Kara Court Nursing Home

Performance Report

52 North Western Road
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**Commission ID:** 3477

**Provider name:** East Wimmera Health Service

**Site Audit date:** 31 May 2022 to 3 June 2022

**Date of Performance Report:** 7 July 2022

# Performance report prepared by

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# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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
* the provider’s response to the Site Audit report received 29 June 2022.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Overall, sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. For example:

* Consumers said that they are treated with respect and that their personal privacy was respected when staff provided them with care and assistance.
* Consumers and their representatives said that staff deliver care and services that are culturally safe and meets their needs.
* Consumers and representatives are satisfied that consumers are supported by staff to take risks.
* Consumers said that the activity schedule and menu is made available and that staff explain things to them so that they can exercise choice.
* Consumers said that their personal privacy is respected and that they are confident that their personal information is kept confidential.

Sampled staff understood individual consumer choices and preferences. Staff supported consumers to maintain relationships inside and outside the service. Care planning documentation reviewed by the Assessment Team reflected the cultural needs and individual preferences of consumers, such as personal background, family history and current family support, religious and spiritual preferences and personal preferences.

Staff were observed treating consumers with dignity and respect and demonstrated giving individual consumers choices when providing assistance and care during meal service and lifestyle activities. The Assessment Team observed staff offering consumers choice and providing information to inform those choices during the site visit.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Overall, sampled consumers and their representatives considered that they feel like partners in the ongoing assessment and planning of their care and services. For example:

* Consumers and representatives are consulted about consumers care planning and are informed of any changes following the monthly care plan reviews or when a change occurs.
* Consumers and representatives confirmed the service plans care in partnership with them and they have input into assessments and reviews when consumers are referred to external service providers.
* Consumers and representatives confirmed the service has discussed advanced care planning with them and that consumers’ end of life preferences and goals have been documented.

Staff were able to describe the processes in place to complete initial assessments, and how they use care plans and progress notes to provide care. Staff could describe care plans and the changes that had been made for all sampled consumers. Staff advised they are can access expert advice from specialised medical units including infection control, wounds, palliative care and geriatricians. The service has access to a range of external health care providers to review consumers when referred.

Care plans and medical files for sampled consumers demonstrated regular review and assessments take place. Care plans had evidence of timely referrals to external service providers and other investigations for monitoring various health conditions. The Assessment Team observed a clinical handover where each consumer was discussed, and staff were updated on consumer care changes including bowel management, pain management, behaviours and hygiene requirements.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Overall, sampled consumers considered that they receive personal care and clinical care that is safe and right for them. For example:

* Consumers and representatives confirmed the service provides them with safe and effective care.
* Representatives said that they trust the service to provide appropriate care for their loved ones and agreed they are always kept informed of any changes to consumer health and well-being.
* Consumers and representatives spoke favourably about the care provided and the kindness of the staff and confirmed consumer comfort is paramount to care staff.
* Representatives and care staff spoke highly of the visiting medical practitioner and the ease of obtaining out-of-hours assistance when required.

Clinical staff demonstrated thorough knowledge of consumers and described the various clinical care issues pertinent to each of the sampled consumers. Staff were able to describe individual consumer’s deterioration, reporting and assessment processes and how they ensure family or representatives are kept informed of changes.

A review of care planning documents confirms the service completes thorough assessments and timely reviews of consumer’s health and high-level risks. Care plans and clinical handovers provide guidance to staff to ensure care is individualised and meets each consumer’s care needs. All sampled consumer files demonstrated consumers receive safe and effective personal and clinical care that is tailored to their individual needs, is best practice and optimises their health and well-being.

The service has access to a range of medical specialists and allied health professionals ensuring timely referral when required and the Assessment Team observed evidence of referrals in care plans. The Assessment Team observed staff accessing and referring to care planning documentation and attended a handover meeting where current and changing consumer needs were discussed.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Overall, sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. For example:

* Consumers described how they can do things of interest either within or outside of the service and maintain social connections and how the service supports them to maintain these connections.
* Consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.
* Overall, consumers expressed satisfaction with the quantity, quality and variety of food provided and that they can provide feedback on meals.

Staff described how the lifestyle program identifies individual consumer goals and preferences and supports consumer quality of life and how consumers are assisted to engage in individual activities. They described how they support consumers to socialise/develop or maintain personal relationships and they know people and family who are important to consumers.

Staff described how they support consumers with their emotional, spiritual and psychological wellbeing from the day they enter the service by connecting with them and making them feel safe. Staff described how they access care plans to understand individual consumer needs and preferences as well as how they are informed when needs change. Staff were able to describe how consumer dietary and hydration needs are met and that consumer feedback is used to inform the menu.

