Performance

Report

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| Name of service: | Kalkarni Residency |
| Service address: | Lot 456 Whittington Street BROOKTON WA 6306 |
| Commission ID: | 7423 |
| Approved provider: | Baptistcare WA Limited |
| Activity type: | Site Audit |
| Activity date: | 27 September 2022 to 29 September 2022 |
| Performance report date: | 9 November 2022 |

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 Kalkarni Residency (**the service**) has been prepared by M Glenn, 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.

# 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 consumers, representatives, staff and others; and
* an email received from the provider on the 10 October 2022 indicating a response to the Assessment Team’s report would not be provided.

# 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 and representatives sampled stated staff treat consumers with dignity and respect, their cultural identity is valued, they are supported to make informed choices about the care and services they receive and are able to live the life they choose.

Care files sampled included individualised information about each consumer, such as personal histories, preferences for care, friends and family of special significance, activities of interest, and aspects of their lives which are of particular importance in relation to their identity, culture and diversity. Information about consumers’ preferences and backgrounds was included to assist staff to deliver care in line with consumers’ wishes and to identify issues that may impact on consumers’ feelings of cultural safety. Staff demonstrated knowledge and understanding of sampled consumers’ personal circumstances, personal histories and culture, and described how this influences delivery of care and services.

Consumers are supported to exercise choice, maintain relationships and independence and communicate their decisions. Consumers are also supported to identify when family, friends, carers or others should be involved in their care and to make connections with others, including intimate relationships. There are processes to support consumers to take risks to enable them to live their life as they choose. Where a consumer chooses to engage in an activity with an element of risk, consultation with consumers and/or representatives occurs, risk assessments are completed outlining contributing factors and management strategies are developed.

Consumers confirmed information is provided and communicated to them to enable them to make choices about the care and services they receive. Consumers receive information through a range of avenues, including meeting forums, menus, activity calendars and noticeboards. All representatives sampled were satisfied with communication processes and stated they receive emails and phone calls to keep them up-to-date with the care being delivered to consumers and events occurring at the service. There are processes to ensure each consumer’s privacy is respected and personal information is kept confidential.

Based on the Assessment Team’s report, I find Standard 1 Consumer dignity and choice Compliant.

# 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

Care files sampled demonstrated a range of assessments relating to clinical and lifestyle aspects of care are completed on entry and on an ongoing basis. Information gathered from consultation with consumers and/or representatives and assessment processes is used to develop individualised care plans which incorporate each consumer’s goals, needs and preferences. Additionally, a range of validated assessment tools are used to identify consumers’ perceived risks, and strategies are developed to mitigate risks. All representatives sampled indicated they are in regular contact with staff and involved in discussions relating to care planning and identification of risks.

Consumers are supported and encouraged to share their end of life and palliative care wishes. Consumer files identified and addressed consumers’ needs, goals and preferences, including things and people of importance to the consumer to maintain their well-being. Care files also included each consumer’s needs and preferences in relation to care at end of life which are identified on entry. Review processes ensure information remains current and reflective of consumers’ current care and service needs. Two representatives stated they have been involved in discussions in relation to end of life care for their relatives.

Care files demonstrated staff work in partnership with the consumer and/or representative to ensure care and service provision is in line with consumers’ needs and preferences. Involvement of other providers of care, including General practitioners and Allied health specialists was also noted. There are processes to ensure the outcomes of assessment and planning are communicated to consumers and documented in a care plan which is readily available to staff to guide provision of care and services and to consumers and/or representatives. All consumers and representatives were satisfied the service keeps them informed of the outcome of assessments and with any associated changes to the way care is to be delivered. There are processes to ensure care plans are up-to-date and meet consumers’ current needs, including when changes are required due to an adverse event or in consumers’ health condition.

Based on the Assessment Team’s report, I find Standard 2 Ongoing assessment and planning with consumers Compliant.

# 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

A range of assessments are completed on entry and on an ongoing basis to identify each consumer’s care needs and preferences. Care plans are developed from information gathered through assessment processes and conversations with consumers and/or representatives, ensuring management strategies are tailored to consumers’ needs and optimise their health and well-being. Care files sampled included clear and contemporaneous clinical documentation, clear descriptions of critical observations, prompt clinical interventions and personalised ongoing plans of care in relation to management of pain, skin integrity, behaviours and other clinical issues. Staff described how the organisation supports them to deliver personal and clinical care that is best practice and meets the needs of each consumer. All consumers and representatives sampled were satisfied with the clinical and personal care consumers receive.

