Performance

Report

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| Name of service: | Kalyna Care |
| Service address: | 344 Taylors Road DELAHEY VIC 3037 |
| Commission ID: | 3162 |
| Approved provider: | Ukrainian Elderly People’s Home |
| Activity type: | Site Audit |
| Activity date: | 15 November 2022 to 17 November 2022 |
| Performance report date: | 5 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 Kalyna Care (**the service**) has been prepared by M. Nassif, 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 and representatives said they were treated with dignity and respect. Staff described the ways they valued identity, culture and diversity of consumers. Care planning documents included information about consumers’ background, identity, and cultural practices. The service had a documented policy related to dignity of risk, diversity, privacy, inclusivity.

Consumers and representatives from culturally and linguistically diverse backgrounds said their culture was respected and they could express their cultural identity. Care planning documents included information on their cultural background and spiritual preferences. Staff described consumers’ individual culture and how they supported and respected their cultural identity.

Consumers and representatives said consumers were supported to exercise choice regarding how their care and services were delivered and to maintain their independence, personal connections and relationships. Staff knew the preferences and choices of specific consumers and described how they supported them to make informed choices and maintain relationships of choice. Care planning documents identified consumers’ choices and supports for maintaining their independence and connections.

Consumers said they were supported to take risks to enable them to live the best life they could. Staff identified the consumers who were supported to take risks and explained how the service discussed the risks and how to manage them. Care planning documents described areas in which consumers were supported to take risks.

Consumers and representatives said they were provided with clear information about care and lifestyle choices. Staff described various ways they provided information to consumers to enable them to exercise choice. Care planning documents indicated the different communication strategies required for each consumer.

Consumers and representatives confirmed their privacy was respected by staff. Staff described the practical ways they respected the personal privacy of consumers, consistent with feedback from consumers. Staff were observed respecting consumers’ privacy by knocking on doors, and waiting for a response prior to entering, ensuring doors were closed properly when attending to personal care and discretely attending to consumers when in communal areas.

# 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 an admission process to guide clinical staff in the assessment and planning of consumers’ care and services, including risks to consumer’s health and well-being. Consumers and representatives were satisfied risks to consumers’ well-being were identified and managed to promote their independence and ensure care was safe and effective. Care planning documents identified key high impact and high prevalence risks.

Consumers and representatives said they had been provided with the opportunity to discuss their current care needs, goals and preferences, including advance care plans and end of life care. Care planning documents reflected end of life wishes and advance care directives. Staff described the individual care needs of consumers. Management explained that consumers were encouraged to discuss their preferences and advance care directions upon on entry to the service.

Consumers and representatives were satisfied the assessment and care planning was based on partnership with them, others they chose to involve, and other appropriate health care professionals. Staff described the process of referring consumers to relevant medical officers and allied health professionals. Care planning documents showed consumers and their representatives were consulted in assessments and care planning and included input from other multidisciplinary team members, such as medical practitioners, physiotherapists, dieticians and podiatrists.

Staff explained the process of communicating the outcomes of assessments to consumers and representatives by talking to consumers and allowing time for them to ask questions. Consumers and representatives said the outcomes of assessments and planning were communicated to them effectively and they had a current copy of their care plan, or knew where to access one, if they chose to. Care planning documents showed they were frequently updated and reflected consumers’ current needs, goals and preferences.

Consumers and representatives said they were notified when circumstances changed or when incidents occurred. Staff demonstrated familiarity with reporting and recording incidents in the electronic system and updating care planning documents. Management advised clinical incidents were reviewed monthly to minimise risk of reoccurrence and identify improvements.

# 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 and representatives said the care delivered was tailored to their needs and optimised their health and well-being. Staff demonstrated they understood the personal and clinical needs of individual consumers. Care planning documents reflected individualised care that was best practice, safe, effective, and tailored to the specific needs and preferences of the consumer. The service had written policies and procedures in place to support the delivery of care.

Management explained how risks to all consumers were effectively managed. Consumers and representatives were satisfied high impact and high prevalence risks to consumers were effectively managed. Care planning documents identified risks and effective management strategies which were appropriately recorded in assessment tools, care planning documents and progress notes.

