Karingal Green Aged Care Facility

Performance Report

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**Commission ID:** 7418

**Provider name:** Karingal Green Health Aged and Community Care (WA) Pty Ltd

**Site Audit date:** 22 March 2021 to 24 March 2021

**Date of Performance Report:** 10 June 2021

# 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

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Non-compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Non-compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | 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 Site Audit; the Site Audit 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 Site Audit report received 15 April 2021.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Quality Standard is assessed as Non-compliant as one of the six specific Requirements has been assessed as Non-compliant. The one Requirement assessed as Non-compliant is (3)(a).

The Assessment Team have recommended Requirement (3)(a) not met. Based on the Assessment Team’s report and Approved Provider’s response, I find Requirement (3)(a) in this Standard not met. The Assessment Team found the service was unable to demonstrate each consumer is treated with dignity and respect, specifically, for consumers with Parkinson’s and those residing in the Dementia area/wing. I have provided reasons for my finding in the respective Requirement below.

In reference to the other Requirements in this Standard I provide the following information. The Assessment Team found overall, most consumers and/or their representatives confirmed consumers can maintain their identity, make informed choices about care and services delivered and live the life they choose. In addition, most consumers said their privacy was respected and they could provide examples of how staff respect their privacy when providing personal care. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* One consumer said, “as far as staff go, they are brilliant, caring, very smiley and very sincere”.
* One representative for a consumer who resides in the Dementia area/wing said staff do an incredible job with consumers displaying challenging behaviour.
* Couples sharing a room at the service said they were satisfied the service understood the importance of maintaining their relationships.
* Consumers sampled said they are supported to exercise choice and maintain their independence.

The Assessment Team found the service could demonstrate it consults with consumers and/or representatives to provide care and services that are culturally safe. Care file documents noted information on consumers’ lived experiences, backgrounds, likes, dislikes and preferences for care and services delivered. Staff interviewed said they are provided with training on the importance of respecting consumers’ cultural preferences and were able to describe the culturally safe care they provide and how they encourage consumers to have contact with others from similar cultural backgrounds.

Consumers are supported to make decisions about their care, communicate their decisions, make and maintain relationships with others and are consulted about who they involve in their care. Care staff described how they support consumers to make their own decisions in relation to care and services delivered. Management explained how each consumer is involved in their own person-centred care plan.

The service could demonstrate each consumer is supported to take risks to enable them to live the best life they can and this aligns with consumer comments. Care planning documents reflect risk assessment processes including discussions with the consumer to detail the risks associated with their activity of choice and, as required, Allied Health professionals and/or other stakeholders are involved. Staff could describe strategies implemented to support consumers who wish to maintain mobility and are at high risk of a fall and strategies for consumers who choose to smoke, and they understood consumers’ right to choose and maintain independence.

Timely and easily understood information is provided to consumers allowing them to make choices on care and services delivered. Staff could describe the way information is shared with consumers, including newsletters, meetings, forums, emails and one-on-one. The Assessment Team sighted care planning documentation reflecting regular consultation with consumers and those included in their care, and explained the information provisions implemented for consumers with cognitive decline. In addition, the service has implemented an audit system to monitor information provision to gauge effectiveness and ensure delivery is in a timely manner.

## Assessment of Standard 1 Requirements*.*

### Requirement 1(3)(a) Non-compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

The Assessment Team observed most staff treating consumers with dignity and respect, and two consumers and one representative felt staff treated consumers with dignity and respect. However, there were four representatives who felt the service did not demonstrate each consumer is treated with dignity and respect.

In considering representatives and staff feedback and also observing interactions with consumers, the Assessment Team found the service could not demonstrate each consumer is treated with dignity and respect. Specifically, in relation to management of continence and toileting needs to support consumers’ dignity, lack of respect when interacting with consumers and staff’s lack of understanding of consumers’ individual needs. The Assessment Team provided the following information and evidence relevant to my finding:

* Two representatives said night staff are disrespectful and rude when speaking with consumers and one consumer said they felt ‘terrified’ and another didn’t have access to the call bell to request assistance when required.
* Another consumer was denied assistance on several occasions to use the toilet and when the representative approached staff, the request was refused. The Assessment Team reported hearing this consumer calling out for assistance, and staff advising they were short staffed, and it wasn’t unusual for that consumer to call out and they never know what they want.
* One representative said a consumer’s personal and continence needs were not managed in a timely manner, due to challenging behaviours and another said when they are assisting the consumer there is no engagement and the consumer is made feel like and ‘object’.
* One consumer when mobilising with staff assist, the representative advised the staff member pushed the consumer in the back and showed a lack of patience and understanding of the consumer’s unique needs.

The Approved Provider submitted a response to the Assessment Team’s report and indicates a commitment to meet their responsibilities as an Approved Provider and advised they take all feedback seriously. However, they disagreed with the Assessment Team’s report and specifically noted the Assessment Team had reached a recommendation of not met based on a few consumer and representative comments, and didn’t raise these concerns with management on site to allow validation. They also noted the concerns raised were not congruent with feedback from other consumers and/or representatives and most observations made by the Assessment Team.

