KinCare Stanhope - Sunshine Coast

Performance Report

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**Commission ID:** 700276

**Provider name:** KinCare Health Services Pty Ltd

**Quality Audit date:** 8 December 2020 to 9 December 2020

**Date of Performance Report:** 18 January 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** | **Compliant** |
| Requirement 1(3)(a) | 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** | **Non- Compliant** |
| Requirement 2(3)(a) | Non-Compliant |
| Requirement 2(3)(b) | Non-Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Non-Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Non-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** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | 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 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** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | 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 Quality Audit; the Quality 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 Quality Audit report received 14 January 2021.

# STANDARD 1 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

Consumers and representatives sampled by the Assessment Team confirmed they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

For example:

* Consumers and representatives interviewed confirmed consumers are treated with respect and staff know what is important to them.
* Consumers interviewed confirmed their personal privacy is respected and their personal information is kept confidential.

The Assessment Team also found the service demonstrated that 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. The service has policies and procedures in place to guide staff in their engagement with consumers and how to foster consumer choice.

 The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## 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.*

### 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 NON-COMPLIANTOngoing 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

Overall consumers sampled confirmed they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Consumers and representatives interviewed said they are involved in care planning and said they have a copy of the consumers care plan.
* Consumers and representatives said staff talk to them about their care and services and phone them regularly to check their care and services are meeting their needs.

However, the Assessment Team found

* Assessment and care planning documentation does not adequately demonstrate ongoing assessment and planning consistently informs the delivery of safe and effective care and services.
* The service was unable to demonstrate, assessment and planning consistently included advance care planning and end of life planning for consumers sampled.
* Care plans reviewed did not sufficiently identify and address consumers’ current care needs, goals and preferences or provide detailed information to guide staff practice.

I acknowledge the approved providers response in relation to these matters and its plan to improve systems and practices in relation to assessment practices for consumers.

The Quality Standard is assessed as Non-Compliant as three of the five specific requirements have been assessed as Non-Compliant

## Assessment of Standard 2 Requirements

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

The Assessment Team found that while there are care plans in place, there is limited evidence of assessments being undertaken in relation to individuals specific risks, for example in relation to falls or pain, that would inform care delivery.

In relation to falls, the approved provider has advised that staff have general training in falls prevention and that falls prevention strategies are in place specific to the individual consumer. However for the consumers sampled this was not evident and the approved provider has not provided evidence to support the claim for other consumers

I acknowledge the approved providers response that the current pandemic has impacted the ability to undertake face to face assessment. There are however other means of undertaking assessments that could have been implemented.

In relation to the consumer with thickened fluids I accept this is a documentation error rather than a concern in relation to care delivered.

I also accept that following the audit, the approved provider is in the process of reviewing its assessment processes. However new arrangements have not been bedded down or tested for effectiveness.

Given that at the time of the audit, assessment processes to not identify risks to all consumers or inform the delivery of safe and effective care and services, this requirement is Not Met.

### Requirement 2(3)(b) Non - 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.*

While the Assessment Team found there was inconsistency in care planning documentation and care delivery, I have considered that consumers interviewed said they were happy with the care and services provided, that staff are aware of consumers needs etc and ask consumers how they want care delivered and were familiar with individual consumer’s needs.

However the Assessment Team found the process to engage with consumers in relation to advance care planning and end of life care is not consistent or robust. The approved providers response acknowledges that can be improved and is implementing training etc to enable it to occur more routinely.

However, at the time of the audit this was not the case. This requirement is therefore Non-Compliant.

### 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) Non-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.*

The Assessment Team identified not all care plans were up to date, considered risk to individual consumers and did not include the outcomes of assessments or supports delivered by all involved int eh consumers care, for example allied health professionals.

The approved providers response acknowledges it has identified a need to review the current method of assessment and care planning to include outcome based person centred care planning and goal setting in alignment with contemporary and evidenced based practices including how the assessment and planning process is documented and communicated with the customer.

However the new practices have not been embedded or tested. At the time of the audit, this requirement was Non-Compliant.

###  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 Assessment Team found that overall sampled consumers considered that they receive personal and clinical care that is safe and right for them.

For example:

* Consumers interviewed confirmed they get the care they need and have access to a medical officer (MO) or other health professionals when they need it.
* Consumers sampled provided positive feedback about the staff and said staff understand their needs.

The service has policies and procedures relating to clinical and personal care delivery which is available for staff to access to ensure best practice. Review of the consumers’ clinical and personal care needs identified consumers sampled received safe and effective care.

However, the service was unable to demonstrate they identify and document consumer’s needs, goals and preferences for their end of life care.

