Kalyra Woodcroft Aged Care

Performance Report

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**Commission ID:** 6126

**Provider name:** James Brown Memorial Trust

**Assessment Contact - Site date:** 18 October 2021

**Date of Performance Report:** 7 December 2021

# Performance report prepared by

Kerry Rochow, delegate of the Aged Care Quality and Safety Commissioner.

# 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |

# Detailed assessment

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 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 Approved Provider’s response to the Assessment Contact - Site report received 4 November 2021
* the Performance Report dated 20 April 2021 for the Site Audit conducted 12 to 15 January 2021.

# STANDARD 2 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 assessed Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers as part of the Assessment Contact and have recommended this Requirement as met. All other Requirements in this Standard were not assessed. Therefore, an overall rating of the Standard has not been provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(e) in this Standard. This Requirement was found to be Non-compliant following a Site Audit conducted on 12 to 15 January 2021 because the service was unable to demonstrate that care and services were consistently reviewed regularly for effectiveness and when incidents impacted on consumers’ care needs.

I have considered the Assessment Team’s findings and evidence documented in the Assessment Team’s report and the Approved Provider’s response to the Assessment Team’s report. Based on this information, I find James Brown Memorial Trust, in relation to Kalyra Woodcroft Aged Care, to be Compliant with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers. I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(e) Compliant

*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.*

This Requirement was found to be Non-compliant following a Site Audit conducted on 12 to 15 January 2021 because the service was unable to demonstrate that care and services were consistently reviewed regularly for effectiveness and when incidents impacted on consumers’ care needs. The service implemented several improvements and actions in response to the deficiencies identified at the Site Audit, including (but not limited to):

* Engagement of a consultant who reviewed clinical assessment processes, including where incidents had occurred, and provided ongoing training and support for staff in relation to reviewing and actioning progress note entries.
* Several audits have been undertaken which resulted in confirmation of efficacy of assessment processes, ongoing education for staff, and changes to communication processes.
* A handover procedure guide has been developed, trialled and implemented.
* An assessment/handover tool to support staff to identify changes in consumers’ condition and health has been implemented.

In coming to my finding, I have considered the Assessment Team’s report and the Approved Provider’s response which includes clarifying information and additional evidence. The Assessment Team and the Approved Provider provided the following evidence and information relevant to my finding in relation to this Requirement:

* Most sampled consumers considered they feel like partners in the ongoing assessment and planning of their care and services.
	+ One consumer and representative indicated they had not viewed a care plan and the representative indicated they are not notified about incidents. However, the Approved Provider’s response included evidence of a care plan consultation which included the representative.
* Two consumers’ files viewed demonstrated current assessments and care plans are reviewed on a regular basis and when circumstances change.
* Clinical staff interviewed were able to describe how and when care plans are reviewed, including following incidents and changes in health/condition.

For the reasons detailed above, I find James Brown Memorial Trust, in relation to Kalyra Woodcroft Aged Care, to be Compliant with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

# 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

The Assessment Team assessed Requirement (3)(b) in Standard 3 Personal care and clinical care as part of the Assessment Contact and have recommended this Requirement as met. All other Requirements in this Standard were not assessed. Therefore, an overall rating of the Standard has not been provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(b) in this Standard. This Requirement was found to be Non-compliant following a Site Audit conducted on 12 to 15 January 2021 because the service was unable to demonstrate consistent management of high impact or high prevalence risks associated with the care of each consumer.

I have considered the Assessment Team’s findings and evidence documented in the Assessment Team’s report and the Approved Provider’s response to the Assessment Team’s report. Based on this information, I find James Brown Memorial Trust, in relation to Kalyra Woodcroft Aged Care, to be Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care. I have provided reasons for my finding in the specific Requirement below.

### 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.*

This Requirement was found to be Non-compliant following a Site Audit conducted on 12 to 15 January 2021 because the service was unable to demonstrate consistent management of high impact or high prevalence risks associated with the care of each consumer. Specifically, relating to management of risks associated with falls and responsive behaviours. The service implemented several improvements and actions in response to the deficiencies identified at the Site Audit, including (but not limited to):

* The physiotherapist conducted an audit which confirmed all consumers are reviewed by the physiotherapist following a fall.
* Several policies and procedures have been updated/implemented to support effective incident reporting and documentation for consumer incidents.
* Staff education and training sessions have been held in relation to several areas of practice, including falls management and incident reporting.