In addition, the Approved Provider has provided a comprehensive summary detailing the care provided to each consumer sampled and provided actions taken to address the concerns by the Assessment Team and in addition, information held by the Aged Care Quality and Safety Commission (ACQSC). Actions related to this Requirement include:

* Staff training and increased monitoring of care and services delivered to ensure it meets consumers’ needs. As required, timely staff performance reviews and management of staff underperformance.
* Conduct a survey of all consumers and representatives to gain insight into the care and services delivered, specifically related to dignity and respect.
* Care plans for consumers sampled will be reviewed and updated, and as required timely referrals to other Health Professionals.
* Management have partnered with Parkinson’s WA to develop staff’s understanding, management and education.
* Complaints are currently and will continue to be used to inform the organisation’s continuous improvement plan.

I acknowledge the service actions to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, staff practices and interactions with consumers did not ensure each consumer is treated with dignity and respect. I have considered information held by ACQSC, interviews with consumers and representatives which did not demonstrate care delivery between staff and consumers was delivered in a timely, respectful and dignified manner and staff did not recognise or meet consumers’ individual needs.

Based on the evidence documented, I find Karingal Green Health Aged and Community Care (WA) Pty Ltd, in relation to Karingal Green Aged Care Facility to be Non-compliant with Requirement (3)(a) in Standard 1 Consumer dignity choice.

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 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 Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found that overall, consumers confirmed they feel like partners in ongoing assessment and planning of care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers and representatives confirmed they are involved in care planning and feel the organisation listens to what consumers want.
* Consumers and representatives confirmed they are informed of the outcomes of consumers’ assessments, either at scheduled meetings, in person, by phone or email.
* Consumers and representatives advised they have access to the consumer’s care planning documentation and said the information is easily understood.

The Assessment Team found the service demonstrated they perform ongoing assessment and planning to assist them identify each consumer’s care needs and preferences to inform the delivery of safe and effective care and services. Information provided by consumers and representatives about the consumer’s needs, preferences and goals were clearly documented in care plans. In addition, care planning documentation for sampled consumers indicates both clinical staff and Allied Health professionals consistently consider and discuss risk with consumers and/or representatives during assessment and planning process and use validated tools to ensure the care is safe and effective.

Assessment and planning for consumer care is reviewed regularly for effectiveness and when consumers’ circumstances change and/or after an incident, and is completed in partnership with consumers and others who the consumer would like to include. The Assessment Team also found other Health Professionals are involved in the assessment and planning and recommendations are discussed with consumers and/or their representatives and clearly documented on the consumer’s file.

The service engages with consumers and their representatives to gain an understanding of consumers’ preferences and needs to develop the advance care and end of life plan. The Assessment Team sighted all information clearly documented in consumers’ files and noted the service has policies and procedures to guide staff in supporting consumers and their representatives to document consumers’ advance care and end of life planning.

The Assessment Team found the organisation has monitoring processes in relation to Standard 2 to ensure initial and ongoing assessment and planning is conducted in partnership with consumers and has a focus on optimising health and well-being in accordance with consumers’ needs, goals and preferences.

Based on the evidence documented, I find Karingal Green Health Aged and Community Care (WA) Pty Ltd, in relation to Karingal Green Aged Care Facility to be Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) 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.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### 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.*

# 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

The Quality Standard is assessed as Non-compliant as one of the seven specific Requirements has been assessed as Non-compliant. The one Requirement assessed as Non-compliant is (3)(a).

The Assessment Team have recommended Requirement (3)(a) as not met. Based on the Assessment Team’s report and Approved Provider’s response, I find Requirement (3)(a) in this Standard Non-compliant. The Assessment Team found the service could not demonstrate each consumer gets safe and effective personal care that is tailored to their needs and optimises their health and well-being, especially for the four consumers sampled. I have provided reasons for my finding in the respective Requirement below.

In reference to the other Requirements in this Standard I provide the following information. The Assessment Team found most consumers sampled considered they get care tailored to their needs and that is safe and right for them. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Representatives indicated there has been a significant improvement in clinical care since the appointment of a Clinical Nurse Manager.
* Consumers and representatives interviewed said when there is a change and/or deterioration in consumers’ health staff respond very quickly.
* Most consumers and representatives indicated when required, consumers are referred to a specialist promptly and as a result consumers’ health and well-being have improved.
* Three representatives felt staff intervened and managed one consumer’s challenging behaviour very well.
* One representative explained how they requested physical restraints to be used due to the consumer’s high risk of falls. The service took time to speak with the representative and explained the strategies they would implement to manage the risk without the use of restraints.

The Assessment Team found the service could demonstrate high impact or high prevalence risks are effectively managed. On review of consumers’ care files and interviews with representatives and consumers it indicates the service is delivering effective management of high-risk falls, consumers’ pain is assessed and medications administered as required and staff could demonstrate an understanding of risks associated with inappropriate use of chemical and physical restraints. In addition, consumers’ files noted pressure injuries are reported in a timely manner, strategies implemented and interventions are effective with consumers’ pressure injuries improving.

