Performance

Report

**1800 951 822**

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| Name: | Kanwal Gardens Care Community |
| Commission ID: | 2806 |
| Address: | 100 Wahroonga Road, KANWAL, New South Wales, 2259 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 21 September 2023 |
| Performance report date: | 2 November 2023 |
| Service included in this assessment: | Provider: NAPS ID 3061 DPG Services Pty Ltd  Service: 1161 Kanwal Gardens Care Community |

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 Kanwal Gardens Care Community (**the service**) has been prepared by M.Wyborn, 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 Assessment contact (performance assessment) – site 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 advice of 23 October 2023 that they will not provide a response to the assessment team’s report.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements were assessed |
| **Standard 7 Human resources** | **Not applicable as not all requirements were assessed** |
| **Standard 8 Organisational governance** | **Not applicable as not all requirements were assessed** |

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 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 |

Findings

The service demonstrated delivery of effective personal and clinical care for consumers. Since the last Site Audit undertaken from 30 March 2022 to 4 April 2022, the service has implemented and evaluated continuous improvement actions including undertaking audits regarding medication management and provided education to clinical staff in relation to administration of antiviral medications. Action was undertaken regarding consumer behaviour support plans with a focus to ensure that all consumers on restrictive practices have up to date behaviour support plans in place and the service appropriately provided a focus on minimising the use of restrictive practices. Staff education was provided via an online courses, toolbox talks and discussions at registered nursing team meetings on the legislation relating to the use of restrictive practices.

The service implemented changes identified via internal audit activities to improve consumer incidents of falls, including increasing the number of team members throughout the service, introducing standard huddle times, regular auditing of bed sensors and call bells, medication reviews of consumers who frequently fall, a review of sleeping patterns of consumers at high risk of falls, monitoring of hydration for consumers at high risk of falls, education for lifestyle staff regarding meaningful engagement for consumers and a review of physiotherapy referrals for all consumers who have had a fall or are a high risk of falling. Further, the service provided education to clinical and care staff regarding consumer bowel management and bowel management was added to the service’s daily huddle agenda. Clinical staff were provided targeted education regarding administration of dietary supplements and the use of weight management plans for consumers who return from the hospital, experience a fall, or have a change in condition. Weight loss training for kitchen staff was also undertaken in liaison with an external dietician.

In response to the Assessment Contact undertaken on 21 September 2023, the Assessment Team reported that consumers and representatives provided positive feedback regarding the clinical care they receive. Consumer documentation highlights that care is planned and provided in a way that is individualised and tailored to the specific needs of each consumer, staff practices relating to monitoring and management of consumer personal care, pain, wound/skin integrity, weight loss, falls, complex care and restraint/ behaviour management are consistent with the service’s guidelines and are best practice care.

With these considerations, I find the service compliant in Requirement 3(3)(a).

# 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 |

Findings

The service demonstrated a planned workforce that enables delivery and management of safe and quality care and services. Consumers and representatives advised there is sufficient staff to meet their needs in accordance with their preferences and advised that staff are responsive to their call bell requests. The Assessment Team reported after reviewing the service’s rosters, daily staffing allocations, call bell reports and the number of personnel in the service that the service has a full complement of staff to fulfill rostering requirements.

Since the last Site Audit undertaken from 30 March 2022 to 4 April 2022, the service has adopted continuous improvement actions to remediate non-compliance in this requirement. The service undertook analysis of any permanently vacant shifts per position to understand their need for targeted recruitment and subsequently engaged a recruitment advisor to best fill the vacant positions. The service has implemented the addition of care staff members to both the morning and afternoon shifts to assist with the provision of care and services. The service regularly reviews consumer feedback from the ‘Voice of Customer’ care page and, if required, agency shifts are requested in advance where possible. Management demonstrated a decrease in the number of agency staff needed at the service thus supporting greater continuity of care throughout the service. Service management demonstrated a comprehensive process for considering annual leave requests to ensure adequate staffing levels are maintained to allow for the provision of quality care and services for consumers, and call bell times are monitored and reviewed daily by the general manager and care manager and discussed at the daily stand-up meetings.

In addition, the service has developed and implemented an Assistant in Nursing Certificate IV model of care to assist operational workflow. Management highlighted that the aim of the initiative is to employ more qualified assistants in nursing to assist the registered nurses in medication administration, allowing the registered nurses to focus on consumer assessment and general monitoring of consumers. The service has also introduced a financially based incentive program to encourage internal referrals of suitable candidates for employment at the service and developed an internal leadership program designed to retain staff. Management also highlighted that professional connections have been built with local training and education providers to afford an opportunity for students to complete work experience requirements at the service which can lead to employment with the service.

With these considerations, I find the service compliant in Requirement 7(3)(a).

# Standard 8

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| Organisational governance | |  |
| 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

The organisation demonstrated an appropriate clinical governance framework that effectively covers antimicrobial stewardship, minimising the use of restraint and open disclosure. The Assessment Team reported that the organisation’s governing body effectively supports the service to implement their clinical governance framework, and service management highlighted a significant reduction in consumers who are subject to a restrictive practice since the last Site Audit. The service and the organisation has implemented continuous improvement actions in an effort to remediate non-compliance identified at the last Site Audit undertaken from 30 March 2022 to 4 April 2022. The service has completed a comprehensive review of all consumers to identify use of restrictive practices. The service’s general manager and care manager review all consumers prior to admission to highlight need for restrictive practices and, if required, the consumer support manager supplies the general manager and care manager with a copy of the consumers’ current medication profile. Registered nursing staff review all consumers on return from hospital to determine if any new medications prescribed at hospital constitute chemical restraint, and the service’s electronic medication management system provides an alert to the clinical care coordinator of any medication changes made by general practitioners to monitor for prescription of new medications which may constitute chemical restraint.

The service provided education to all registered nurses to ensure consent for a mechanical restraint is documented if a ‘low low’ bed is implemented as a falls prevention strategy. Refresher restrictive practice education was provided to all registered and enrolled nursing staff, including high impact high prevalence risk training, restrictive practice and restraint training and these training modules are emphasised for all new registered nurses and enrolled nurses when they commence employment at the service.

The Assessment Team reported that clinical staff demonstrated an appropriate understanding of antimicrobial stewardship and highlighted effective strategies to minimise antimicrobial usage at the service. Also, the service’s care manager effectively demonstrated non-pharmacological strategies to best support consumers.

Management highlighted that registered nursing staff are responsible to ensure restrictive practice authorisations are completed prior to the use of a restrictive practice and the service’s care manager is responsible for monitoring the use of restrictive practice in accordance with the requirements for the National Quality Indicator Program. Monthly reporting is required for the Approved Provider’s clinical indicators and quarterly reporting is required for the National Quality Indicator Program.

To further embed the organisation’s efforts to support an effective clinical governance framework, management highlighted the organisation’s focus on permanent recruitment, including registered nursing staff and care staff, that are competent and supported to ensure restrictive practices are minimised for all consumers. The organisation supports the service’s access to external training and education resources where required. The organisation has national and regional leadership teams to support the service, and the general manager confirmed they have received significant and ongoing regional support in building the capability of the service’s clinical team to continue embedding sustainable and effective policies and procedures in relation to minimising restrictive practices for consumers.

With these considerations, I find the service compliant in Requirement 8(3)(e).

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)