Performance

Report

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| Name of service: | Kabara Aged Care |
| Service address: | 20 Topaz Street COOROY QLD 4563 |
| Commission ID: | 5100 |
| Approved provider: | NoosaCare Inc |
| Activity type: | Site Audit |
| Activity date: | 22 November 2022 to 24 November 2022 |
| Performance report date: | 27 January 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Kabara Aged Care (**the service**) has been prepared by G. Hope-Simpson, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the 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.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers said that they were treated with dignity and respect, they felt accepted and valued and staff understands their needs and preferences and that their religious needs were being met. Staff described how they adapt the way care and services were offered so they were culturally safe and how they treat consumers with dignity and respect in practice. Consumers fill out a ‘Quality of Life Plan” document on admission that helps to identify culture, diversity, and preferences.

Consumers said the service supports them to make decisions affecting their health and well-being and that they can change these decisions at any time. Staff gave examples and were observed to help consumers make day-to-day choices and help with access to support the consumer needs such as deciding on activities they choose, care planning choices, and meal selection.

Consumers said the service understands what is important to them and were involved in decisions that involve risk where possible. Staff gave examples of how the organisation has supported consumers to have choice and control, including when that choice involves risk. Decisions regarding risk were documented in the consumer’s care planning documents and dignity of risk forms were in place.

Consumers say they get information in a way they can understand and, if necessary, that many staff were bilingual, and they can also access translation services. Staff described different ways information is communicated to make sure it’s easy to understand and accessible to consumers. Publications were available in other languages and there is access to interpreters if required.

Consumers say the service protects the privacy and confidentiality of their information and they were satisfied that care and services were undertaken in a way that respects their privacy. Staff demonstrated an understanding of the importance of confidentiality. There was evidence that information is provided to relevant members of staff and others providing care in a way that protects the confidentiality and integrity of the information. Nurse stations were observed to be locked when unmanned and files were stored securely.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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. | Compliant |
| 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

The service had assessment and planning process during the admission process for each consumer and an assessment and planning process on a regular review schedule and one circumstances change. Care planning documents included consideration to risks to the consumer’s health and well-being. Clinical staff identified which consumers required specific assessments in addition to their routine care and nursing specific tasks.

Care planning documents reflected the needs currently experienced by the consumer and detailed their preferences for the delivery of care and their goals. For consumers that want their end of life planning considered, staff advised Advanced Care Directives and end of life wishes were discussed during the admission process.

Consumers said they were involved in the assessment and care planning of their care needs. Care planning documents detailed who is involved in the consumer’s care planning and the review process and the involvement of allied health, medical officers, representatives and external agencies.

Consumers said staff maintain good communication and they were kept informed about assessment and planning outcomes. Staff described different avenues for handing over care.

Management advised that the reviews were conducted regularly and in response to staff alerting them to response to deterioration. Care planning documents evidenced they were revised every 4 months and following incidents or changes in consumers’ condition.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| 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. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

Consumers stated that they were receiving both personal care and clinical care which demonstrated best practice and is safe and effective, is tailored to their individual needs and contributes to them feeling the best way they can. Care planning documents addressed specific consumer needs and optimised well-being. Staff demonstrated an understanding of clinical care needs of consumers. The service had various documents that guided staff practice including training materials and training records, policies, processes, and duty statements.

Care planning documents demonstrated risk assessments relative to each consumers needs was conducted and identified the area of risk. Strategies and interventions to reduce the likelihood of the risk occurring were in place and set out in care planning documents.

Advanced care plans were in place if the consumer wished. Care planning documents included pastoral care wishes during the end of life phase. Staff reported they discussed end of life wishes during the admission process and plans were created as needed.

Staff demonstrated they are able to identify changes to consumers changing health needs and which consumers required clinical assessment due to changes in their condition. This was consistent with care planning documents which reflected timely and appropriate recognition and response to deterioration.

Consumers stated that they felt their needs were being met and they did not have to tell staff how they like care to be delivered. Staff described how they identify the needs of the consumer through the electronic care system and handover system. Staff messages were observed to ensure clinical needs were being conveyed to staff members.

Management detailed the referral process specific to each service engaged. Staff described how, during the admission process, staff ascertain if any referrals are current or if are require actioning. The Service had an extensive list of visiting allied health professionals including speech pathologist, occupational therapist, dietitian, podiatrist, and dementia specialists. These are utilised and referred to according to Consumer needs as a result of assessments conducted.

Staff demonstrated an understanding of infection minimisation strategies and the appropriate use and minimisation of antibiotics. Staff were observed to be wearing appropriate personal protective equipment. The service had a management plan and strategies to address infectious diseases outbreaks.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers say they were satisfied the service supports them to do the things they want to do and were able to explain how services and supports for daily living have improved their independence, health, well-being, and quality of life. Staff gave examples of how they support the consumer needs such as deciding on activities. Documentation reflected strategies and options to deliver services and supports for daily living that reflected the diverse needs of consumers.

Consumers said they felt connected and engaged and they can acknowledge and observe cultural, and religious practices. Staff described how they support the emotional, psychological, and spiritual well-being of consumers. Care planning documents contained information about the consumers emotional, spiritual, and psychological needs, goals, and preferences.

Consumers said they were supported to maintain personal relationships and can take part in community and social activities they choose. Staff described how they work with other organisations, advocates, community members and groups to help consumers follow their interests, social activities and maintain their community connections. Care planning documents identified how consumers wish to participate in activities of interest to them and maintain relationships.