Management advised the service analyses clinical incident data to identify and manage risk across the service and on review of the risk management meeting documents, the Assessment Team found high-risk consumers are identified and strategies are discussed with the multidisciplinary team to reduce risk.

The service could demonstrate needs, goals and preferences of consumers nearing end of life are recognised and addressed, their comfort maximised, and their dignity preserved. A representative of a consumer who had recently passed away provided positive feedback about palliative care provided by staff, however, did highlight there are limited staff numbers rostered at night. The organisation has processes in place to guide staff in planning palliative care in partnership with consumers and/or their representative.

The Assessment Team found the service has systems and processes to manage changes to consumers’ mental health, cognitive or physical function. Care planning documents for sampled consumers indicates when staff have identified deterioration in a consumer’s health and well-being, it is investigated by the Clinical Nurse and where required, consumers are referred to their General Practioner, Allied Health professionals and/or transferred to hospital. This aligns with comments from most representatives.

Information about consumers’ condition, needs and preferences is clearly documented in consumers’ care planning files and is accessible by staff and others where the responsibility of care is shared. The service also has an electronic care management system to assist in managing consumers’ information and monitoring and alerting on information gaps. Clinical staff could describe how they communicate and share knowledge in changes to consumers’ care and how they engage with other health professionals via telephone referrals, through hospital admission and discharge summaries. The service has policies and procedures to guide staff.

Staff were able to demonstrate they have a clear understanding of infection control and antimicrobial stewardship principles. The service demonstrated appropriate infection control measures to minimise risk and staff have access to policies and procedures to guide them.

Although, care plans indicate consumers’ behaviours are managed, three staff members from one area/wing of the service and four representatives said at peak times there are not enough staff to manage consumers’ behaviour and to also provide assistance with personal hygiene and other individual needs.

### 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 found when considering representatives’ feedback and on review of consumers’ files, it indicates most consumers are receiving safe and best practice clinical care. However, the service was unable to demonstrate each consumer receives safe and effective personal care which is best practice, tailored to consumers’ needs and optimises their health and well-being, specifically in relation to four consumers’ personal care. The Assessment Team provided the following information and evidence relevant to my finding:

* One consumer and four representatives expressed their dissatisfaction with personal care delivery, including refusal to provide toileting support, continence needs not managed in a timely manner, ineffective management of challenging behaviours; either by multiple staff crowding the consumer at once to deliver personal care or leaving personal care delivery for longer periods of time, not engaging with consumers during personal care and in addition, noted pain relief was not consistently managed and poor catheter management.
* Staff interviewed advised they are allocated different areas of the service to work and they often work with either a new staff member or agency staff who are unaware of consumer needs and strategies to support delivery of personal care. They said they are often approached by consumers’ representatives expressing dissatisfaction with personal care delivery.
* Documentation reviewed noted personal care charts were not aligned with the consumer’s care plans. Frequency for showering varied from alternate days to once every several days.
* The Assessment Team heard a consumer calling out from their room “get me up, get me up, please get me up” and this was ongoing. Staff were approached and they said they were short staffed which was impacting care delivery. They went onto say the consumer often calls out and sometimes it is pain related, and sometimes “cannot tell them what she wants”. The Assessment Team approached the carers room and requested staff assist.

The Approved Provider submitted a response indicating their dissatisfaction that the Assessment Team only considered feedback from a select number of consumers and representatives, when recommending the service not met. However, the Assessment Team reviewed care plan files, spoke with staff and in addition, observed incidents where staff were unable to assist with consumers who required immediate care assistance. The Approved Provider’s response includes actions taken to rectify the deficiencies identified by the Assessment Team and relates to this Requirement, including:

* Management of staff underperformance to address the concerns raised by consumers and representatives.
* Regular staff training in continence management.
* Management advised based on consumer, representative and staff feedback, staff rosters have been reviewed and have commenced allocating staff to the same areas/wing to enable staff to build relationships with consumers leading to better outcomes in care and service delivery.

I acknowledge the Approved Provider’s actions; however, I find at the time of the Site Audit, consumers were not always receiving safe and effective personal care, which was best practice, tailored to their needs and optimised their health and well-being. I have considered consumer, representative, staff and management feedback and observations noted by the Assessment Team and the Approved Provider’s response.

In considering this information, I find the service was unable to demonstrate it provides consumers’ personal care that is timely, tailored to their individual needs, goals and preferences. In addition, with staff rotating between areas/wings, staff were unable to describe how they monitor and provide the personal needs and/or provide examples of how the service tailors and delivers personal, individual care that is safe and effective for all consumers.

Based on the evidence documented above, I find Karingal Green Health Aged and Community Care (WA) Pty Ltd, in relation to Karingal Green Aged Care Facility to be Non-compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

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

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

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) 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.*

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

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 3(3)(f) Compliant

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

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 NON-COMPLIANTServices and supports 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 Quality Standard is assessed as Non-compliant as one of the seven specific Requirements has been assessed as Non-compliant.

The Assessment Team recommended Requirement (3)(b) in this Standard as not met. The Assessment Team found the service was unable to demonstrate consumers receive services and supports for daily living to promote consumers’ emotional, spiritual and psychological well-being.