Care plans sampled contained information about religious and cultural needs, consumer activity preferences as well as the support that may be required such as reminders, additional encouragement, or physical assistance to attend activities. Dietary preferences, requirements, food intolerances and allergies were clearly documented. Care planning documents contain clear and up to date information about consumer needs and preferences. They contain evidence of review and the involvement of medical and allied health professionals.

The Assessment Team observed consumers undertaking a number of activities either alone or in groups in communal areas. Consumers were observed using a variety of lifestyle equipment and resources throughout the service that were clean and in good repair. Staff were also observed to be kind and supportive towards consumers throughout the visit.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Overall, sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. For example:

* Consumers said they felt at home in the service and enjoyed using the communal areas to meet with other consumers. There is a range of communal spaces with comfortable furnishing, providing opportunities for consumer socialisation.
* Consumers said that the furniture, fittings and equipment in the service is clean and well maintained. They expressed confidence in knowing that if repairs are required maintenance is prompt and responsive.
* Consumers interviewed said their visitors liked visiting and were made welcome by the staff. Consumer representatives confirmed that they are made to feel welcome when visiting.

Staff interviewed said they had access to sufficient and appropriate furniture and equipment that is well maintained.

The Assessment Team observed the service is welcoming, clean, well maintained and consumers were seen easily accessing indoor and outdoor areas. Consumers were observed using a range of equipment aid including walking frames and wheelchairs.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Overall, consumers and representatives feel they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* Consumers and representatives said staff are approachable and they feel comfortable raising issues verbally with staff.
* Consumers and representatives said that staff address issues promptly and they trust staff to deal with issues honestly.
* Consumers and representatives could not recall being made aware of language and advocacy services, however, they also saw no need to engage these services because staff are responsive to concerns.

Staff demonstrated good understanding of advocacy services and how they may benefit a consumer. Staff could explain how they assist consumers to make complaints.

Management acknowledged that while verbal feedback is not generally captured in the complaints log it is still used to improve the quality of care and services. Management provided examples of changes made at the service arising from consumer feedback and/or complaints.

The service has complaints and feedback policies, brochures on display about how to make a complaint and an open disclosure policy. The complaints log evidenced how specific complaints had been resolved. The service’s continuous improvement plan is an example of how consumer feedback is actioned.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Overall, consumers consider they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

* Consumers and representatives felt that, although the service needed additional staff, consumers receive the care they need.
* Representatives feel staff are effective at performing their roles and know how to provide care to consumers.
* Consumers and representatives described in various ways how staff are kind, caring and gentle when providing care.

Management described the challenges faced in recruiting and retaining staff but demonstrated how it maintains a nurse-to-resident ratio, to ensure consumers receive the care they need.

Staff interviewed said they felt confident and competent in performing their roles, with senior staff being described as very approachable. Staff could recall attending a diverse variety of training and education sessions upon commencement at the service.

The Assessment Team found the service did not monitor the completion of mandatory education throughout 2021, however, in March 2022 the service commenced using a new education platform. The service demonstrated taking proactive steps to deliver and monitor staff education using the new platform. Staff rosters indicated there were no unfilled shifts in the week before the assessment.

The service demonstrated completing probation reviews but acknowledged that yearly performance appraisals had not been completed in 2021. Management provided reasons for why performance appraisals were overdue and demonstrated a plan to address the issue. Overall, the Assessment Team found the workforce are competent having the skills and knowledge required to perform their roles.

The Assessment Team observed staff interactions to be kind, caring and respectful during the site audit. Interactions demonstrated that staff had an intimate knowledge of consumer’s life stories and preferences

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Overall, consumers and representatives said the organisation is well run and that they can partner in improving the delivery of care and services. For example:

* Consumers and representatives said they feel engaged in the evaluation of how care is provided to them.
* Most representatives described being consulted about consumers’ care needs and care plan development when the needs of consumers change.

At various meetings, clinical indicators and incidents are discussed amongst staff, at the managerial level. Board members are kept informed of clinical care and clinical incidents at regular quality improvement meetings.

Management explained how they ensure effective governance systems are in place in relation to continuous improvement, financial and workforce governance and regulatory compliance.

The service uses an incident management system to document incidents and identify high impact risks. Staff and management personnel explained how they identify and respond to abuse and neglect of consumers, and how they support consumers to live their best lives by ensuring restrictive practices are only used as a last resort for managing behaviour.

The Assessment Team found deficiencies in how the service investigates incidents for the purpose of determining whether incidents are reportable under the Serious Incident Response Scheme (SIRS). Education records show only two staff had completed specific training modules in SIRS. The service’s continuous improvement plan (prior to the site audit) evidenced that the service had already identified the need for staff to complete SIRS education and training.

The service’s clinical governance framework supports the delivery of antimicrobial stewardship, the minimisation of restraint, and the use of open disclosure.

The Assessment Team found that, overall, the service has policies and procedures in place to ensure the service is well run, and to ensure the governing body remains accountable in the delivery of care for consumers.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.