Consumers and representatives were confident the service delivered end of life care that would meet their needs, goals and preferences. Consumers and representatives confirmed staff had spoken to them about advance care plans and end of life preferences. Staff explained how they preserved the comfort and dignity of consumers nearing the end of life attending to mouth care, skin care, pain management and involving and supporting families. Care planning documents detailed consumers’ advance care plans and end of life preferences.

Consumers and representatives were satisfied with the way staff recognised deterioration or change in consumers’ condition. Staff provided examples of when a deterioration or change in a consumer’s condition was recognised and responded to promptly. Care planning documents, progress notes and charting demonstrated deterioration in consumers’ health, capacity or function is recognised and responded to.

Consumers and representatives said information about consumers’ current condition and care needs was documented and effectively communicated within the service, and to others involved in their care. Staff described how changes in consumers’ care and services were communicated through verbal handovers, meetings, accessing care plans or accessing daily consumer task reports or electronic notifications. Care planning documents reflected adequate information about the consumer’s condition, needs and preferences to support safe and effective care.

Consumers and representatives considered referrals to other providers of care and services were timely and appropriate. Staff described the process for referring consumers to other health professionals and health services. Care planning documents included input from other services such as; medical practitioners, podiatrists, physiotherapists, geriatricians, and dieticians.

Consumers and representatives were satisfied with the service’s infection control practices including the management of COVID-19. The service had documented policies and procedures to guide infection control practices and promote antimicrobial stewardship. Staff said they had received training on infection minimising strategies and demonstrated an understanding of the need to minimise the use of antibiotics.

# 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 said the services and supports for daily living met their needs, goals and preferences. Care planning documents captured consumers’ life stories and identified their choices, lifestyle likes/dislikes, social affiliations, spiritual and religious needs, and the supports required to do what they wanted. Staff developed a Leisure, Lifestyle and Wellbeing Care Plan and this was reviewed every 3 months and updated as required.

Consumers said there are services and supports for daily living that promote their emotional and spiritual well-being. Staff described the services and supports in place that promote consumers emotional, spiritual and psychological well-being such as spending one-on-one time with consumers who don’t wish to participate in group activities. Care planning documents outlined the strategies to support consumers’ emotional and spiritual needs.

Staff described how they supported individual consumers to participate in the wider community, maintain their personal relationships and do the things of interest to them. This was consistent with feedback from consumers. Care planning documents identified the activities consumers enjoyed, their specific interests and who they wished to maintain relationships with.

The service utilised an electronic documentation system and a handover process between shifts to ensure that current information about consumers was shared where care is provided. Staff detailed the process for communicating internally at the service and externally to others with a responsibility for providing care. Consumers said staff were aware of their condition, needs and preferences and the communication process was conducted well.

Records showed the service provided timely and appropriate referrals to other individuals, organisations and providers of care and services. Staff described how consumers were referred promptly to other providers of care and services and gave examples, this was consistent with care planning documents. Consumers said the service offered to refer them to external providers to support their care and service needs.

Consumers said the meals provided were varied and of suitable quality and quantity. The service had processes in place where consumers could order what they wanted each day from various options on the menu. Alternatives were available if consumers did not like the menu options. Staff described how they meet individual consumer dietary needs and preferences and how any changes are communicated.

Consumers said they felt safe using the equipment provided and it was suitable for their needs. Equipment was observed to be safe, suitable and clean. Staff knew how to report any maintenance issues with equipment. Maintenance documentation showed preventative and reactive maintenance was up to date. The organisation had documented policies about maintenance of equipment, stock management and cleaning.

# 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 said the service environment encouraged a sense of belonging, they could add personal furnishings and decorations in their bedrooms and could find their way around the service with ease. The service environment was observed to be welcoming and spacious, with no clutter, adequate lighting and clear signage to aid navigation around the service.

Consumers and representatives said the service was clean, well maintained and comfortable. This was consistent with observations. Cleaning schedules were in place with guidelines for staff on processes, frequencies of detailed cleans and touch point cleaning. The service environment appeared to be safe, clean and well maintained with outdoor areas easily accessible to consumers. Consumers were observed using the various areas for sitting, relaxing, participating in activities and socialising.

