Performance

Report

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| Name: | Kalyra McLaren Vale Aged Care |
| Commission ID: | 6186 |
| Address: | 19 Aldersey Street, McLAREN VALE, South Australia, 5171 |
| Activity type: | Site Audit |
| Activity date: | 26 February 2024 to 28 February 2024 |
| Performance report date: | 28 March 2024 |
| Service included in this assessment: | Provider: 95 James Brown Memorial Trust  Service: 4199 Kalyra McLaren Vale 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 McLaren Vale Aged Care (**the service**) has been prepared by Denise McDonald, 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.
* other information and intelligence held by the Commission in relation to the performance of the service.

# 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers and representatives said consumers were treated with dignity and respect and maintained their identities by sharing stories about their lives and personalising their rooms. Staff described how they treated consumers with dignity and respect and their knowledge of consumers’ backgrounds aligned with care documentation. Care documentation evidenced consumers’ identities and lifestyle preferences.

Consumers confirmed staff recognised and respected their cultural backgrounds and provided care consistent with their preferences. Staff explained consumers’ cultural needs were gathered during the entry process and influenced the assessment and planning of their care. Care documentation evidenced consumers’ cultural preferences and guided staff in providing culturally safe care.

Consumers confirmed they were supported to be their own decision maker, had choice in how their care was delivered, who else was involved in their care and how they wanted to maintain relationships with people of importance to them. Staff gave practical examples of how they supported consumers to make decisions, such as their personal care preferences. Care documentation evidenced consumers’ decisions about care delivery and how they wanted to maintain important relationships.

Consumers gave practical examples of how they were supported to take risks which enabled them to live life as they chose, such as exercising outside of the service. Staff explained risk assessments were conducted for consumers whose choices involved risk and developed strategies to manage identified risks. Care documentation evidenced risk had been assessed and strategies were in place to promote consumer safety.

Consumers and representatives gave practical examples of how they received timely and clear information which enabled them to make informed choices, such as through emails, phone calls and newsletters. Staff described means of communication with consumers, such as providing minutes from resident and relative meetings and speaking with consumers about their meal choices. Care documentation evidenced consumers received information which enabled them to make choices.

Consumers and representatives gave practical examples of how consumers’ privacy was respected, such as staff provided personal care in a way which promoted their dignity. Staff explained consumers’ privacy was respected by keeping their personal information in a secure electronic care management system (ECMS) within locked nurses’ stations. Staff were guided by a policy which required consumers’ privacy and confidentiality to always be maintained.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives said the assessment and planning of consumers’ care identified risks to consumers and planned how these would be managed. Staff explained risks associated with consumers’ care were identified during the entry process using validated assessment tools embedded in the ECMS. Care documentation evidenced risks to consumers, such as falls and pressure injuries, were identified through validated assessment tools.

Consumers confirmed they had discussed their care needs, goals and preferences, which included advance care and end of life planning. Staff confirmed discussing end of life wishes with consumers during entry, when their needs changed and during scheduled care plan reviews. Care documentation evidenced consumers’ daily care needs, goals and preferences, as well as advance care directives.

Consumers and representatives said they were involved in the assessment, planning and review of consumers’ care during case conferences and regular reviews. Staff explained input from consumers, representatives and health care providers informed the assessment and planning of consumers’ care. Care documentation evidenced consumers’ medical officers and allied health professionals were involved in assessment and planning processes.

Consumers and representatives said they received updates about the assessment and planning of consumers’ care and they had received a copy of the consumer’s care plan. Staff explained the outcomes of assessment and planning were documented in the ECMS and shared with consumers and representatives in person and in writing. Consumers’ care documentation was observed to be readily accessible via the ECMS.

Consumers and representatives confirmed consumers’ care and services were regularly reviewed. Staff said consumers’ needs were reviewed biannually or following an incident, such as falls. Care documentation evidenced consumers’ needs were routinely reviewed or when an incident impacted on their needs and preferences.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives gave positive feedback about the personal and clinical care consumers received, which they said met consumers’ needs. Staff were knowledgeable about consumers’ individual personal and clinical care needs and understood pain management, restrictive practices and how to maintain consumers’ skin integrity. Care documentation evidenced consumers received individualised care in line with their care plan.