Based on the Assessment Team’s report and the Approved Provider’s response. I find Requirement (3)(b) in this Standard Non-compliant. I have provided reasons for my finding in the respective Requirement below.

The Assessment Team found most consumers considered they get services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Most consumers and representatives felt consumers are supported to do things important to them and to optimise consumers’ independence, health, well-being and quality of life. Consumers said they were consulted and satisfied with how they are supported by the service.
* Consumers and representatives interviewed are satisfied consumers can participate in things of interest to them, they maintain social and personal relationships and are encouraged to participate in activities both within and outside the service.
* A consumer who receives support through a community carer said their preferences have been clearly considered and shared with the carer.
* A representative said the service has provided timely referrals to assist the consumer with movement, strength and mobility.
* There was a mixed response from both consumers and representatives in regard to meals provided.
* Consumers said the mobility equipment provided is assessed, maintained and meets their needs.

The Assessment Team sighted care plan documents and found the information noted supports consumers’ needs and indicates how they want care and services delivered. Consumer assessments are completed to inform staff on how to support consumers with care and services and identified strategies to meet consumers’ daily living needs. The Occupational Therapist demonstrated how they use the information gathered from the assessments to develop the service activity schedule and how the activities are evaluated for effectiveness. This aligned with comments from other staff and they could also demonstrate what is important to a sampled group of consumers.

Consumers are assisted to engage with their community both within and outside the service environment, they are encouraged to maintain social and personal relationships and continue to do things of interest. Care planning files document consumers’ likes, dislikes, interests and care delivery schedules so they can participate in activities they wish to be involved in. The Assessment Team observed consumers and their visitors using and meeting in different areas of the service, both indoors and outdoors.

The service has processes implemented to inform staff of consumers’ needs and preferences and also where care is shared outside the service. Prior to entry, the Relationship Manager commences collecting information on the consumer to ensure all equipment and requirements are set up prior to entry. Consumers are provided external access to meet religious preferences, interests and communication needs. In addition, the service has a volunteer network to provide social engagement for consumers.

The service offers a varied menu of suitable quality and quantity of food to meet consumers’ preferences and dietary needs are assessed and captured on consumers’ care record. In addition, the service has processes in place to monitor the food requirements for each consumer, including texture modified and allergies. The service Chef said they attend the dining room during mealtimes and seek feedback on the meals provided. There was one area/wing in the service where both consumers and representatives noted their disapproval with the food provided.

The Assessment Team sighted the lifestyle, mobility and transfer equipment and noted it appeared to be well maintained. Staff felt they have access to equipment as required and were observed supporting consumers in a safe manner when using equipment for mobility and transfer. The Maintenance Officer confirmed consumer equipment is prioritised when maintenance is required and mobility equipment is inspected frequently to ensure consumers’ safety. The maintenance log indicates staff have logged issues with equipment and repairs are completed in a timely manner.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Non-compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

The Assessment Team found the service was unable to demonstrate services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being, specifically in relation to two consumers. The Assessment Team provided the following information and evidence relevant to my finding:

* For one consumer, with a terminal illness, the service was unable to demonstrate adequate services to support daily living and promote the emotional and psychological well-being were provided.

On entry, the consumer’s diagnoses did not include depression, but progress notes documented the consumer should be monitored closely for signs. The consumer’s emotional, spiritual and psychological needs were assessed by the Occupational Therapist three weeks after entry and noted the mood and cognition was normal, however, the consumer said they were finding it difficult to settle into the service. Strategies implemented were to provide one-on-one emotional support and invite attendance at group activities, however, there was no documentation to support how and if this was managed and if it was effective. There was no documentation to support if strategies were identified to manage the consumer’s non-attendance at the activities and only one individualised activity was offered over a two-month period. When the consumer was verbalising, they were not managing and the consumer had requested their pain symptoms be managed and advance care plan initiated, no referrals were instigated. At the time, when the consumer was assessed as experiencing ‘severe anxiety’ there was no documentation indicating the consumer’s General Practioner had been informed of the change in their health and well-being and no referrals initiated.

* A representative raised a concern that the consumer was not provided with enough activities to support daily living and documentation indicates the service has not considered or supported the consumer’s psychological and emotional well-being.

On review of the consumer care records over a four-week period, the Assessment Team noted the consumer had only attended 12 activities from 27. The representative has found the consumer alone in their room on multiple occasions and emotionally upset, with no emotional support provided by staff. Staff did acknowledge the consumer frequently declines participation in the activities provided, however, they could not provide any strategies to encourage and support their psychological and emotional well-being. In addition, the Occupational Therapist advised the consumer had displayed challenging behaviours, however, had not considered the consumer maybe at risk of being socially isolated.