High impact or high prevalence risks associated with the care of consumers are identified through assessment processes and management strategies are developed and documented. Care files demonstrated appropriate assessment and management of risks relating to falls, behaviours, skin integrity and pressure injuries. Staff described the main risks for sampled consumers and how these are managed, including appropriate identification and escalation of risks, review post incidents and implementation of strategies to reduce the risk of reoccurrence. Consumers and representatives said staff provide care that is safe and right for consumers and representatives stated staff regularly discuss risks associated with care of consumers with them.

The service has processes to identify each consumer’s needs, goals and preferences in relation to end of life. The service works closely with a palliative care consultancy team to ensure the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. The service is in the process of implementing end of life pathways which include staff training to enable them to provide high quality of care to consumers at the end of life phase.

Where changes to consumers’ health are identified, care files demonstrated assessments and monitoring processes are implemented and timely referrals to General practitioners and/or Allied health specialists initiated. Additionally, care files showed staff complete progress notes, risk assessments and clinical incident management forms, as appropriate, to record information about care and services provided to consumers.

An effective infection prevention and control program is in place and the service has a dedicated Infection prevention and control lead who oversees training and monitors staff practice. Numerous policies and plans are available to guide staff in relation to outbreak management, including COVID-19. Clinical staff demonstrated an understanding of antimicrobial stewardship principles and described instances where antibiotic therapy had been prescribed. There are processes to monitor infections, antibiotic use and consumer vaccination status.

Based on the Assessment Team’s report, I find Standard 3 Personal care and clinical care Compliant.

# 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

Care files sampled demonstrated assessment and consultation processes assist the service to gather information to inform consumers’ leisure and lifestyle activities, level of assistance required with day-to-day activities and preferences for activities of daily living. The organisation’s corporate values are embedded in policies and procedures and general spiritual support is offered by chaplaincy services regardless of the religious beliefs or cultural background of individual consumers. Staff were knowledgeable about services and supports for daily living that promote each consumer’s well-being, including emotional, spiritual and psychological aspects. Consumers sampled confirmed they feel supported to do things they want to do.

Consumers are provided with appropriate services and supports for daily living, including participating in their internal and external communities, doing things of interest them and maintaining social and personal relationships within the service and in the community. Information relating to consumers’ history, social relationships and activities of interest is gathered on entry and used to develop an individualised care plan, which is regularly reviewed. A weekly group activity program is provided which incorporates a range of activities, including a mix of physical, social and cognitive activities. For consumers who cannot or do not want to participate in the group program, individual activities are provided. Staff described assisting several consumers to make regular weekly video calls to keep in touch with family, and consumers said they can participate in social activities the way they want.

Consumer files demonstrated information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared and, where required, appropriate and timely are referrals are initiated. Consumers stated they are supported to access services and supports, including those external to the service.

Meals provided are varied and of suitable quality and quantity. A four-week rotating menu is provided and reviewed for nutritional content and ensures consumers receive a choice of hot meals and alternatives are offered. The dining experience was observed to be comfortable and not rushed, sufficient staff were available to assist consumers and consumers appeared to be enjoying their meals which were well presented. Most consumers expressed satisfaction with meal choice, quality and quantity.

Equipment used by staff was observed to be safe, suitable, clean and well maintained. Maintenance processes ensure equipment provided is maintained. Staff confirmed shared equipment is cleaned between use and training is provided in use of equipment used for consumers.

Based on the Assessment Team’s report, I find Standard 4 Services and supports for daily living Compliant.

# 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 indicated the service environment is welcoming, homely, comfortable and easy to understand, optimising each consumer’s sense of belonging, independence, interaction and function. All corridors lead to communal dining areas and sitting rooms, enabling easy navigation, and all consumer bedrooms have large windows overlooking garden or internal courtyard areas. Consumers’ rooms were observed to be personalised, many had pieces of their own furniture, artwork and personal ornaments.

The service was observed to be clean, well maintained and comfortable and the service environment supports free movement of consumers. Regular cleaning of consumer rooms, common areas and high touch services is undertaken. All consumers and representatives stated they found the service to be comfortable and clean.

Furniture, fittings and equipment were observed to be safe, clean, well-maintained and fit for purpose. Chairs and sofas in all sitting rooms, dining rooms and communal areas appeared clean and designed to support consumers to safely transfer independently. Regular maintenance and cleaning processes are in place and staff were satisfied with the equipment available to assist consumers. Consumers indicated they felt safe when staff assist them using the equipment.

Based on the Assessment Team’s report, I find Standard 5 Organisation’s service environment Compliant.

