Kalyna Care

Performance Report

344 Taylors Road
DELAHEY VIC 3037
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**Commission ID:** 3162

**Provider name:** Ukrainian Elderly People's Home

**Assessment Contact - Site date:** 17 May 2021

**Date of Performance Report:** 3 June 2021

# Publication of report

This Performance Report **will 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(d) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | 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 1 June 2021.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

One requirement under this Quality Standard was assessed and found Compliant.

As not all of the requirements were assessed an overall rating for this Quality Standard is not provided.

### Assessment of Standard 3 Requirements*.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team reviewed files of consumers that had experienced recent falls and found correct procedure was being followed in line with the service’s falls management procedure. Falls risks assessments are undertaken and reviewed as required. There were no consumers with active pressure injuries at the time of the site visit. Wound care documentation shows wounds are being attended to as per the directives of medical practitioners and/or external wound consultations. The Assessment team found that consumers with experiencing pain are identified, assessment and managed effectively.

While the Assessment Team identified some gaps in the management of a consumer with type 2 diabetes, these did not lead to any adverse impact for the consumer and management responded positively at the time of the visit. The Assessment Team also identified gaps in record keeping related to the management of a consumer’s catheter. These gaps did not adversely impact the consumer and were addressed by management at the time of the visit.

The approved provider’s response comprising a plan for continuous improvement includes actions to sustain changes made in response to the Assessment Team’s findings.

Having reviewed all the evidence available, on balance I find this requirement is Compliant.

# 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

One requirement under this Quality Standard was assessed and found Compliant.

As not all of the requirements were assessed an overall rating for this 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 Assessment Team found that overall staff are recruited, trained, and equipped to deliver the outcomes required by the standards. Consumers are satisfied staff are trained and supported to provide quality care which meets their needs. Staff expressed satisfaction with the quality of training provided, both mandatory and professional development training**.** This is provided face to face with professional subject matter experts i.e. dentist, physiotherapist, and through electronic learning available through the organisation’s education programme.

A review of staff training records showed the completion of training and ‘follow up’ as required by staff who missed sessions. Staff could describe completing various mandatory and professional development training modules, consistent with the service’s policy and procedure. Training needs analysis, feedback from staff, consumers and representatives, including surveys and incident data is utilised to identify and inform training needs.

The approved provider’s response comprising a plan for continuous improvement includes actions to ensure staff training needs are identified and addressed on an ongoing basis.

Having reviewed all the evidence available, I find this requirement is Compliant.

# STANDARD 8 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

One requirement under this Quality Standard was assessed and found Compliant.

As not all of the requirements were assessed an overall rating for this Quality Standard is not provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) 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 Assessment Team found that the service’s risk management system enables the identification of high impact or high prevalence risks in addition to abuse or neglect of consumers. There are policies and processes to ensure incidents are responded to appropriately, and to ensure consumers are supported to live the best life they can. Staff could readily explain how the service’s policies and processes were relevant to their work as well as their mandatory reporting requirements.

High impact/high prevalence risks are discussed by the service’s clinical leadership at regular quality and risk review meetings occurring at least twice per month. These discussions also take place during senior management team meetings.

The service compiles monthly reports or audits of unwitnessed falls, wound audits, medication incidents, diabetes, infections, and instances of consumer aggression. Audit results are discussed with the Board during a monthly meeting and strategies to address risks are integrated into the continuous improvement plan.

The service has a policy and procedure on identifying and responding to elder abuse and neglect. Clinical staff could readily explain how to identify and respond to elder abuse and neglect, including financial, emotional, and physical abuse of consumers. recent training for staff on elder abuse and neglect. Recent training has been held and covered topics such as unexplained absences, unlawful sexual contact, and unreasonable use of force.

The service has a policy on choice, decision making, and restrictive practices. Senior clinical staff and the service’s management described how they complete risk assessments to ensure consumers can live the best life they can and provided an example of actions taken in response to one consumer’s wish to remain living in their room during adjacent building upgrades being undertaken.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.