Kal'ang Community Care

Performance Report

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**Commission ID:** 700173

**Provider name:** Kal'ang Respite Care Centre Aboriginal Corporation

**Assessment Contact - Site date:** 17 June 2020

**Date of Performance Report:** 17 July 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(e) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(d) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | Non-compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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
* the provider’s response to the Assessment Contact - Site report received 16 July 2020
* the Performance Report dated 25 February 2020.

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team did not assess all Requirements in Standard 2 and therefore a summary is not provided. The Quality Standard is assessed as Non-compliant as one Requirement has been assessed as Non-compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

*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.*

The Assessment Team identified through a review of documents, interviews with consumers and/or their representatives and observations identified assessment and planning does not include consideration of risks to consumer’s health and well-being and does not effectively inform the delivery of safe and effective care and services. The Approved provider has not considered the individual risk to consumers when completing assessment and planning processes to ensure the delivery of safe and effective care.

Care documentation for consumers do not reflect assessment and care planning processes that deliver quality individualised care and services. Interview with support staff identified staff were unaware of changes to consumer’s care needs. Support staff confirmed to the Assessment Team, they have not had training or education in relation to identifying risks for consumers who have diabetes. Support staff also confirm they have not had training in relation to monitoring consumers in relation to their medication assistance.

The Approved provider in its response to the Assessment Team’s findings has stated for a named consumer rectification works have been carried out to decrease the risks in their home. Further work is required, and alternative strategies have been implemented by the Approved provider to meet the care needs of the named consumer. While I acknowledge the Approved provider is actively working to reduce the risks for the consumer, these risks were not identified through the assessment and planning processes.

The Approved provider also stated in its response equipment has been purchased to monitor the risks involved with the named consumer in relation to their diabetes management. Staff have been trained in the use of the equipment. Again, I acknowledge the actions taken by the Approved provider to decrease the clinical risks for the consumer, however these risks were not identified through the assessment and planning processes.

The Approved provider has completed education with staff in relation to diabetes and dementia management. Staff are aware of the medication needs of consumers and work flow charts have been developed and have been implemented to assist staff in managing consumers’ clinical risks. While actions have been taken by the Approved provider to increase staff knowledge and to identify individual risks for consumers, consideration has not been given to the assessment and planning processes currently in use and how these will be amended to support the consideration of risks to consumers’ health and well-being. Therefore, I find this Requirement non-compliant.

# STANDARD 4 Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Assessment Team did not assess all Requirements in Standard 4, therefore an overall summary or compliance rating is not provided.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

The Assessment Team identified through review of care planning documents the Approved provider collaborates with other providers and organisations to support the needs of consumers. Examples of referrals managed by the Approved provider include working with allied health providers, Medical officers and disability service providers.

Support staff confirmed consumers are accompanied by support workers to activities in the community that are important and meaningful to them. The Approved provider described a multidisciplinary team approach, in collaboration with the local Indigenous Primary Health Care Service to demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services.

The Approved provider advised, and a review of documentation confirms there are processes in place to deliver the outcomes required by consumers supported by the service.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

## The Assessment Team did not assess all requirements in Standard 7 and therefore an overall compliance rating and summary for the Quality Standard is not provided.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

The Approved provider is able to ensure staff understand their roles and responsibilities to deliver safe and effective care to consumers

All consumers interviewed by the Assessment Team expressed staff are well trained and have the skill and capability to perform their role. The Approved provider has commenced training activities for staff by engaging an external training organisation

The Approved provider monitors staff training using a training register to track staff competency, training renewal and gaps in staff training needs. A skill matrix has been developed to monitor required staff competency and cross reference against the staff training register to identify staff training needs. Records confirm the Approved provider identifies the training needs of staff through performance appraisals which are conducted annually.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment Team did not assess all Requirements in Standard 8 and therefore a summary is not provided. The Quality Standard is assessed as Non-compliant as one Requirement has been assessed as Non-compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Non-compliant

*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.*

The Approved provider does not have an effective risk management framework regarding identification of risks, including clinical risks, associated with consumers. While the risk management systems have documented policies and procedures in managing and responding to clinical and environmental consumer risks, the Approved provider could not demonstrate how it consistently identifies and escalates risk, incidents and hazards in relation to consumer care and well-being.

The Approved provider’s processes in documenting and managing consumer clinical risk is not consistent, resulting in management and staff being unaware of how to manage individual risks pertaining to consumers. The gaps in awareness regarding high impact and high prevalent risks suggests consumer clinical risks are not being identified and actioned. A lack of a clinical governance framework to guide management in addressing clinical risks has resulted in both management and the Board being unaware of their responsibilities in the management of consumer risk. Risk documentation is not consistently completed, indicating consumer care is not tailored to their needs.

The Approved provider in its response to the Assessment Team’s findings has committed to further reviewing and updating risk assessments for consumers’ homes. Summaries of care will be updated to reflect current consumer risks. Incidents and hazards will be reviewed and prioritised. Risk assessments for individual consumers has commenced. The Approved provider has engaged external services to develop a clinical framework and deliver training.

While I acknowledge actions the Approved provider has commenced to implement an effective risk management system, these actions are yet to be completed or tested for their effectiveness. Therefore, I find this Requirement non-compliant.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Assessment and planning processes are required to be inclusive of identifying risks to consumers to inform the safe delivery of care and services.
* Risk management systems are required to identify clinical risks for consumers.
* Incidents and hazards are required to be identified and escalated as required.