The Approved Provider submitted a response indicating their dissatisfaction that the Assessment Team only considered information they had observed in documents and only spoke to one representative when recommending the service not met, whilst other consumers interviewed could provide examples of how they were supported after the loss of their partners. The Approved Provider’s response was limited in recognising actions required to improve the deficiencies in supporting consumers’ emotional and psychological well-being. However, the Assessment Team did raise these concerns during the Site Audit and it was noted:

* Management provided a service continuous action plan that was implemented approximately six weeks prior to the Site Audit. The plan included a ‘Depression Risk Review’ document outlining 16 actions, including assessment of all consumers with existing diagnoses of depression and liaising with Health Care and Allied Health Teams. In addition, and also included was staff education to identify signs and symptoms of consumers’ emotional and psychological well-being and training on completing relevant reporting documents.
* In response to the representative’s comment, noting a consumer’s lack of engagement in activities, management arranged for an Occupational Therapist to assess the consumer and provide staff with strategies, including individualised interventions to support emotional and psychological well-being.

I acknowledge the service’s actions, however; I find at the time of the Site Audit, although, the service has care delivery that supports daily living and promotes consumers’ emotional and psychological well-being, it was not able to demonstrate this for two consumers. I considered information noted in the consumer’s care file, a representative’s comments and staff feedback and find the service has not considered consumers’ lack of attendance and engagement at activities of choice and comments and actions made by consumers indicating they require emotional support and, therefore, find the service has not considered, managed or supported the consumer’s emotional and psychological needs.

Based on the evidence documented, I find Karingal Green Health Aged and Community Care (WA) Pty Ltd, in relation to Karingal Green Aged Care Facility to be Non-compliant with Requirement (3)(b) in Standard 4 Services and supports for daily living.

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

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

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

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Quality Standard is assessed as Compliant as three of the three specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers and representatives said they were satisfied with the living environment and consumers appreciate they can personalise their own room.
* Consumers and representatives both acknowledged they like the ‘central hub’ – a café style seating area to buy food/drinks, meet guests, socialise and participate in activities.
* Consumers felt they can move around freely and spend time outdoors in the main courtyard and other courtyards at the service.

The Assessment Team found the service environment, appeared to be safe, clean, with clear signage. The footprint of the service is large, corridors are wide with handrails, providing opportunities for consumers to mobilise freely throughout the service. Consumer rooms are spacious with some double rooms for couples to continue to live together. Furniture, fittings and equipment appeared safe, clean and well maintained. The service has processes to ensure consumers have access to suitable, safe and maintained furniture and equipment.

The kitchen was observed to be clean and tidy. The service has a food safety program in place with associated documentation recording food temperatures, equipment maintenance and cleaning. Staff were observed to follow food hygiene protocols.

The service could demonstrate there are processes completed to ensure reactive and preventative maintenance is completed. The Maintenance Officer said consumer maintenance and safety issues are prioritised, after a daily review of the maintenance log. Staff interviewed demonstrated an awareness on the process to report maintenance matters, issues and safety concerns.

Based on the evidence documented, I find Karingal Green Health Aged and Community Care (WA) Pty Ltd, in relation to Karingal Green Aged Care Facility to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Quality Standard is assessed as Compliant as four of the four specific Requirements have been assessed as Compliant.

The Assessment Team found that overall, consumers consider they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Most consumers and representatives interviewed said the service is responsive to concerns raised, they feel supported to raise concerns and said they felt confident and knew how to make a complaint.
* Consumers said they are aware of the feedback forms; however, said they prefer to raise any matters at the case conference meetings or speak directly to the Clinical Nurse.

Care staff interviewed said if consumers raise issues or concerns with them, they attempt to address them immediately and if not, they advise either management or the Registered Nurse. They said management encourage them to raise concerns directly with them.

The Executive Director of Care advised consumers and representatives are encouraged to provide feedback through meetings, surveys, feedback forms and verbally at any time. Information on the service’s complaints and feedback systems is provided to consumers and/or representatives on entry and further reminders are provided during meetings. The service has written materials to guide consumers and representatives to raise concerns and the Assessment Team observed pamphlets and posters on display around the service providing information on internal and external complaints processes and advocacy services available.

The service has an Open Disclosure policy to support staff to identify and action feedback. Staff said they were aware of the policy and have received training in how it applies to their role. Staff demonstrated an awareness of what open disclosure means and how it applies to their role. They could describe actions taken in relation to recent incidents where they needed to use the open disclosure process.

The service was able to demonstrate actions taken when feedback and complaints are received. Feedback and complaint data is monitored, analysed and used to improve quality of care and services provided. This aligned with feedback from most representatives where they provided examples of changes made as a result of their feedback and complaints.

Based on the evidence documented above, I find Karingal Green Health Aged and Community Care (WA) Pty Ltd, in relation to Karingal Green Aged Care Facility to be Compliant with all Requirements in Standard 6 Feedback and complaints.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# 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

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

The Assessment Team recommended Requirements (3)(a), (3)(b) and (3)(d) in this Standard as not met. The Assessment Team found the service was unable to demonstrate workforce planning meets consumers’ needs to deliver safe and quality care as required by the Quality Standards. This is specifically related to workforce planning (numbers, mix and knowledge), workforce competencies to meet consumers’ individual needs and workforce interactions with consumers is kind caring and respectful of each consumer’s identity, culture and diversity.

Based on the Assessment Team’s report and the Approved Provider’s response. I find Requirements (3)(a), (3)(b) and (3)(d) in this Standard Non-compliant. I have provided reasons for my finding in the respective Requirements below.