Consumers said the service coordinated their services and supports well and they benefit from different organisations working together and sharing information about them. Care planning documents evidenced updates, reviews and communication alerts which included information from multiple sources, updates from reassessments and their results. Staff described how the organisation tells them about a consumer’s condition, needs, goals and preferences.

Care planning documents showed the service collaborates with other individuals, organisations, or providers to support the diverse needs of consumers. Staff identified individuals, organisations, or providers where they can make referrals and can describe how they refer consumers. The service provided evidence they regularly review the individuals, organisations, or providers to whom they refer consumers to make sure their services remain safe and effective and quality care and services were being delivered.

Consumers and their representatives were satisfied with the meals and said consumers could choose an item not on the published menu at any time and they can take part in planning their menu and were satisfied they receive a variety of well proportioned, quality meals. Staff demonstrated they were aware of consumers’ nutrition and hydration needs and preferences and how to support consumers’ independence including preferred meal size, dietary or cultural needs and any support they need to enjoy food or drinks.

Consumers said they felt safe when they were using equipment and they know how to report any concerns they have about the safety of equipment. Staff described how the service has trained them to safely use the equipment, how its maintained and kept clean. The service has mechanisms for purchasing, servicing, maintaining, renewing, and replacing equipment and there is evidence equipment is used, stored, and maintained in line with the manufacturer’s instructions.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives confirmed they find the service welcoming and easy to find their way around. This was consistent with observations. Management and staff described aspects of the service environment that make consumers feel welcome and to optimise their independence, interaction, and function.

Consumers said they could move freely inside and outside the building into the courtyard areas and if required staff will escort them to all indoor and outdoor areas if required. Consumers and representatives said they were very happy with the cleanliness and maintenance of the service. The reactive maintenance schedule had no outstanding reactive maintenance issues and all preventative maintenance was completed in line with the schedule.

Consumers and representatives said the equipment and furniture at the service is safe, well-maintained, and suitable for their needs. Staff described how shared equipment used for moving and manual handling of consumers is cleaned and maintained. The furniture, fittings, and equipment at the service was observed to be safe, clean, well-maintained and suitable for the use and needs of the consumers.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers confirmed they were encouraged and supported to make complaints and provide feedback and said they would have no issues talking with staff or management should they have a concern. Staff were aware of feedback and improvement processes. Information regarding the internal complaints system and how to access the external complaints system were displayed on noticeboards.

Consumers and representatives said that although they were aware of other avenues for raising a complaint, they were comfortable raising concerns with staff. Staff demonstrated a shared understanding of the internal and external complaints and feedback avenues, and advocacy and translation services available for consumers/representatives. Staff described how they assist consumers who have a cognitive impairment or difficulty communicating to raise a complaint or provide feedback. A range of resources for making complaints, including through external avenues, was displayed at the service.

Consumers and representatives confirmed management and staff provide an apology and promptly address their complaints when things go wrong. Staff had received education regarding the management of complaints. Staff and management described the process that is followed when feedback or a complaint is received.

Management showed how feedback and complaints were linked to the continuous improvement plan such as improvements in the garden area and training around personal care. The service’s continuous improvement plan and discussions held with management identified several improvements that originated from resident or representative feedback.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers reported they did not have concerns around call bell times and staff were responsive. The service’s roster of staff is developed and published every fortnight based on the needs of the consumer. The roster and allocation sheets showed shifts were filled, and that staff were replaced or reallocated where there was unplanned leave.

Consumers said staff treat them with respect, understood their individual preferences and choices. Staff were aware of consumers’ cultural and personal backgrounds and the lifestyle staff said that they conduct activities to acknowledge consumers’ cultural heritage. Staff were observed interacting with consumers in a kind, caring and respectful manner.

Consumers and representatives said staff were well trained and meet their needs of consumers in a friendly and helpful manner. The service maintains an up-to-date register of staff qualifications and continuous professional development education completed and reviews these registers regularly. Documentation confirmed staff were qualified to perform their roles.

Consumers and representatives said staff know what they were doing, and they were well trained. Staff said they received training in Quality Standards as part of the orientation provided by the service. Management described the organisation’s training program and relevant processes for identifying staff training needs and described how this informs the training schedule.

Staff said they have received performance appraisals and feel comfortable approaching management with training requests during this meeting. Management said the performance of staff is reviewed at least once a year using a formal performance appraisal process. Documentation identified performance appraisals, mandatory training and competency assessments were scheduled to be completed annually.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

Consumers and representatives said they provided ongoing input into how consumers care and services are delivered and confirmed that the service has sought their input in a variety of ways such as resident meetings, regular surveys, and face to face discussions. Meeting minutes evidenced consumer input and evaluation of services, such as the hospitality services and the activity program.

The service was able to demonstrate that the organisation’s governing body promotes a culture of safe, inclusive care. The Board uses information from consolidated reports to identify the service’s compliance with the Quality Standards; initiate improvement actions to enhance performance; and monitor care and service delivery. Reports to the Board are used to drive improvements and innovation.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems relating to information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints. Management explained the organisation’s electronic management system as well as their incident register that drives improvement activities, an established financial governance system and process for workforce governance, feedback and complaints.

The service provided the organisation’s documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers is managed, the abuse and neglect of consumers is identified and responded to; and how incidents are managed and prevented. Staff confirmed they had received education on these topics and were able to provide examples of their relevance to their work.

The service demonstrated a clinical governance framework in place, including policies and procedures relating to antimicrobial stewardship, the minimisation of restricted practice and open disclosure. Staff demonstrated an understanding of these concepts and gave practical examples to demonstrate how the principles applied to their work.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)