Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Kalyra Belair Aged Care |
| Commission ID: | 6054 |
| Address: | 2 Kalyra Road, BELAIR, South Australia, 5052 |
| Activity type: | Site Audit |
| Activity date: | 31 October 2023 to 3 November 2023 |
| Performance report date: | 1 December 2023 |
| Service included in this assessment: | Provider: 95 James Brown Memorial Trust  Service: 4071 Kalyra Belair Aged Care |

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 Kalyra Belair Aged Care (**the service**) has been prepared by P. Wallner, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response received 29 November 2023.
* other information held by the Commission.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said they were valued as individuals and staff were polite, kind and respectful when providing care. Staff described consumers’ needs and preferences and how they respected them and maintained their dignity. Staff were observed interacting with consumers in a kind and respectful manner. Care planning documents contained detailed information about consumers’ personal preferences and interests, their background, preferred language, and religious and spiritual beliefs.

Consumers and representatives said staff were aware of consumers’ cultural backgrounds and what was important to them. Staff understood consumers’ cultural preferences and described how they ensured their preferences were respected. The service had a documented cultural and spiritual needs policy to guide staff in providing culturally safe care.

Consumers said they were supported to make choices and decisions about their care, who was involved in their care and to create and maintain relationships. Representatives were satisfied with their level of involvement in making decisions about consumers’ care and services. Staff described how consumers were supported to maintain relationships with people of importance to them. Care planning documents showed consumers were consulted during assessments and care planning and their care choices were documented. Consumers were observed socialising in dining areas, whilst others participated in activities or spent time with family in their rooms or lounge areas.

Consumers described ways they were supported to live their best lives and do things of importance to them. Staff described risks taken by consumers and explained how they were supported to understand the benefits and possible harms when making decisions with an element of associated risk. Care planning documents showed risk profiles were recorded for relevant consumers and the service had a written policy addressing consumer risk taking and choice.

Consumers and representatives said they were provided with up-to-date information which enabled them to make decisions about daily living and care. Staff described how consumers and representatives were provided with accurate and timely information to support decision making. Current information such as the activities schedule and advocacy organisation details were observed around the service.

Consumers and representatives said their personal privacy was respected and their information kept confidential. Staff described how the service secured confidential information and respected consumers’ privacy such as, by knocking and waiting for consent before entering rooms, providing personal care in private and only discussing consumers’ care in private. The service had policies to guide staff practice in respecting consumer privacy and protecting personal information.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said the assessment and planning process informed safe and effective care and considered associated health risks. Management and staff understood the care needs and risks to individual consumers health. Care planning documents showed detailed assessment and planning, and consideration of risks associated with consumers’ care such as medical conditions, risk of falls and unplanned weight loss.

Consumers and representatives confirmed staff had discussed their needs, goals and preferences, including their end-of-life needs and wishes. Management and clinical staff were familiar with consumers’ needs, goals, and preferences and confirmed they would access care planning documents and advanced care directives when caring for someone receiving end-of-life care.

Consumers and representatives confirmed they were involved in the assessment and planning process and deciding who else to involve in providing care such as medical officers, allied health professionals and family members. Clinical staff confirmed consumers and their representatives were contacted during regular care evaluations and when changes occurred. Care planning documents showed various health professionals were consulted during the assessment and planning of consumers’ care.

Consumers and representatives confirmed they were contacted during care evaluations, with the outcomes recorded in care planning documents and a copy made available. Management and clinical staff confirmed consumers and representatives were consulted during scheduled care evaluations, and evaluations due to changes in health status. Care planning documents showed consumers and representatives were consulted whenever care was evaluated.

Consumers and representatives confirmed consumers’ care and services were regularly reviewed. Management and clinical staff described the process for scheduled care evaluations or reviews when a consumer’s needs, goals and preferences changed. Care planning documents showed care evaluations occurred bi-annually, and when incidents or changes had occurred. Staff were guided by documented policies and procedures supporting the evaluation of care and services to ensure they remained effective.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives confirmed consumers felt safe at the service and received care which supported their needs, health and well-being. Staff understood consumers’ personal and clinical care needs and described strategies used to ensure those needs were met. The service had policies and procedures to support staff in providing safe and effective personal and clinical care. Care planning documents showed consumers received safe and effective care, tailored to their individual needs.

