and services are reviewed and remain effective. A care file for one consumer shows their care and services were reviewed and the behaviour support plan updated following involvement in an incident; and the effectiveness of another consumer’s care and services, including falls management strategies, nutrition and hydration needs, behaviour management and emotional and social needs were reviewed during the resident of the day process, and additional supports provided in response.

Based on the assessment team’s report, I find requirements (3)(a), (3)(c) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 November 2023 as each consumer did not receive safe and effective personal and clinical care, specifically showering, skin integrity and post fall monitoring; and high impact or high prevalence risks, specifically falls, time critical medications, pain and restrictive practices were not effectively managed. In response to the non-compliance, the provider has implemented a range of improvement actions, including, but not limited to, review of the handover document to provide increased supervision by senior clinicians to support care and clinical staff with advice, monitoring and support; education to staff on regulatory requirements relating to restrictive practice identification and management of pain; and relocated office areas on each floor to support increased and ongoing interactions between clinical and care staff.

At the assessment contact undertaken in August 2024, consumers were found to receive safe and effective personal and clinical care, which was tailored to their needs and optimised their health and well-being. Care files evidence safe, best practice personal and clinical care provision relating to diabetes, wounds, and pain. There are processes to ensure high impact or high prevalence risks related to consumers’ care are identified, assessed, planned for and managed. Care files evidence appropriate, effective care relating to risks associated with falls, time sensitive medications, behaviours, and restrictive practices. Care files also evidence involvement of general practitioners, allied health professionals and specialist services in the management of consumers’ identified risks. Staff described the main risks for consumers sampled and how these risks are managed, including use of validated assessment tools, and where necessary, the appropriate identification and escalation of risks. Consumers and representatives are satisfied with the clinical and personal care consumers receive, and consumers with current wounds said staff keep them updated on how their wounds are healing and they feel confident the service is undertaking skilled and capable care.

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 7

|  |  |  |
| --- | --- | --- |
| 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)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

**Requirements (3)(a) and (3)(d)** were found non-compliant following a site audit undertaken in November 2023 as the workforce was not planned to enable, and the number and mix of members of the workforce deployed did not enable, the delivery and management of safe and quality care and services; and recruitment and training processes were not effective to ensure delivery of outcomes required by the Quality Standards. In response to the non-compliance, the provider has implemented a range of improvement actions, including, but not limited to, reviewing rostering and resources, and identifying staff with special interests or skills for specific roles; allocation of clinical care coordinators to each floor; and ongoing staff training and education, including external specialist engagement.

At the assessment contact undertaken in August 2024, effective systems and processes were found to ensure the right resource allocations with the right skills are assigned to provide the care and services to consumers in line with their needs and preferences. Processes and policies guide staff in the review of staffing and resources against changing consumer care needs, with resources adjusted accordingly where the need is identified. Registered nurses are available on shift 24 hours a day, seven days a week, and oversight from leadership on each floor results in the right mix of staff to meet changing consumer needs. There are processes to manage planned and unplanned staff leave. Staff interviewed from various departments feel there is sufficient staff coverage that allows them to undertake their roles without being rushed. All consumers and representatives interviewed said there is sufficient staffing to meet care needs, provide supports as required and in a timely manner.

All consumers and representatives interviewed feel staff are competent and undertake care and services in a way which shows they have adequate skills and training for their roles. Staff undertake mandatory training which includes serious incidents and reporting obligations, restrictive practices, consumer centred care and the Quality Standards. Staff qualifications, registrations and minimum mandatory training is tracked and monitored through a central team, with reminders issued directly to staff and the service’s administration team. Documentation shows where staff have not undertaken training as required, they have been removed from the roster until completion and competency is demonstrated. Registered staff said if they have any concerns or questions, they now have a clinical care coordinator they can immediately go to for support and guidance. Care staff said they have received regular training and support, including competency assessments following online training.

Based on the assessment team’s report, I find requirements (3)(a) and (3)(d) in Standard 7 Human resources compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| 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 |

Findings

**Requirement (3)(d)** was found non-compliant following a site audit undertaken in November 2023 as effective risk management systems and practices relating to managing and preventing incidents, identifying and responding to abuse and neglect and managing high impact or high prevalence risks associated with the care of consumers were not demonstrated. In response to the non-compliance, the provider has implemented a range of improvement actions, including, but not limited to, a resident of the day checklist which includes incident evaluation, high impact, high prevalence risk reviews and consumer and representative involvement; appointment of clinical care coordinators with oversight and responsibility of risk management; revision of policies and procedures; and quick access ‘flip folders’ containing process maps and procedures for registered staff to reference regarding high impact, high prevalence risk and incident management.

At the assessment contact undertaken in August 2024, effective risk management systems and practices, including in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect; supporting consumers to live the best life they can; and managing and preventing incidents were demonstrated. A suite of policies and procedures are available to guide staff in the effective management of high impact or high prevalence risks, incident management, including serious incidents, and to mitigate risk whilst supporting consumers to live their best lives. There are processes to identify, record, investigate and analyse incidents to prevent reoccurrence or similar incidents, in line with policies, procedures and legislative requirements. Review of incident records shows a root cause analysis is undertaken to understand the cause of the incident, with incidents identified as serious and reportable reported within the required timeframes. All staff interviewed are aware of their roles and responsibilities in incident reporting and management, and described escalation processes, post incident supports they would provide, and documenting and investigating incidents. High impact or high prevalence risks, incidents and serious incidents are reviewed at weekly clinical and management meetings for trending and analysis. Board meeting minutes show incidents and clinical indicators for the service are reviewed and process improvement opportunities are developed and sought.

Based on the assessment team’s report, I find requirement (3)(d) 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)