In relation to the Requirement (3)(c) and (3)(e) in this Standard, the Assessment Team found the service was able to demonstrate permanent staff have the skills and knowledge to effectively perform their roles, however, representatives and consumers did raise concerns with agency staff engaged. The service has implemented regular assessments, monitoring and review of staff performance.

The Assessment Team found the service has processes in place to ensure the workforce is competent and staff have qualifications to perform the role. Monitoring processes are implemented to ensure professional registrations are current and staff are provided with training opportunities to increase their skills and knowledge. In addition, a review of documentation indicated staff complete an appraisal following the probation period, annually and then biannually and performance management discussions occur as required.

Management advised, and documentation confirmed there are job descriptions for each role which include core competencies required to fulfil the position and are accessible by all staff. The service has a separate induction process for agency staff and the Registered Nurse was able to demonstrate the process.

The organisation has a Quality and Compliance Team who monitors changes in scope of practice requirements for registered health professionals and informs both management and all service clinical leads.

## Assessment of Standard 7 Requirements

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

*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.*

The Assessment Team found the service is planning the workforce, however, found the service was unable to demonstrate workforce planning ensures the workforce engaged delivers safe and quality care and services. The Assessment Team provided the following information and evidence relevant to my finding:

* Seven representatives expressed multiple concerns, including the service was understaffed to meet individual needs, constant staff changes due to rotating rosters across service area/wings, large turnover of staff and high use of agency staff has made it difficult to understand and manage each consumer’s need and ensure continuity of care.
* Staff indicated there are times when they are unable to support consumers’ needs. They also said they are continually working with agency staff and/or ‘buddying’ new staff while not always knowing consumers’ care needs themselves, as they are constantly moved around different areas/wings of the service. They said this impacts consumer care as they are continually building relationships and very quickly having to understand consumers’ needs in care and service delivery. These concerns have been raised at staff meetings.
* The Assessment Team observed two consumers who appeared agitated as they couldn’t leave the area/wing they were in and there was no staff support to assist. Another staff member was completing care file documentation, whilst also monitoring and assisting three other consumers, one wanting to leave the area and another trying to stand up from their wheelchair.
* On review of staffing rosters for the period 30 January to 22 March 2021, agency staff were engaged 40 days out of 50. In addition, and confirmed by care staff, where the service is unable to fill a shift, staff extend their hours or the shift remains unfilled.
* Management are monitoring call bell response times. An audit completed for 10 February 2020 showed 19 calls answered after 10 minutes, 15 calls answered under 20 minutes and four over 20 minutes.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes actions related to this Requirement include:

* Engage with staff, review of staff availability and matching interests and training with consumers’ needs.
* Additional training in providing care for consumers with dementia and cognitive impairment.
* Training in a call bell management and policies.
* Undertake a bulk recruitment for staff to develop a merit pool of additional staff.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, staffing levels and mix did not support effective monitoring/supervision of consumers or allow consumers’ needs to be fully considered. Although the Approved Provider advised staffing numbers are determined by current industry standards, the needs of consumers should also be considered, for example, the number of consumers requiring two staff assist, the number requiring assistance at mealtimes and number of consumers requiring assistance with personal care needs and continence management.

Based on the evidence documented above, I find Karingal Green Health Aged and Community Care (WA) Pty Ltd, in relation to Karingal Green Aged Care Facility to be Non-compliant with Requirement (3)(a) in Standard 7 Human Resources.

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

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

The Assessment Team found most consumers and representatives believe the majority of permanent staff interactions with consumers is kind, caring and respectful. However, other consumers and representatives provided examples of times when staff interactions were unkind, disrespectful, non-engaging and rushed, and did not consider consumers’ needs and abilities to deliver care in a flexible and responsive way. The Assessment Team provided the following information and evidence relevant to my finding:

* A representative observed staff rushing consumers’ personal care and, on another occasion, four staff crowding around the consumer, who appeared agitated and frightened, trying to deliver and manage personal care and meet continence needs. When concerns were raised with staff about personal care delivery staff were dismissive.
* A consumer said they were frustrated with how staff treated them, they went onto say only a few days prior to the Site Audit a care staff member had been verbally aggressive and they felt unsafe during showering. The Assessment Team passed this information onto management.

The Approved Provider submitted a response indicating their dissatisfaction that the Assessment Team considered feedback from a select number of consumers, for one consumer the information gathered was historical and management were not consulted and another could not be validated by management after further discussions with staff, however, the service was found not met. The Approved Provider’s response included a copy of the staff code of conduct and management’s commitment to ensure all consumer interactions are kind, caring and respectful of each consumer’s diversity, also noted there has been a strong focus on promoting this with staff and, when required, staff performance management is initiated.

However, I find at the time of the Site Audit, not all staff interactions demonstrated kind, caring or respectful behaviour by staff. I have considered the feedback from consumers, the Approved Provider’s response, both during the Site Audit and after, and in addition, the Assessment Team’s observations which indicated some staff practices did not ensure consumers are consistently treated in a manner that is recognised as meeting consumers’ diverse needs.