# 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, their families and others are encouraged and supported to provide feedback and make complaints. Consumers receive newsletters, attend consumer meetings and participate in surveys and care planning processes where they are able to provide feedback or raise issues. Staff described how they support consumers to provide feedback and meeting records demonstrated how feedback processes are monitored and reported. All sampled consumers and representatives reported feeling encouraged to provide feedback.

Consumers are provided with information about internal and external feedback and complaints mechanisms, advocacy and language services on entry and on an ongoing basis, including through consumer meeting forums. Feedback forms and external complaints, language services and advocacy information were also observed on display. A phone service is maintained to enable anonymous feedback to be provided or to access information about support mechanisms available.

A system to capture feedback and complaints is maintained and documentation sampled demonstrated an open disclosure process is applied where things go wrong. Management and staff are supported in the complaints process through various policies and procedures and staff described how feedback is escalated to enable timely resolution. However, management acknowledged that not all feedback is being formally recorded in the complaints system, as much of it is resolved immediately. Documentation sampled demonstrated feedback and complaints are reviewed and used to identify and drive continuous improvement. Overall, consumers were satisfied with actions taken to resolve their complaints and survey results for 2022 demonstrated overall satisfaction with complaints handling processes.

Based on the Assessment Team’s report, I find Standard 6 Feedback and complaints Compliant.

# 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

The service has processes to ensure the workforce is planned and the number and skills mix enables the delivery of quality care and services. Consumer acuity is monitored and management has delegation to adjust staffing levels to ensure the workforce is sufficient. There is a structured process for rostering and workforce levels are adjusted to meet the changing needs of consumers and unplanned leave. For example, in response to medication incidents, rosters were adjusted to reduce the likelihood of incidents re-occurring and care staff hours were increased in one wing to cater for the high care needs of consumers. A workload planner and daily staffing sheet is used to plan staffing, with staff allocated to the same area for a three to six month period for continuity care.

Workforce interactions were noted to be kind, caring and respectful of each consumer’s identity, culture, and diversity. Observations are regularly undertaken and feedback from consumers, families and staff are used to gauge satisfaction with culture and workforce interactions. Consumer experience surveys conducted indicated a high overall satisfaction rate in relation to interactions with members of the workforce. Consumers and representatives stated they found most staff to be kind and caring.

The service has processes to ensure the workforce has the skills and knowledge to effectively perform their roles. Position descriptions outline minimum competencies required for each role and are checked as part of employment processes. Buddy shifts provide opportunity for skills assessment in personal care, which are monitored for competency. Staff said they receive support for ongoing training, and overall considered the workforce competent. Consumers and representatives indicated staff are capable, have the knowledge to provide care and consumers feel safe with the care provided.

There are processes to ensure the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. The organisation has numerous recruitment strategies to attract staff to their rural location, including implementation of a centralised recruitment team to recruit staff for the whole of business. The training program is set by Clinical governance, based on review of quality indicators, feedback and assessed needs. There are processes to monitor staff completion of training requirements. Staff said they undertake mandatory training in line with their roles and described orientation processes, including buddy shifts. Consumers and representatives feel staff are well trained and have the necessary skills to provide quality care and services, in line with consumers’ needs.

A staff performance framework ensures staff performance is regularly assessed, monitored and reviewed. Performance management processes ensure staff are regularly monitored and issues are addressed to support continuous improvement for the workforce. There are processes to manage underperformance. A number of annual appraisals were noted to be overdue, however, a plan has been initiated to address this. Most staff reported undertaking regular assessment for their role and described involvement in the performance appraisal process.

Based on the Assessment Team’s report, I find Standard 7 Human resources Compliant.

# 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 are engaged in the development, delivery and evaluation of care and services through various avenues, including meeting forums, feedback processes, surveys and care plan review processes which contribute and are used to drive continuous improvement.

The governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The organisation’s governing body comprises of a Board who are supported by an Executive leadership team. All Service managers report to the Board through the Clinical governance committee or directly via the Chief executive officer, ensuring the Board’s awareness and involvement in the delivery of services across the organisation.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and the Board is aware and accountable for the delivery of services.

The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system. The organisation’s risk management framework incorporates the Board, clinical sub-committees and executive leadership teams. The committees convene to ensure appropriate oversight of clinical care in relation to high impact or high prevalence risks by reviewing quality indicator data, discussion of incidents and review of complex consumers. Incident reporting mechanisms are in place and a centralised aged care compulsory reporting register captures information in relation to allegations of abuse.

The organisation has a clinical governance framework, embedded in all organisational policies and procedures and to guide staff practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Staff awareness of organisational policies and procedures relating to clinical governance was demonstrated through evidence presented in other Standards.

Based on the Assessment Team’s report, I find Standard 8 Organisational governance Compliant.

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)