Consumers and representatives were satisfied with how key risks to consumers wellbeing were managed. Staff described strategies used to manage risks associated with consumers’ care, such as nutrition and hydration, behaviours, diabetes, pain, restrictive practices, skin integrity and swallowing difficulties. Care planning documents showed effective risk assessments and management strategies were put in place to support consumers.

Consumers and representatives confirmed they had the opportunity to discuss their-end-of life care preferences and wishes with management. Staff explained processes used to support end-of-life care, which included the involvement of consumers’ family, health professionals and external organisations. Care planning documents confirmed consumers’ end-of life-wishes were documented and followed.

Consumers and representatives were satisfied with how complex care needs of consumers were managed. Management and staff described how deterioration or changes in consumers’ condition were recognised promptly and responded to. Staff were guided by policies and procedures in relation to recognising and responding to deterioration and changes in consumers’ condition. Care planning documents demonstrated staff identified and responded to changes in consumers’ condition in line with the service’s policies and procedures.

Consumers and representatives confirmed consumers’ care needs and preferences were communicated effectively between staff and others responsible for providing care. Staff described how current information about consumers’ condition, needs or preferences was communicated through shift handovers and documentation. Care planning documents showed updated information about consumers was recorded and communicated to the relevant personnel.

Consumers and representatives confirmed they were referred promptly to other providers of care and services, such as external organisations and allied health professionals. Management and clinical staff described effective processes for referring consumers to other providers of care and services. Care planning documents confirmed consumers had been referred to appropriate other organisations and individual care providers.

Consumers and representatives were satisfied with the service’s infection prevention and control measures. Staff described how they implemented infection prevention and control measures in providing daily care. Clinical staff described how the use of antimicrobial medications was minimised and care planning documents confirmed infections were appropriately diagnosed and managed. The service had an infection prevention and control lead and documented policies and procedures which provided guidance on outbreak management and appropriate use of antimicrobial medication.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said supports for daily living met consumers’ needs, goals and preferences, and optimised their independence and well-being. Lifestyle staff demonstrated consumers’ supports for daily living met their needs and preferences. Consumers were observed participating in different activities suited to their needs and preferences which were recorded in their care plans. The activity calendars showed a variety of wide activities were offered to consumers, such as bingo, word games, pet therapy, seated dance, men’s group and a ‘knit and natter group’.

Consumers and representatives described how the service supported their emotional, spiritual and psychological well-being. Staff said consumers’ emotional, spiritual and psychological needs were recorded in their care plans during the admission process and they explained how they met specific consumer’s needs. Consumers were observed being emotionally supported by staff.

Consumers and representatives confirmed they were supported to maintain social relationships and do the things of interest to them. Staff described how they facilitated activities and communication between consumers, their families and friends. Care planning documents recorded consumers’ preferred activities, outings and the important relationships they wished to maintain. Consumers were observed being assisted in activities by staff, having visitors and leaving the service to spend time in the community.

Consumers were satisfied their lifestyle needs and preferences were communicated effectively within the organisation, and with others involved in providing daily living supports. Staff explained how the service shared current information via shift handovers, an electronic care management system and verbal updates. Staff were observed updating each other about changes to individual needs and preferences.

Consumers and representatives confirmed they received support from other providers of care and services. Staff said they collaborated with external organisations to complement the service’s activity program. Care planning documents showed referrals were made to external service providers and their advice was documented and followed.

Consumers were satisfied with the quality and variety of food and meals provided by the service. The service had a 4-weekly rotating menu which was developed in consultation with consumers and a dietician. Kitchen staff explained how meals were prepared according to consumers’ specific dietary needs and preferences. Care planning documents identified consumers’ dietary requirements, preferences and the level of assistance required at mealtimes. The kitchen appeared clean, tidy with food correctly stored and safely prepared.

Consumers said the equipment they used, such as mobility aids and activity resources, were clean and well-maintained. Staff said they had access to suitable supplies and equipment to support consumers, and it was safe and clean. Cleaning records and maintenance logs showed the service actively monitored and maintained equipment for safety, suitability and cleanliness. Equipment throughout the service appeared suitable, clean and well maintained.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service environment was welcoming, easy to understand and enabled consumers to maintain their independence. Consumers’ rooms were personalised with their own items, photographs and displays. Staff explained how consumers and visitors were made welcome and how they supported consumers to maintain their independence within the service environment. The service environment appeared easy to navigate and featured communal dining, living and sitting areas on each level.