Based on the evidence documented, I find Karingal Green Health Aged and Community Care (WA) Pty Ltd, in relation to Karingal Green Aged Care Facility to be Non-compliant with Requirement (3)(b) in Standard 7 Human Resources.

### Requirement 7(3)(c) Compliant

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

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

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

Although the service has systems in place to provide ongoing training and education for staff and identify gaps in service delivery through quality audits and incident analyses, the service could not demonstrate the workforce is trained, equipped and supported to enable them to fulfil their role. The Assessment Team found based on observations and feedback from staff and representatives, not all staff are equipped and supported todeliver and improve the care outcomes for consumers. This specifically relates to care provided to consumers with Dementia and Parkinson’s. The following information is evidence relevant to my finding:

* Agency staff supporting a consumer with Parkinson’s did not show an understanding of managing falls risk and ensuring easy access to equipment to support the consumer’s independence.
* Agency staff not providing effective pain management. This aligns with comments provided by the Registered Nurse who indicated when a staff member does not know the consumer’s history, it is “easier” to administer medication to assist them to settle at night.
* As the service rotates staff through the service areas/wings, and with the use of agency staff the Assessment Team found, after discussions with consumers’ representatives, staff appear to have a limited knowledge of how to support consumers with specific needs, specifically consumers with Dementia and Parkinson’s.
* Staff confirmed they are provided with training to support consumer care and service delivery, however, as they are not consistently allocated to specific area/wing it was difficult to understand individual needs of consumers and to share this information with agency and new staff members.

The Approved Provider submitted a response indicating their dissatisfaction that the Assessment Team considered feedback from a select number of representatives to reach a recommendation of not met.

The response also reiterated the commitment to offer a variety of training to ensure staff are equipped and supported to meet consumers’ needs in care and service delivery. In addition, management acknowledged the challenges in the current age care environment to recruit suitably qualified and experienced staff and, therefore, face challenges in the use of agency staff and have implemented strategies to recruit permanent staff and reduce agency staff numbers. Management also advised during the Site Audit they had partnered with external agencies, including Parkinson’s WA and Parkinson’s Australia for ongoing education and training and additional training in Dementia and cognitive impairment.

I acknowledge the service’s actions to rectify the deficiencies identified by the Assessment Team and I considered management’s focus on recruitment, training and allocating staff to permanent areas/wings of the service. However, I find at the time of the Site Audit, some staff did not have the support to deliver outcomes for consumers in line with the Quality Standards. Representatives have noted they are not satisfied or do not have the confidence in the staff’s ability to deliver care and services that are effective. In addition, with rotating rosters between areas/wings and high use of agency staff most appear to have limited support and training in delivery of Dementia and Parkinson’s care.

Based on the evidence documented, I find Karingal Green Health Aged and Community Care (WA) Pty Ltd, in relation to Karingal Green Aged Care Facility to be Non-compliant with Requirement (3)(d) in Standard 7 Human Resources.

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# 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

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

The Assessment Team recommended Requirement (3)(c) in this Standard as not met. The Assessment Team found although, the service has workforce governance systems in place, including staff responsibilities and accountabilities, feedback from consumers and representatives indicated the service has not developed the workforce to deliver safe and quality care for all consumers, specially consumers with Dementia and Parkinson’s.

The Assessment Team also considered regulatory compliance, in relation to mandatory reporting processes were ineffective, however, in considering other observations, further information from the Approved Provider and in addition, information held by ACQSC, I find the service Compliant in managing regulatory compliance.

Based on the Assessment Team’s report and the Approved Provider’s response, I find Requirement (3)(c), in this Standard Non-compliant. I have provided reasons for my finding in the respective Requirements below.

In reference to the other Requirements in this Standard, I provide the following information. The Assessment Team found overall, consumers felt they are engaged in the development, delivery, evaluation and continuous improvement of care and services. The following examples were provided by management and aligns with the comments from both consumers and representatives:

* Management said they have moved to a smaller group setting for meetings as everyone meeting together in the community hub had become too large as new consumers were admitted to the service.
* Management have asked consumers and representatives to submit an expression of interest to become an advisory committee member. The committee focus will be to collate feedback on activities, meals and other areas of concern. Information will inform changes and development of care and services to meet consumers’ needs.
* Introduction of a Men’s Group at the service following feedback from consumers on the activities they would like implemented.

The organisation has a governance structure to support the organisation in information management, continuous improvement, financial governance, and feedback and complaints. The service has implemented processes to ensure these areas are monitored, including reporting to the governing body on key deliverables, which enables the governing body to promote and ensure a culture of safe, inclusive and quality care and services is delivered.

The organisation has implemented a reporting structure to inform the governing body on current trending issues at the service, including, but not limited, to financial, clinical, feedback and workforce matters. The Assessment Team found the service’s continuous improvement plan is driven from all levels within the organisation and when incidents have impacted consumer care.

The service has a clinical governance framework to support staff to provide effective and safe care and services. Clinical staff demonstrated an awareness of the framework and how it applies to their role. Monitoring occurs through clinical data collection and analyses to ensure consumer care is safe and effective. In addition, there are systems to capture incidents and processes to escalate and report to the governing body.