In coming to my finding, I have considered the Assessment Team’s report and the Approved Provider’s response which includes clarifying information, additional evidence and improvement initiatives. The Assessment Team and the Approved Provider provided the following evidence and information relevant to my finding in relation to this Requirement:

* Sampled consumers confirmed they considered they receive personal care and clinical care that is safe and right for them.
	+ One representative indicated their consumer is ‘happy’ and has ‘lovely carers’ and was able to speak about strategies used to support the consumer’s health and well-being.
* Three consumers’ files sampled included care plans which included risk management strategies associated with relevant aspects of care, including risks associated with falls and responsive behaviours.
* A consumer’s file sampled in relation to a chronic pressure injury acquired in hospital demonstrates the service has been effectively managing the wound with best practice wound products. However, wound charts were not completed since mid-June 2021.
	+ The Approved Provider’s response acknowledged the omission of wound measurements since mid-June 2021, however, the wound has been attended to in accordance with the wound management plan and this includes regular photographs to monitor progression of the wound. The photographs indicate the wound is responding to current treatment and has not been infected.
	+ The Approved Provider has since updated the wound management policy to include clear instruction to document measurements in addition to wound photographs. Staff have been provided education and training in relation to this policy and wound management training, inclusive of wound management principles, initial assessment, and recording and documentation of wounds.
* A consumer’s file sampled in relation to pain assessment demonstrated use of best practice pain tools, however, staff have not used the pain charting tool correctly for this consumer. However, the Assessment Team found the service has managed episodes of pain for this consumer effectively.
	+ The Approved Provider’s response included clarifying information to indicate the pain chart has been completed correctly for this consumer. Additionally, staff have been provided further education about the use of the pain assessment tool.
* Staff interviewed were able to describe specific high impact or high prevalence risks for individual consumers, in accordance with relevant care plans.

For the reasons detailed above, I find James Brown Memorial Trust, in relation to Kalyra Woodcroft Aged Care, to be Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# 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

The Assessment Team assessed Requirements (3)(c) and (3)(d) in Standard 8 Organisational governance as part of the Assessment Contact and have recommended these Requirements as met. All other Requirements in this Standard were not assessed. Therefore, an overall rating of the Standard has not been provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirements (3)(c) and (3)(d) in this Standard. These Requirements were found to be Non-compliant following a Site Audit conducted on 12 to 15 January 2021 because the service was unable to demonstrate effective organisation wide governance systems relating to information management and regulatory compliance, or effective risk management systems and practices in relation to managing high impact or high prevalence risks associated with the care of consumers.

I have considered the Assessment Team’s findings and evidence documented in the Assessment Team’s report and the Approved Provider’s response to the Assessment Team’s report. Based on this information, I find James Brown Memorial Trust, in relation to Kalyra Woodcroft Aged Care, to be Compliant with Requirements (3)(c) and (3)(d) in Standard 8 Organisational governance. I have provided reasons for my findings in the specific Requirements below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

This Requirement was found to be Non-compliant following a Site Audit conducted on 12 to 15 January 2021 because the service was unable to demonstrate effective organisation wide governance systems relating to information management and regulatory compliance. The service implemented several improvements and actions in response to the deficiencies identified at the Site Audit, including (but not limited to):

* Staff education and training has been provided in relation to reporting of incidents in accordance with legislative requirements, including the Serious Incident Response Scheme (SIRS) and elder abuse.
* Review of incident and SIRS management policies to ensure designated roles and responsibilities are identified.
* Incident management and legislative reporting requirements were discussed at the clinical governance and quality indicator meetings.
* Incident forms were updated to include a severity assessment to classify each incident.
* A paper-based incident form was developed to record initial incident information to support confidentiality.
* Audits conducted in relation to incident management to monitor staff knowledge and compliance with relevant processes.
* Review of police clearance checks for all volunteers to ensure they are up-to-date and review of the relevant procedure to check this on an ongoing basis.
* Plans to implement an electronic sign-in system by the end of 2021 to identify that all staff and volunteers have provided evidence of legislative requirements for their roles, such as police clearances and vaccination status.