Consumers and representatives said the service was clean and well-maintained, with consumers able to move freely both indoors and outdoors. Staff described the maintenance and cleaning process which ensured the service was safe and clean for consumers. Cleaners were observed performing daily duties and the maintenance officer was undertaking preventative maintenance tasks. Maintenance requests were logged on the electronic system which showed they were resolved in a timely manner. Consumers were observed moving freely around the service environment accessing indoor and outdoor areas.

Consumers and representatives said furniture and equipment was clean, safe, well-maintained, and suitable for use. Staff explained the process for cleaning furniture and equipment, and logging maintenance requests when equipment was not safe to use. The reactive and preventative maintenance schedules showed maintenance was attended to promptly. The furniture, fittings and equipment were observed to be safe, clean, well-maintained and suitable for use.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they were comfortable making complaints and giving feedback and understood various ways they could. Management described the pathways available to consumers to provide feedback and make complaints, such as verbally to staff or management, at consumer meetings, via feedback forms, during care plan reviews and through an online feedback system. Feedback forms and collection boxes were available throughout the service.

Consumers and representatives confirmed they were aware of advocacy and support services and that complaints could be made on their behalf. Staff were aware of external advocacy and translation services and described different communication strategies they used with consumers. Pamphlets and posters about the Commission and advocacy services were displayed around the service.

Consumers who had made complaints were satisfied with how the service had managed their complaints and the subsequent outcomes. Management and clinical staff described the open disclosure process which was used when concerns were raised or something went wrong. The complaints register showed complaints and feedback were recorded, along with the actions taken by management to resolve the issues.

Consumers and representatives said their feedback and complaints were heard and improvements had been made as a result. Management explained how feedback and complaints were reviewed, analysed and used to improve the quality of the care and services. For example, a trend of consumers receiving incorrect meals was identified and actions were identified on the plan for continuous improvement which were successful in addressing the problem.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said the service was adequately staffed and quality care was provided in a timely manner. Management described planning and rostering systems used to ensure shifts were filled and the mix and number of staff was adequate, including having a registered nurse on duty each shift. Staff stated they had the resources and time to complete their tasks and call bell response times were typically 2 minutes.

Consumers and representatives said staff interacted with them in a kind, caring way and they respected their cultural backgrounds. Staff were guided by a diversity and inclusion policy and signed a code of conduct which affirmed the service’s commitment to providing respectful person-centred care. Staff were observed interacting with consumers respectfully, using their preferred names and discussing their interests with them.

Consumers and representatives said staff were competent in their roles and management described how they ensured staff were competent and capable in their roles. Management said the service employed clinical staff registered with the Australian Health Practitioner Regulation Agency and described processes to ensure staff were suitable for their roles. Records showed staff were appropriately qualified and had knowledge and experience relevant to their roles.

Consumers and representatives were satisfied staff were adequately trained and equipped to perform their roles. Management described the orientation, training and education offered to staff, both face-to-face and online. Staff said they were supported throughout their orientation and were satisfied with the ongoing training and support available. Records showed high rates of staff completion for mandatory training.

Management advised staff performance was assessed, monitored and reviewed through mandatory performance appraisals and feedback from other staff, consumers and representatives. Staff advised they had regular performance appraisals and were supported by management in their roles. Records confirmed the service had policies and processes in place to monitor, assess and review the performance of its workforce.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers confirmed they were engaged in the development, delivery and evaluation of care and services. Management described methods used to engage consumers such as consumer meetings, forums, committees, food focus meetings, surveys, feedback forms, informal discussions and care plan reviews. Consumer meeting minutes for 2023 showed management were in attendance, concerns were recorded and information relevant to consumers was shared.

Consumers and representatives said the service was well run and provided safe and effective care. Management described how the Board promoted a culture of providing quality care and services and was accountable for delivering them. The Board met regularly and comprised several subcommittees which focused on areas such as governance, quality and risk and clinical governance. The Board had oversight of key clinical data and other performance indicators such as feedback and complaints.

Management explained how the organisation had effective governance systems in place which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. The Board satisfied itself the Quality Standards were being met through various reports and audit results received from the service.

The service had an effective risk management framework with policies and systems for managing high impact or high prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Management and clinical staff described how risks were identified, reported and managed. Risks were reported to management and the Board, who had overall responsibility for the management of risk.

The organisation had a clinical governance framework in place that included policies and procedures related to antimicrobial stewardship, minimising restrictive practices and using open disclosure. Staff described their training and relevant work practices which supported the clinical governance framework and the associated policies.

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)