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

**Assessment Contact - Site date:** 2 March 2022 to 3 March 2022

**Date of Performance Report:** 6 April 2022

# Performance report prepared by

Marek Dubovinsky, 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

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** |  |
| Requirement 1(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(d) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | 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 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 Performance Report dated 10 June 2021 for the Site Audit conducted from 22 March 2021 to 24 March 2021; and
* the Infection Control Monitoring Checklist dated 2 March 2022.

# STANDARD 1 Consumer 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 Assessment Team assessed Requirement (3)(a) in Standard 1 Consumer dignity and choice. All other Requirements in this Standard were not assessed; therefore, an overall rating of the Standard is not provided.

Requirement (3)(a) in this Standard was found non-compliant following a Site Audit conducted from 22 March 2021 to 24 March 2021, as the service was not able to demonstrate staff practices and interactions ensured each consumer was treated with dignity and respect. The Assessment Team’s report provided evidence of actions taken to address deficiencies and have recommended Requirement (3)(a) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find the service compliant with Requirement (3)(a) in Standard 1 Consumer dignity and choice. I have provided reasons for my finding under the specific Requirement below.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

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

This Requirement was found non-compliant following a Site Audit conducted from 22 March 2021 to 24 March 2021, as the service was not able to demonstrate staff practices and interactions ensured each consumer was treated with dignity and respect. The Assessment Team’s report provided evidence of actions taken to address deficits identified, including, but not limited to:

* Provision of staff training, including in relation to continence aids, consumers’ toileting schedules and meeting consumer needs, reading, understanding and implementing care plan directives and preferences, customer service, dignity and respect and responsive behaviour management.
* Education provided in relating to Parkinson’s Disease, including mobility assistance and night time behaviours. Parkinson’s flyer developed to improve skills and knowledge of staff.
* Review of night staff performance and monitoring. Consultation with consumers and representatives regarding consumer experiences to inform service improvements.
* Care plan audit conducted, and care plans reviewed to reflect consumer choice, needs, goals and preferences.

The Assessment Team provided the following information collected through interviews and documentation which are relevant to my finding in relation to this Requirement:

* Consumers said they are treated with dignity, and staff, while often busy, were kind and caring towards them and attended to their needs. Consumers and representatives interviewed said consumers’ culture and identity are recognised and they feel valued and respected as individuals.
* Staff understood consumers’ personal history, needs, preferences and goals, and cultural backgrounds and how this influenced the provision of care and services. Staff were able to demonstrate they understood the importance of attending to consumers’ personal care and continence needs in a timely manner to maintain consumer dignity.
* Care planning documents reflected personalised information to guide staff in providing care to meet the diverse needs of consumers.
* Staff were observed providing care and services to consumers respectfully in a kind, calm and unrushed manner.
* Care planning documents were comprehensive and reflected the diversity of consumers.

Based on the information summarised above, I find the service compliant with Requirement (3)(a) in Standard 1 Consumer dignity and choice.

# 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 Requirements (3)(a) and (3)(b) in Standard 3 Personal care and clinical care. All other Requirements in this Standard were not assessed; therefore, an overall rating of the Standard is not provided.

Requirement (3)(a) in this Standard was found non-compliant following a Site Audit conducted from 22 March 2021 to 24 March 2021, as the service was not able to demonstrate consumers were always receiving safe and effective personal care, which was best practice, tailored to their needs and optimised their health and well-being. The Assessment Team’s report provided evidence of actions taken to address deficiencies.

The Assessment Team have recommended Requirements (3)(a) and (3)(b) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find the service compliant with Requirements (3)(a) and (3)(b) in Standard 3 Personal care and clinical care. I have provided reasons for my finding under the specific Requirements below.

### Assessment of Standard 3 Requirements

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

This Requirement was found non-compliant following a Site Audit conducted from 22 March 2021 to 24 March 2021, as the service was not able to demonstrate consumers were always receiving safe and effective personal care, which was best practice, tailored to their needs and optimised their health and well-being. In addition, with staff rotating between areas/wings, staff were unable to describe how they monitored and provided services that were safe and effective for all consumers. The Assessment Team’s report provided evidence of actions taken to address deficits identified, including, but not limited to:

* Review of allocations of staff to ensure continuity of care and services by staff to support delivery of care.
* Staff education provided during handovers, including in relation to continence, effective management of behaviours, catheter care, pain management, responding to call bells, implementing individual care plans and dignity and respect.

The Assessment Team provided the following information collected through interviews and documentation which are relevant to my finding in relation to this Requirement:

* Four consumers and representatives said they are overall satisfied with the provision of personal and clinical care.
* Five consumer files viewed showed the service has completed a range of assessments to support the delivery of personal and clinical care.
* The service has policies and procedures to guide staff in their approach to this Requirement and staff have access to resources to assist in identifying best practice care. The service refers to national guidelines, where appropriate, to assist consumers to make decisions about the type of care to be provided.
* All five care staff interviewed could demonstrate how they access care plans and report changes in consumer conditions.