In coming to my finding, I have considered the Assessment Team’s report and the Approved Provider’s response which includes clarifying information. The Assessment Team and the Approved Provider provided the following evidence and information relevant to my finding in relation to this Requirement:

* In relation to information management:
	+ Staff have access to the service’s policies, procedures and electronic clinical management system and staff sampled confirmed they have access to relevant information to deliver care and services.
	+ Clinical staff confirmed they review incidents at clinical review meetings and this has assisted with the delivery of safe and effective care and services.
* In relation to continuous improvement:
	+ Consumers are encouraged to provide feedback and contribute to continuous improvement initiatives through several mediums.
	+ The plan for continuous improvement includes initiatives at both organisational and site level, with input from consumers.
* In relation to financial governance:
	+ The organisation has a finance and audit committee who report to the Board and there are delegations of authority in relation to budgets and expenditure for specific management roles within the organisation.
* In relation to workforce governance:
	+ The organisation has a workforce governance framework, supported by policies and procedures in relation to recruitment, training, rostering, and performance management.
* In relation to regulatory compliance:
	+ Staff have participated in SIRS training and reporting requirements are monitored by the management team to ensure compliance with the incident management reporting system.
	+ The reportable incident register demonstrated incidents are reported in accordance with legislative requirements and the service’s policy.
	+ Police clearances for 11 volunteers were current.
* In relation to feedback and complaints:
	+ The service has a feedback and complaints framework with support policies and procedures, inclusive of complaints and open disclosure.

For the reasons detailed above, I find James Brown Memorial Trust, in relation to Kalyra Woodcroft Aged Care, to be Compliant with Requirement (3)(c) in Standard 8 Organisational governance.

### 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*
4. *managing and preventing incidents, including the use of an incident management system.*

This Requirement was found to be Non-compliant following a Site Audit conducted on 12 to 15 January 2021 because the service was unable to demonstrate effective risk management systems and practices in relation to managing high impact or high prevalence risks associated with the care of consumers. The service implemented several improvements and actions in response to the deficiencies identified at the Site Audit, including (but not limited to):

* Staff education and training has been provided in relation to reporting of incidents in accordance with legislative requirements, including the Serious Incident Response Scheme (SIRS) and elder abuse.
* Review of incident and SIRS management policies to ensure designated roles and responsibilities are identified.
* Incident management and legislative reporting requirements were discussed at the clinical governance and quality indicator meetings.
* SIRS incidents are reported to the governing Board.
* Engagement of an external consultant to review incidents to ensure information is sufficient to analyse and report incidents, including a review of consumers at high risk.
* Audits conducted in relation to incident management to monitor staff knowledge and compliance with relevant processes.

In coming to my finding, I have considered the Assessment Team’s report and the Approved Provider’s response which includes clarifying information, additional evidence and improvement initiatives. The Assessment Team and the Approved Provider provided the following evidence and information relevant to my finding in relation to this Requirement:

* The organisation has policies, procedures and systems, supported by training, to guide staff in managing high impact or high prevalence risks and to identify and respond to abuse and neglect of consumers.
* Staff were able to describe how they would identify and respond to incidents, including who they would report to, and clinical staff were able to describe the incident management process.
* The service conducts audits to ensure staff are effectively performing their roles and to identify any trends associated with high impact or high prevalence risks associated with consumers’ care.
* The service has an electronic incident dashboard which captures clinical information that management reviews and analyses for trends. Clinical review and assessment meetings are held to analyse and discuss incidents.
* Meeting minutes for the clinical governance committee meeting conducted at both the service and organisational level demonstrated high impact or high prevalence risks associated with consumers’ care are discussed and trends identified.
* Consumers indicated they feel supported to take risks and staff explain any associated risks and strategies to minimise identified risk.
* The Assessment Team observed two lockable gates to be unsecured, one gate separated the outdoor areas between the memory support unit and the main building, and the other gate led to the road in front of the service. Management were unsure as to why these gates were unsecured/unlocked and the Assessment Team confirmed there had been no documented incidents of consumers leaving the service unsupervised since January 2021. Staff also confirmed there had been no incidents.
	+ The Approved Provider’s response explained the three-tier system the service uses to keep vulnerable consumers safe and secure, however, since the Assessment Contact both gates have been changed to locks which the key cannot be removed unless it is locked.
* The Assessment Team observed consumers may have been able to access a wall mounted hot water system which did not have a safety mechanism and a sink with a hot water system could be operated without the use of the safety button.
	+ The Approved Provider’s response included that the service has reviewed all mounted hot water systems and identified three of four systems had safety mechanisms and the one system has been rectified to include the safety switch being in the ‘on’ position. Also, safety settings for all hot water systems have been secured so only authorised personnel can access the systems, including safety settings.

For the reasons detailed above, I find James Brown Memorial Trust, in relation to Kalyra Woodcroft Aged Care, to be Compliant with Requirement (3)(d) in Standard 8 Organisational governance.

# 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.