Kalyna Care

Performance Report

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**Commission ID:** 3162

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

**Assessment Contact - Desk date:** 6 July 2020 to 7 July 2020

**Date of Performance Report:** 5 August 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 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(c) | Non-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 - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with representatives.
* the provider’s response to the Assessment Contact - Desk report received 3 August 2020.
* relevant information provided to the Commissioner
* relevant information about the approved provider and service held by the Commission.

# STANDARD 3 NON-COMPLIANTPersonal 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

Requirement 3 (3) (a), 3 (3) (b) and (3) (d) are assessed as Non-Compliant.

The service does not demonstrate the provision of safe and effective clinical care and does not demonstrate effective management of high impact or high prevalent risks, most specifically to wound, pain and medication management.

Documentation indicates wound review and treatment does not comply with policies, procedure and best practice principles. Pain management does not optimise the health and well-being for the consumers sampled. The deterioration consumers’ wounds and changes in consumers’ pain are not recognised and responded to in a timely manner. Documentation does not adequately reflect consumers’ current clinical care needs. Medication management processes do not ensure changes in a consumers’ medication are actioned in a timely manner and prescribed medications are not always available. Documentation indicates clinical oversight is lacking in the medication administration process. Processes to monitor and review do not effectively identify deficits.

The Assessment Team interviewed representatives of the consumers whose care documentation was reviewed. While these interviews are generally satisfied with care, the representatives of two consumers reviewed indicate management of pain is often at the representative’s instigation.

The approved provider’ response acknowledges the deficits and outlines areas identified for improvement and action plan.

The Quality Standard is assessed as Non-compliant as three of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

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

*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.*

The Assessment Team presented evidence the service did not demonstrate the provision of safe and effective personal care and/or clinical care that is best practice, tailored to the consumer’s needs and optimises the health and well-being of consumers. Documentation reviewed by the Assessment Team identified:

* numerous instances of wound review and treatment not complying with the service’s wound management procedures and best practice principles
* the provision of pain management does not optimise the health and well-being for the consumers sampled
* wound management plans and pain assessments and management plans do not adequately reflect consumers’ current clinical care needs to optimise their health and well-being
* monitoring and application of individual strategies to ensure effective tailored care are not consistently demonstrated or documented.

The approved provider’s response acknowledges the above deficits and outlines areas identified for improvement, which include:

* review of the current wound management policy and procedure to align to best practice and provide education to staff
* action to ensure regular review of wounds by registered nurses, appropriate documentation of wound status and timely referral to wound specialist
* competencies for all enrolled nurses who attend wound dressing
* planned education on the topic of wound management
* review of consumers to ensure skin integrity assessments completed and reflected in care planning
* ensure diagnoses impacting health and wellbeing of consumers recorded
* review all consumers with identified pain needs.

I find this requirement Non-Compliant.

### Requirement 3(3)(b) Non-compliant

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

The Assessment Team presented evidence of ineffective management of high impact or high prevalence risks associated with the care of consumers. Documentation reviewed by the Assessment Team identified:

* management of pain does not ensure consumers are as free from pain as possible
* wound treatments do not comply with the service’s wound management procedures
* changes in a consumers medication by their medical practitioner are not actioned in a timely manner
* prescribed medications are not always administered when ordered due to a lack of supply and/or for reasons not specified
* lack of clinical oversight of ‘as required’ pain relieving medication administered by enrolled nurses
* significant weight gains are not managed effectively
* the services monitoring processes do not identify deficits in care.

Representatives of consumers reviewed indicate management of pain is often at the representative’s instigation; this was supported in documentation reviewed.

The approved provider’s response acknowledges the above deficits and outlines areas identified for improvement, which include:

* review of all consumers to assess for unidentified pain
* review of all consumers with identified pain
* improvement in the use of non-pharmaceutical interventions for pain
* ensuring congruency between assessments and care planning
* review of pharmacy ordering process and availability of stock
* ensuring clinical oversight processes in relation to the administration of medications
* education for staff in relation to medication administration and management, management of weight changes, and communication and consultation with consumers and representatives
* review of processes for recording monthly clinical data in relation to high impact or high prevalence risks
* review of current monitoring systems in relation to high impact or high prevalence risks.

I find this requirement Non-Compliant.

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

The Assessment Team presented evidence that deterioration or change in a consumer’s condition is not recognised or responded to in a timely manner. Documentation reviewed by the Assessment Team identified:

* the deterioration consumers’ wounds are not recognised and responded to in a timely manner
* changes in consumers’ pain is not recognised and responded to in a timely manner
* significant changes in consumers’ physical health are not recognised and appropriate care planned.