Based on the information summarised above, I find the service 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.*

The Assessment Team were satisfied the service demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer.

Processes support the effective management of high impact or high prevalence risks associated with the care of each consumer. Sampled consumer files, interviews with consumers and representatives and observations confirmed effective management of high impact or high prevalence risks. Clinical data is used to identify and manage consumers’ high impact or high prevalence risks. Staff interviewed were able to describe how they manage high impact or high prevalence risks for individual consumers. Four consumers and/or representatives indicated they are satisfied with how the service manages consumers’ personal and clinical care.

Based on the information detailed above, I find the service compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# STANDARD 4 Services 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 Assessment Team assessed Requirement (3)(b) in Standard 4 Services and supports for daily living. All other Requirements in this Standard were not assessed; therefore, an overall rating of the Standard is not provided.

Requirement (3)(a) in this Standard was found non-compliant following a Site Audit conducted from 22 March 2021 to 24 March 2021, as the service was not able to demonstrate care delivery that supported daily living and promoted consumers’ emotional and psychological well-being. The Assessment Team’s report provided evidence of actions taken to address deficiencies and have recommended Requirement (3)(b) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find the service compliant with Requirement (3)(b) in Standard 4 Services and supports for daily living. I have provided reasons for my finding under the specific Requirement below.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(b) Compliant

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

This Requirement was found non-compliant following a Site Audit conducted from 22 March 2021 to 24 March 2021, as the service was not able to demonstrate care delivery that supported daily living and promoted consumers’ emotional and psychological well-being for two consumers. The Assessment Team’s report provided evidence of actions taken to address deficits identified, including, but not limited to:

* Education provided to staff to assist in identification of symptoms of depression, clinical and emotional deterioration, and social isolation and reporting requirements.
* Audit of consumer information on depression and anxiety.
* Review of lifestyle preferences undertaken and additional supports required identified.
* Expanded lifestyle and social interaction opportunities for consumers.

The Assessment Team provided the following information collected through interviews and documentation which are relevant to my finding in relation to this Requirement:

* Overall, four consumers sampled said they have access to a range of activities and supports to maintain their emotional, spiritual and psychological needs.
* Care planning documents for four consumers sampled contained information about activities consumers enjoy which are likely to promote emotional, spiritual and psychological well-being.
* A range of staff interviewed were able to describe how they identify services and supports for individual consumers to promote consumers’ emotional, spiritual and psychological well-being.
* The service activity schedule showed a range of activities likely to promote consumers’ emotional, spiritual and psychological well-being.

Based on the information summarised above, I find the service compliant with Requirement (3)(b) in Standard 4 Services and supports for daily living.

# STANDARD 7 Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The Assessment Team assessed Requirements (3)(a), (3)(b) and (3)(d) in Standard 7 Human resources. All other Requirements in this Standard were not assessed; therefore, an overall rating of the Standard is not provided.

Requirements (3)(a), (3)(b) and (3)(d) in this Standard were found non-compliant following a Site Audit conducted from 22 March 2021 to 24 March 2021, as the service was not able to demonstrate:

* staffing levels and mix supported effective monitoring/supervision of consumers or allowed consumers’ needs to be fully considered;
* all staff interactions demonstrated kind, caring or respectful behaviour; and
* all staff were equipped and supported todeliver and improve the care outcomes for consumers.

The Assessment Team’s report provided evidence of actions taken to address deficiencies and have recommended Requirements (3)(a), (3)(b) and (3)(d) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find the service compliant with Requirement (3)(a), (3)(b) and (3)(d) in Standard 7 Human resources. I have provided reasons for my finding under the specific Requirements below.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) 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.*

This Requirement was found non-compliant following a Site Audit conducted from 22 March 2021 to 24 March 2021, as the service was not able to demonstrate staffing levels and mix supported effective monitoring/supervision of consumers or allowed consumers’ needs to be fully considered. The Assessment Team’s report provided evidence of actions taken to address deficits identified, including, but not limited to:

* Review of allocations of staff to ensure continuity of care and services by staff assignment consistency.
* Education to staff on answering call bells and enhanced clinical skills and knowledge to provide supervision and support for staff in all units.
* Bulk recruitment has been undertaken which has increased staffing levels by 15.

The Assessment Team provided the following information collected through interviews and documentation which are relevant to my finding in relation to this Requirement:

* All consumers interviewed provided positive feedback regarding having enough staff to deliver safe and quality care.
* All staff interviewed gave positive feedback regarding staff levels and having the right members and mix available when required.
* A call bell analysis is completed on a monthly basis where a sample of consumers and staff are selected in the relevant wings to determine reasons for delays in response time.

Based on the information summarised above, I find the service compliant with Requirement (3)(a) in Standard 7 Human resources.