Consumers and representatives said the furniture and equipment was safe, clean, well maintained and suitable for the consumer, consistent with observations. Staff described the process for logging a maintenance request and the protocol involved. Maintenance records showed requests were attended to in a timely manner. The organisation had documented policies in place for maintenance of equipment and electrical safety.

# 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 and representatives were aware of various methods for raising and resolving complaints and felt encouraged and supported by the service to make complaints. Staff described the complaints process and stated that consumers and representatives were encouraged to use the feedback forms throughout the service and lodgement boxes which were observed.

Staff said they provided information to consumers and representatives in relation to advocacy and external complaints services through posters, brochures and in the consumer handbook. The organisation had documented policies on consumer feedback and the use of interpreter and advocacy services. Information about advocacy services and external complaints was displayed in brochure holders and noticeboards around the service.

Consumers that had provided feedback or complained were generally satisfied appropriate action was taken. Documents demonstrated appropriate action was taken in response to feedback and complaints. Staff demonstrated an understanding of the complaints process and use of the open disclosure process.

Consumers and representatives felt the feedback and complaints was used to improve the quality of care and services. Documents demonstrated that feedback and complaints were reviewed and used to improve the quality of care and services. The organisation had documented policies in relation to using feedback and complaints to inform continuous improvement and implement improvement actions.

# 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 and representatives said there was enough staff to meet needs of consumers. Consumers said call bells were not always answered promptly however, they generally reported this was not impacting their needs being met. Rostering documents showed no unfilled shifts in the weeks prior to the Site Audit, and that a registered nurse was on shift every day. Management advised they did not need agency staff due many staff returning to the workforce.

Consumers and representatives said staff were kind, caring and gentle when delivering care and services. Staff were observed interacting with consumers and representatives in a kind, caring and respectful manner. The organisation had documented code of conduct setting out the behaviours expected of staff. Management described how staff interactions with consumers were monitored.

Consumers and representatives felt confident staff were sufficiently skilled to meet consumers’ care needs. Management detailed the processes for ensuring the workforce was competent and had the qualifications or knowledge to effectively perform their roles. Staff felt they were knowledgeable and competent to provide the care consumers needed. Records confirmed staff had the relevant qualifications to perform the duties outlined in their position descriptions.

Consumers, representatives, and staff could not think of any areas where staff required more training. Staff felt they were trained, equipped, and supported to deliver the care and services needed. Records showed staff were trained upon recruitment and on an ongoing basis to ensure they had the knowledge to deliver the outcomes required by the Quality Standards. Documents showed high completion rates for staff training.

Management detailed ways feedback was taken into consideration when completing regular reviews of each member of the workforce. Staff performance appraisals were undertaken on the anniversary of commencement. Records showed most staff had their performance appraisals completed within the last 12 months.

# 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

Management detailed how consumers and representatives were partnered in the development, delivery and evaluation of the care and services provided. Consumers felt they were involved in the development and delivery of care provided. The service had various mechanisms in place to involve consumers and representatives in the development of service delivery.

The organisation’s policies and procedures included information as to how the Board ensured quality care and services, through committee reports and consumer engagement. Consumers and representatives felt the organisation did promote a culture of safe, inclusive and quality care and was accountable for its delivery. Compliance with the governance systems was monitored and audited through a variety of mechanisms and performance indicators.

Management described how the organisation had effective organisation wide governance systems in relation to; information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints. For example, management and the Board are responsible for monitoring aged care laws and regulations, identifying changes and communicating changes to the service.

The service had effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Risks and incidents were reported, escalated, and reviewed by management at the service and by the Board. Risk areas were identified and addressed in policies and procedures which guide the staff’s practice. Staff confirmed they could access the policies and had received training on these topics. Staff could explain the service’s risk management processes, including key areas of risk and how they were being mitigated.

The organisation had a documented clinical governance framework with policies and procedures covering antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff demonstrated awareness in relation to these policies.

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