The approved provider’s response acknowledges the above deficits and outlines areas identified for improvement, which include:

* training for staff in the recognition and response to deterioration in wounds
* training for staff in the recognition and response to identified pain
* improving communication and consultation with consumers and their representatives
* reviewing the wound management policy and procedure and ensure relevant staff are aware of review process for wounds.

I find this requirement Non-Compliant.

# STANDARD 7 NON-COMPLIANTHuman 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

Requirement 7 (3) (c) is assessed as Non-Compliant.

A review of documentation indicates staff do not have the knowledge and competency to perform their roles effectively. Documentation indicates staff do not implement care in line with the service’s policies, procedures and clinical directives. Clinical delegation and oversight is not adequate, and consumers’ health and wellbeing is adversely impacted as a result. Management have not adequately identified deficits in staff competencies and knowledge.

Consumer representatives interviewed indicated when requested staff are responsive to consumers care needs, while a representative described how she must “push everything” in relation to her father’s care.

The approved provider’ response acknowledges the deficits and outlines areas identified for improvement and action plan.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(c) Non-compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

The Assessment Team presented evidence that staff do not have the knowledge and competency to perform their roles effectively. Documentation reviewed by the Assessment Team indicates:

* staff do not provide care in line with clinical directives
* staff do not implement care in line with the service’s policies and procedures
* clinical delegation and oversight is inadequate, resulting in an adverse impact for consumers’ health and wellbeing
* management have not adequately identified deficits in staff competency, knowledge and practice.

Consumer representatives interviewed indicated that when requested staff are responsive to consumers care needs, while a representative described how she must “push everything” in relation to her father’s care.

The approved provider’s response acknowledges the above deficits and outlines areas identified for improvement, which include:

* training for staff in the areas of wound, pain and medication practices, and in relation to following clinical directives
* review of the handover process
* ensuring staff are aware of policies and practices to guide then in their roles.

I find this requirement Non-Compliant.

# STANDARD 8 NON-COMPLIANTOrganisational 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

Requirement 8 (3) (d) is assessed as Non-Compliant.

While the service has clinical policies to manage high impact high prevalence risks, the service’s systems to identify and manage these risks associated with the care of consumers and monitor staff practices are not effective.

The approved provider’s response acknowledges the deficits and outlines areas identified for improvement and action plan.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have 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 Assessment Team presented evidence that, while the service has clinical policies to manage high impact high prevalence risks, the service’s systems to identify and manage these risks associated with the care of consumers and the monitoring of staff practices are not effective. Documentation reviewed indicates:

* ineffective management of wounds, pain, diabetes and weight gain
* the deterioration or change in consumers’ condition is not recognised and responded to in a timely manner
* the service’s monitoring program does not identify deficits in the assessment, planning and follow through of consumer care.

The approved provider’s response acknowledges the above deficits and outlines areas identified for improvement, which include:

* review of the clinical monitoring system, including in relation to medication, wound and pain management
* review of care plan review and evaluation practices
* training for staff in recognising and responding to deterioration or change in the consumer’s condition.

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.

Standard 3 Requirement (3) (a)

* Ensure staff practice in relation to wound management and treatment complies with the service’s policy, procedures and best practice principles.
* Ensure processes and staff practices support the consumers to be as free of pain as possible.
* Ensure wound and pain documentation reflect and is tailored to consumers’ current needs and optimises their health and well-being.
* Implement effective processes to monitor that consumers receive safe and effective personal and clinical care.

Standard 3 Requirement (3) (b)

* Ensure effective clinical oversight processes in relation to the administration of medications.
* Introduce processes to ensure prescribed medications are available when required.
* Introduce processes to ensure the effective management of significant variations in weight.
* Introduce effective processes to monitor and review staff practices and the management of high impact or high prevalent risks.

Standard 3 Requirement (3) (d)

* Introduce processes to ensure deterioration and changes in a consumer’s condition is recognised in a timely manner, most specifically in relation to wounds and pain.
* Ensure staff have the skills and knowledge to recognise and respond to changes in a consumer’s condition, including wounds and pain, in a timely manner.
* Introduce effective process to monitor changes and deterioration is recognised and responded to in a time manner.

Standard 7 Requirement (3) (c)

* Ensure adequate clinical delegation and oversight of staff practices.
* Ensure staff provide care in line with clinical directives and the organisation’s policies and procedures.
* Introduce effective monitoring processes to identify deficits in staff competency, knowledge and practices.

Standard 8 Requirement (3) (d)

* Ensure the service has effective risk management and monitoring systems for managing high impact or high prevalence risks associated with the care of consumers, including recognising and responding to deterioration and change in a consumer’s condition.
* Ensure staff have the skills to apply above.

# Other relevant matters

Not applicable.