Consumers and representatives said risks to consumers’ wellbeing were identified and confirmed strategies were implemented to manage those risks. Staff understood the risks to individual consumers and said management strategies were monitored to ensure consistency with planned care. Policies and procedures guided staff practice to ensure high impact and high prevalence risks were effectively managed.

Care documentation, for a consumer who had recently passed away, evidenced they were kept comfortable through provision of regular comfort cares, pain management medications and received spiritual and emotional support in line with their wishes. Staff understood how to care for consumers nearing end of life to ensure their comfort and preserve their dignity. Policies and procedures guided staff in the provision of end of life care.

Consumers confirmed deterioration in their conditions were recognised and responses were timely. Staff explained how deterioration in consumers’ conditions were identified, such as monitoring for changes in appetite, behaviours and mobility. Care documentation evidenced changes in consumers’ conditions were recognised and responses were timely.

Consumers and representatives gave positive feedback about how information was shared relating to their conditions, particularly as staff understood the care they needed. Staff explained changes in consumers’ care and services were communicated during shift handovers, meetings and they accessed care documentation. Care documentation evidenced sufficient information about consumers’ conditions which could be shared with others who had responsibility for their care.

Consumers said they received timely and appropriate referrals to allied health professionals when required. Staff explained the referral process, which included consultation with consumers’ representatives and medical officers. Care documentation evidenced consumers were referred to other health care providers, as required.

Consumers and representatives gave positive feedback about the service’s infection-control measures, including the management of COVID-19 infections. Staff understood infection prevention and control and described how they minimised consumers’ need for antibiotics. Policies and procedures guided staff in antimicrobial stewardship and infection control management, including the management of a COVID-19 outbreak.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers confirmed they had access to supports for daily living which enhanced their independence and quality of life. Staff had knowledge of consumers’ daily living needs and preferences, which they gained from reading care documentation. Care documentation evidenced consumers’ lifestyle preferences and the supports needed to participate in activities which interested them.

Consumers gave practical examples of how their emotional, spiritual and psychological needs were supported, such as attending church services in the community and spending time with pastoral care volunteers. Staff were familiar with consumers’ needs and explained they spent one-on-one time with consumers if their mood was low. Care documentation evidenced consumers’ emotional and spiritual needs, as well as guidance on how staff could provide support.

Consumers said they were able to participate in activities at the service and in the wider community, as well as maintain their important relationships and establish new friendships with other consumers. Care documentation evidenced consumers’ activities of interest and their relationships of importance. Consumers were observed participating in activities, socialising with others and leaving the service with family and friends for arranged visits.

Consumers said information about their daily living needs were effectively communicated and staff understood their preferences. Staff explained changes in consumers’ care and services were communicated during shift handovers and they accessed care documentation in the ECMS. Care documentation evidenced information about consumers’ wellbeing needs was available for sharing with others who had responsibility for consumers’ care, such as allied health professionals and medical officers.

Consumers gave practical examples of how they had been referred to other organisations and providers of care and services, such as receiving visits from volunteers with whom they shared interests and spent meaningful time. Staff described the referral process and said consumers had access to spiritual and emotional support. Care documentation showed referrals to other providers of care were timely.

Consumers and representatives gave positive feedback about meals and said they were of good quality, varied and portion sizes were suitable. Staff said a seasonal, 4-week rotational menu was developed after consumers tasted new meal suggestions and provided feedback. Meal service was observed and consumers appeared to enjoy the dining experience and received assistance from staff, if required.

Consumers said they had access to safe, clean equipment and they sought support from maintenance staff if their equipment needed to be checked. Staff said they cleaned shared equipment after use and maintenance documentation evidenced it was inspected routinely. Mobility aids were observed to be clean, well maintained and suitable for consumers’ use.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers and representatives said the service was welcoming, consumers’ independence was optimised and consumers were encouraged to personalise their rooms and receive visits from loved ones, which made it feel like home. Staff explained they respected consumers’ surroundings because it is their home. Consumers were observed socialising with each other, family and friends, both indoors and outside in shaded areas.

Consumers and representatives said the service was safe, clean, well maintained and consumers could move freely between the indoors and outdoors. Staff described the maintenance process and the maintenance schedule evidenced tasks were completed routinely. Consumers were observed to have free access to both indoors and outdoors areas, such as the garden.