The organisation has policies and procedures to guide staff practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Staff interviewed demonstrated an awareness of these policies and provided examples of relevance to their work.

The Assessment Team found the organisation could demonstrate effective risk management systems and practices, including but not limited to high impact or high prevalence risks associated with the care of consumers, identifying and responding to risk and supporting consumers to live the best life they can. The organisation has implemented a risk framework, including policies and processes to guide staff and the multidisciplinary team meets monthly to discuss any risk matters raised.

Staff said they have been educated in all policies and processes, could demonstrate an understanding of elder abuse and felt comfortable to report suspected and/or actual incidents of abuse. They advised they participate in mandatory training, annually in elder abuse.

Consumers and representatives said attendance at the service’s wellness centre, which includes a heated pool, gym and therapy rooms has enabled consumers to maintain their independence and for some has increased consumers’ mobility and strength.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Non-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.*

The Assessment Team found the organisation demonstrated effective organisation wide governance systems in relation to information management, continuous improvement, financial governance and feedback and complaints. However, the Assessment Team were not satisfied the organisation demonstrated effective systems relating to workforce governance and regulatory compliance.

Regulatory compliance

The Assessment Team found the organisation could not demonstrate they were complying with regulatory requirements, specifically, related to mandatory reporting processes. However, based on information provided, the Approved Provider’s response and information held by ACQSC, I find the service Compliant. The Assessment Team provided the following information:

* A representative noted a mark on a consumer’s wrists and raised this with the Registered Nurse. An incident report was completed on 10 January 2021.
* During the Site Audit the representative spoke to the Assessment Team and provided additional information and this was shared with management. After further staff interviews, management submitted a mandatory report to ACQSC.

The Assessment Team reviewed documentation, for two incidents in January 2021, indicating mandatory reports were completed within the regulatory timeframes and complied with legislative requirements.

The Approved Provider submitted a response to the Assessment Team’s report providing details on the incident raised by the representative and actions taken by staff. I have considered the following information and I find the service Compliant in managing regulatory compliance.

* After the representative raised concerns with the Register Nurse an incident report was completed, photos taken and a wound care plan commenced.
* Management were only made aware of the additional information, which would require mandatory reporting, at the time of the Site Audit.
* Information held by ACQSC, from 29 January 2021, did not indicate the representative had raised the same concerns provided to the Assessment Team.

Workforce governance

The Assessment Team provided the following information and evidence relevant to my finding:

* In relation to workforce governance, outcomes in Standard 7 indicate the organisation has not demonstrated the workforce is appropriately skilled to deliver safe and effective quality care. In summary, representatives interviewed have observed staff actions and have communicated concerns that staff don’t have the skills and understanding to manage consumers’ needs for those diagnosed with Dementia and Parkinson’s.
* Recent Board minutes sighted by the Assessment Team indicate management believe the service is not understaffed, and provided their reasoning, even though concerns have been raised by staff, consumers and representatives.
* Staff personal leave has led to an overuse of agency staff who have limited knowledge of consumers’ needs.

The Approved Provider submitted a response to the Assessment Team’s report and asserts their commitment to ensure staff are supported and provided with opportunities to develop their skills to ensure the service delivers safe and quality care and services. As mentioned in Standard 7, management have committed to recruit suitably qualified and experienced permanent staff and trial rostering staff in regular area/wing of the service.

I acknowledge the service’s actions to rectify the deficiencies identified by the Assessment Team, however, I find at the time of the Site Audit the organisation has not provided clear responsibilities and accountabilities for staff when delivering care. In summary, considering feedback from consumers, representatives, staff and in addition, the organisation’s workforce governance systems are ineffective when monitoring staff to ensure they have an understanding of all consumers’ individual needs and are provided with clear responsibilities and accountability for managing the safety and quality of care and services, specifically for consumers with Parkinson’s and those residing in the Dementia area/wing.

Based on the evidence documented above, I find Karingal Green Health Aged and Community Care (WA) Pty Ltd, in relation to Karingal Green Aged Care Facility to be Non-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.*

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# 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.

The service should seek to ensure the following:

* In relation to Standard 1 Requirement (3)(a):
	+ Consumers are treated with dignity, respect and are treated fairly at all times.
* In relation to Standard 3 Requirement (3)(a):
	+ Consumers receive personal care, which is best practice, tailored to their needs and optimises their health and well-being, including staff meeting any changes to needs.
* In relation to Standard 4 Requirement (3)(b):
	+ Respond to consumers’ emotional and psychological needs, including review of current strategies following significant events which may have exacerbated current conditions.
* In relation to Standard 7 Requirement (3)(a), (3)(b) and (3)(d):
	+ Staffing levels and skill mix are appropriate and based on the needs of the current consumer cohort.
	+ Staff interactions with consumers are kind, caring and respectful always, regardless of consumers’ cognitive capacity.
	+ Support staff to provide care to meet consumers’ needs, including considering and acting upon reports of changes or difficulties with care.
* In relation to Standard 8 Requirement (3)(c):
	+ Staff have an understanding of all consumers’ individual needs and are provided with clear responsibilities and accountability for managing consumers’ safety and quality of care and services.