### Requirement 7(3)(b) Compliant

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

This Requirement was found non-compliant following a Site Audit conducted from 22 March 2021 to 24 March 2021, as the service was not able to demonstrate all staff interactions demonstrated kind, caring or respectful behaviour. The Assessment Team’s report provided evidence of actions taken to address deficits identified, including, but not limited to:

* Education provided to Registered nurses, including on dignity and respect and effective performance monitoring of staff.
* The service has engaged companion staff to spend one-on-one time with consumers and assist them to complete tasks as requested.

The Assessment Team provided the following information collected through interviews and documentation which are relevant to my finding in relation to this Requirement:

* The majority of consumers and representatives interviewed confirmed that interactions with staff were kind and caring.
* Staff knew consumers and their likes and dislikes. Staff were observed to check with consumers on their preferences ensuring they were comfortable prior to undertaking other duties. Their interactions were observed to be kind and respectful.
* The Assessment Team observed interactions with consumers and visitors to be kind and caring noting that on at least three separate occasions staff were spending time sitting and talking with consumers.

Based on the information summarised above, I find the service compliant with Requirement (3)(b) in Standard 7 Human resources.

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

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

This Requirement was found non-compliant following a Site Audit conducted from 22 March 2021 to 24 March 2021, as the service was not able to demonstrate all staff were equipped and supported to deliver and improve care outcomes for consumers. This specifically related to care provided to consumers with Dementia and Parkinson’s. The Assessment Team’s report provided evidence of actions taken to address deficits identified, including, but not limited to:

* Staff education provided during handovers, including in relating to continence management, behaviour management, pain management, catheter care and care plans. In addition, relevant staff were provided additional training on performance management.

The Assessment Team provided the following information collected through interviews and documentation which are relevant to my finding in relation to this Requirement:

* Four consumers and representatives interviewed said staff were trained and equipped to provide appropriate care for consumers’ needs.
* Staff confirmed being provided a range of training including on Parkinson’s Disease, behaviours, dementia and reporting requirements.
* Staff said they are rostered on the same wing each shift and have been trained to understand the specific needs of the consumers they are caring for.
* The mandatory training register shows a number of staff have not completed their assigned mandatory training and the service is working towards ensuring this is addressed.

Based on the information summarised above, I find the service compliant with Requirement (3)(d) in Standard 7 Human resources.

# 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 Requirement (3)(c) in Standard 8 Organisational governance. All other Requirements in this Standard were not assessed; therefore, an overall rating of the Standard is not provided.

Requirement (3)(c) in this Standard was found non-compliant following a Site Audit conducted from 22 March 2021 to 24 March 2021, as the service was not able to demonstrate effective workforce governance. The Assessment Team’s report provided evidence of actions taken to address deficiencies and have recommended Requirement (3)(c) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find the service compliant with Requirement (3)(c) in Standard 8 Organisational governance. I have provided reasons for my finding under the specific Requirement 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 non-compliant following a Site Audit conducted from 22 March 2021 to 24 March 2021, as the service was not able to demonstrate the organisation’s workforce governance systems were effective when monitoring staff to ensure they had an understanding of all consumers’ individual needs and were 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. The Assessment Team’s report provided evidence of actions taken to address deficits identified, including, but not limited to:

* Identifying consumer acuity, individual preferences and staffing in each unit.
* Master roster review.
* Increased call bell response time monitoring.
* A performance and professional development audit was conducted.
* Staff performance monitored and actions including disciplinary action taken where required, in line with Human Resources policies and procedures.
* Improved oversight of mandatory reporting relating to Serious Incident Response Scheme.

The Assessment Team provided the following information collected through interviews and documentation which is relevant to my finding in relation to this Requirement:

* The service has an electronic care management system to document consumers’ care and services and to manage incidents.
* Staff confirmed they have access to information about consumers through the electronic care records, handover meetings, handover documents and regular clinical and care staff meetings.
* The service identifies improvements for continuous improvement following complaints, feedback, surveys, family meetings, resident and relative meetings, incidents, audits, changes to legislation and performance assessments conducted by the Commission. Consumers and representatives are engaged in the continuous improvement process.
* The service conducts financial monitoring, budgeting, completes audits and benchmarking, and reports financials to the Board. Funding is available to meet the accommodation, care and service needs of consumers and to ensure the sustainability of the service.
* The service has effective systems, processes, policies and procedures in place to ensure effective workforce governance, including staff having job descriptions outlining their roles, responsibilities and accountabilities.
* Management advised the service subscribes to relevant organisations, including peak industry organisations, Department of Health and the Aged Care Quality and Safety Commission, to ensure they keep abreast of changes to aged care law.
* The service was able demonstrate they have an effective system to receive, monitor and review feedback and complaints and identify how feedback can be used to inform continuous improvement.

Based on the information summarised above, I find the service compliant with Requirement (3)(c) 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.