Consumers and representatives said furniture, fittings and equipment were safe, clean and maintenance requests were promptly actioned. Staff described the cleaning and maintenance schedules, which evidenced tasks were completed routinely. Communal areas included furniture and lounges suitable for consumers’ use and staff were observed cleaning equipment between each use.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers said they were encouraged to provide feedback and make complaints and gave practical examples of avenues available to them, such as completing feedback forms or speaking with management. Staff explained consumers also provided feedback during consumer advisory committee meetings, which in turn provided feedback to the organisation’s board of directors (the board). The consumer welcome pack and brochures visible in common areas promoted information about how consumers could provide feedback or make a complaint.

Consumers were aware of how to access external complaints, advocacy and language supports and advised advocacy services had given presentations during resident and relative meetings. Staff were aware of the advocacy and language services available to consumers and understood how to access these, if required. Posters, brochures and the newsletter promoted access to complaints mechanisms and advocacy services.

Consumers and representatives gave practical examples of how an air conditioning unit had been replaced, because temperatures were too warm, as appropriate action taken in response to complaints. Staff described the complaints management process and confirmed consumers received an apology when complaints were made. Complaints documentation evidenced the use of open disclosure and issues were resolved to all parties’ satisfaction.

Consumers confirmed their feedback and complaints were used to improve the quality of their care and services. Staff gave practical examples of how feedback and complaints were used to improve consumers’ care, such as creating a quieter dining environment and serving consumers’ meals individually, rather than from a catering trolley. Complaints documentation evidenced consumers’ feedback and complaints resulted in the delivery of improved care and services.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers gave positive feedback about staffing levels and said their needs were promptly met. Management explained the roster was developed based on consumers’ changing clinical needs, with a registered nurse (RN) rostered on all shifts. Rostering documentation evidenced all shifts were filled by internal staff and a RN was always available. Management advised the roster was monitored in real time, which enabled changes to be made to meet consumers’ evolving needs.

Consumers and representatives said staff were kind, caring and respectful of consumers’ identities, cultures and diversity. Management explained, and staff confirmed, they were trained in providing care which was kind, caring, dignified and focused on respecting consumers’ choices. Staff were observed interacting with consumers respectfully and gently as they assisted them.

Consumers said staff were suitably skilled and competent to meet their care needs. Staff confirmed they had access to ongoing education which supported currency in their skills and knowledge. Personnel records evidenced staff had position descriptions and held qualifications relevant to their roles.

Consumers gave positive feedback about staff training and their ability to perform their roles. Management advised, and staff confirmed, they accessed training in clinical and non-clinical topics which supported them to deliver care and services which met the Quality Standards. Staff were supported to deliver care which met the Quality Standards by way of assistance from a geriatrician and specialists in palliative care, wound management, pharmacy and allied health.

Management advised, and staff confirmed, their performance was assessed and monitored during probation and annually thereafter. Staff gave positive feedback about their performance reviews and said these were an opportunity to discus training and skills development. Personnel records evidenced all staff performance reviews were up to date.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives gave positive feedback about how the service was managed and said they were involved in the development, delivery and evaluation of care and services, particularly through the consumer advisory body which provided feedback to the organisation’s board. Management advised consumers contributed to service evaluation through scheduled meetings, the feedback process, surveys and care plan reviews. Documentation evidenced consumers were actively engaged in providing feedback about aspects of their care, such as infection control.

Consumers said they were safe and lived in an inclusive environment with access to quality care and services. The organisation’s board was accountable for service delivery and satisfied itself the Quality Standards were being met through monthly reporting on clinical governance, high-risk clinical matters, general risk, medication incidents, general incidents, restrictive practices, reports made to the Serious Incident Response Scheme (SIRS), infection control and antimicrobial stewardship. Management explained members of the board visited sites within the organisation to share a meal with consumers and seek feedback about their experiences.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management explained the governance systems, which were underpinned by policies, processes and systems to support compliance with the Quality Standards.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood risks to consumers and described reporting responsibilities under the SIRS. Staff were guided by policies and processes in identifying and managing risks to consumers.

The clinical governance framework promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong. Management and staff understood antimicrobial stewardship, restrictive practices and open disclosure and described how these were applied in care delivery. Staff practice was guided by clinical governance policies and procedures.

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)