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

### 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.*

### 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) Non-Compliant

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

The Assessment Team identified the service was unable to demonstrate the needs, goals and preferences of consumers nearing the end of life are recognised and addressed.

While I acknowledge for the consumer sampled, palliative care was managed by a palliative care team, there is no evidence this was supported through and by the services delivered under the HCP.

The approved providers response acknowledges its systems and processes could be improved in this regard.

The requirement is Non-Compliant

### 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 COMPLIANTServices and support 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made at the respite centre. Consumers and representatives were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall sampled consumers advised the Assessment Team they considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

For example:

* Consumers interviewed confirmed they are supported by the service to undertake a range of lifestyle activities of interest to them, participate in the broader community and maintain contact with people who are important to them.
* Consumers and representatives interviewed advised that the service supports them to do the things that are important to them.

The Assessment Team found services and supports for daily living provided by the service cover a wide range of options for consumers, should they choose, to support them to live as independently as possible, enjoy life and remain connected to their local community.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## 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) Compliant

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

### 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 6 COMPLIANTFeedback 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 Assessment Team found overall sampled consumers consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example, consumers interviewed could explain the process to follow when raising a concern and or a complaint. Consumers felt the service is approachable with any concerns that they may have and were able to give examples of times they had raised issues that were quickly resolved for them in a timely manner.

Consumers have complaint information provided to them in their Welcome pack and Home Care Agreement on commencement of services which contain the complaints policy. They receive a copy of the aged care charter of rights and have complaints phone contact numbers and feedback improvement forms to fill out if they wish. Staff have had training in being able to assist in the complaints process, including applying an open disclosure approach based on their open disclosure policy. Complaints are monitored through the National Office electronic management system, meetings and addressed through the quality framework.

The Assessment Team also reviewed the Customer Complaints Feedback (CCF) and Open disclosure (OD) Policy and Procedure and tested staff understanding and application of the requirements under this Standard.

The Assessment team reviewed the complaints management system which demonstrated the collection of complaints/concerns and the actions taken by the service to address these. All issues have a planned action with management monitoring the complaints process, which is reviewed by the Senior Leadership Team.

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

## 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 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 Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

The Assessment Team found overall sampled consumers indicated that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

* Consumers interviewed responded that staff are kind and caring and treat them with respect and staff have a good knowledge of the cares and services they require. Consumers reported that staff show up on time and are ready to work, and if there was an instance where they may be late then they are advised ahead of time.
* Consumers interviewed said, “Staff are very nice and you couldn’t ask for a nicer young man that helps me”, “My manager is just great, all I have to do is just phone her for help”.

Consumers interviewed by the Assessment Team said staff look after them in the care and services that they need in a friendly manner. Interviews with staff confirmed that where a shift is not filled, they negotiate with the consumer to find a solution to the consumers satisfaction. Observation of scheduling staff demonstrated they contact consumers and discuss their schedule over the phone to resolve any changes in shift times and staffing.

The Assessment Team also found staff receive education and training on a constant basis, responding to the identified needs of consumers and receive feedback on their performance through ongoing performance appraisals which guide staff education.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## 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.*

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

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

### 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) Compliant

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

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

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

# STANDARD 8 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

Overall consumers sampled by the Assessment Team indicated that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

* Consumers and representatives interviewed confirmed that the service is well run and enjoyed being part of the services environment.
* Consumers and representatives interviewed confirmed that they are asked to provide feedback on the services they receive and provided avenues to do so, including surveys, written forms and phone calls from Team Leaders and or Case Managers. In this way they felt that they are part of how things are done and can implement changes.

The Assessment Team also spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance, underpinning the delivery of care and services (as assessed through other Standards) and found;

* The governance system for the service is consumer focussed with a governance structure developed in line with the consumer focus in mind.
* The service is headed by the Customer Care Manager who reports to the Regional Manager who in turn reports to Senior Leadership Team including the CEO and finally the Board.
* There are effective information systems in place to support the work force compliance with regulations and clinical cares. The clinical governance framework supports both open disclosure and anti-microbial stewardship. Staff interviewed understood their roles and these concepts and could explain how they are applicable to the service.

 The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## 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) 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.*

### 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.

### Requirement 2(3)(a)

*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)

*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)(d)

*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 3(3)(c)

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

* Review the current method of assessment and care planning to include outcomes based person centred care planning and goal setting in alignment with contemporary and evidenced based practices including how the assessment and planning process is documented and communicated with the customer.
* Implement and improve practices and improvements to support consumers and their family/carer at the end of life. Implement training in awareness, skills, and resources for staff regarding assessing, understanding and supporting a customer and their family/carer at the end of life.
* Development an end of life model of care based on contemporary and evidenced practice.