Performance

Report

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| Name of service: | Performance report date: |
| Kara House Nursing Home | 25 August 2022 |
| Commission ID: | Activity type: |
| 6016 | Site audit |
| Approved provider: | Activity date: |
| Yorke and Northern Local Health Network Incorporated | 4 July 2022 to 6 July 2022 |

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 Kara House Nursing Home (**the service**) has been considered by James Howard, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 conducted from 4 July 2022 to 6 July 2022; 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 Approved Provider’s response to the site audit report, received on 22 July 2022.
* Other information and intelligence concerning the service, held by the Commission.

# 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 | | Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

## Findings

Consumers and their representatives said staff treated consumers with dignity and respect and were aware of their heritage. Staff showed an understanding of consumers’ backgrounds and preferences and described how their understanding guided how they catered to consumers’ specific care needs.

Staff were observed treating consumers with respect, greeting them by their preferred names and, in some cases, speaking with them in their own languages. Care planning documents detailed consumers’ individualised cultural, spiritual and activity preferences. Consumers were supported to exercise choice and independence and encouraged to maintain relationships with people inside and outside the service.

Staff encouraged consumers to be independent, to make informed choices, and respected their choices and decisions. Consumers said information provided to them was generally accurate and timely and permitted them to make choices. Care planning documents showed staff completed risk assessments for consumers. Staff also said they held discussions with consumers and their representatives about supporting consumers to take risks.

Consumers said staff discussed individual risks with them and respected their choices to engage in activities involving risk. Staff described strategies they used to support consumers’ choices and these were documented in care plans.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Consumers and their representatives said they felt like partners in the ongoing assessment and planning of their care and services, both on entry to the service and then during periodic reviews. Staff described how they used assessment and planning processes to inform safe care delivery. Care plans detailed consumers’ preferences, including advance care planning and end-of-life preferences if the consumer wished, and included identified risks.

Care planning documents contained information from consumers, representatives and other organisations and services, including recommendations or directives from health professionals. Consumers and their representatives said staff explained and kept them informed of changes regarding care. Consumers and their representatives had access to care planning documentation.

Care planning documents showed regular reviews occurred every three months, when circumstances changed or incidents occurred. Representatives said they were informed of changes. The service reviewed clinical indicators, including skin integrity, falls and hospitalisations, and monitored trends to identify areas of risk and strategies for improvement.

# Standard 3

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| Personal care and clinical care | | Compliant |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

## Findings

Consumers and representatives considered that consumers received personal and clinical care that was safe, tailored to their needs and right for them. Staff described consumers’ individual care requirements and used this knowledge to deliver personal and clinical care aligned to consumers’ needs.

Staff demonstrated an understanding of risks involved with consumers’ conditions and used strategies to maximise their well-being and comfort. Consumers said they were confident about the way the service assessed, communicated, and managed their risks and felt their dignity was upheld when they participated in risk-taking activities.

Staff described the specific strategies the service had in place to manage risks to consumers’ health and comfort. Care plans showed consumers received effective care for skin integrity, pain, and behaviour management.

Care documents demonstrated the service recorded consumer advanced care planning and end-of-life care preferences. Staff received training in palliative care and end-of-life support.

Consumers and representatives confirmed staff responded to changes in consumers’ conditions in a timely manner. Care staff stated they escalated changes in consumers’ behaviour or condition to registered staff in a timely manner.

The service demonstrated it used effective records management processes. Consumer care planning documents showed input from allied health professionals, such as dietitians, physiotherapists, speech pathologists and medical officers when needed. Consumers and representatives said referrals were timely, appropriate and occurred when needed and consumers had access to relevant health professionals.

The organisation had policies and guidelines for key areas of care, which included, nutrition, skin integrity, pressure injuries, medication safety and falls management. The service employed monitoring processes which ensured consumers were provided with safe and effective care and included clinical management meetings and review of clinical indicators. All staff were provided with infection control training, which included handwashing techniques, cough etiquette, vaccination guidelines, social distancing, donning and doffing of personal protective equipment and the minimisation of infection related risks for consumers.

# Standard 4

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| Services and supports for daily living | | Compliant |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

## Findings

Consumers and their representatives said staff supported consumers to participate in activities that were of interest to them, and the service supported consumers to be as independent as possible. Care planning documents detailed consumers’ preferences. Staff described how the service organised activities that matched consumers’ interests. Consumers were observed participating in individual and group activities.

Staff described how they supported consumers to maintain their spiritual and psychological well-being by spending time interacting with them, or referring them to other services and activities, including religious events.

Consumers and their representatives said consumers were supported to maintain social and emotional relationships with those important to them and to participate in the community. Staff said they supported consumers to receive visitors and keep in contact with family and friends. The service hosted activities such as arts and crafts, movie sessions, armchair travel, group exercise sessions, group barbeques and games.

Care documents showed information was shared within and outside the service, as appropriate, which enabled a shared understanding of consumers’ needs and preferences. Care plans showed referrals were made to other services and organisations to support consumers to engage in activities and enhance their well-being.

Consumers advised they were satisfied with the quantity, quality and variety of meals available and staff catered for dietary preferences. Care plans included details about consumers’ dietary choices.

Hospitality staff described how they knew of consumers’ food preferences and dietary needs and how they evaluated the suitability of the menu. The kitchen environment was clean and well maintained and equipment was safe, suitable and well maintained. Consumers and staff said suitable equipment was available to meet consumers’ needs. Staff described cleaning and maintenance processes.

# Standard 5

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| Organisation’s service environment | | Compliant |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

## Findings

Consumers stated they felt at home, safe and comfortable in the service. Consumers’ rooms were observed to be individualised, decorated and contained personal items. The service had multiple shared areas throughout the facility for consumers and representatives to utilise, including outdoor garden areas where consumers could congregate. The Assessment Team observed the areas were well-maintained and easily accessed by consumers.

Staff described the maintenance and cleaning schedules undertaken at the service. A review of documentation reflected regular and appropriate cleaning and maintenance of the service environment. Laundry and storage rooms were locked to ensure consumer safety and operational areas, such as the laundry, were clean and tidy.

Furniture, fittings and equipment within the service were safe, clean and well maintained. The service had processes in place which ensured preventative and reactive maintenance was conducted regularly, with maintenance staff available throughout the week. Both staff and consumers were able to lodge maintenance requests, either verbally or through maintenance request forms. The planned maintenance schedule included servicing of equipment, such as essential services, maintenance services, and catering equipment on a regular basis.

**Standard 6**

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| Feedback and complaints | | Compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

## Findings

Consumers and representatives said they felt encouraged, safe and supported to provide feedback and make complaints, either by themselves or with the assistance of staff. Consumers and their representatives were confident the service would respond to their complaints in a prompt and appropriate manner. Staff advised consumers were encouraged to provide feedback and they knew the service’s escalation process for managing complaints from consumers and representatives. Management reviewed the complaints register regularly and responded promptly.

Consumers and their representatives said they were aware of options about how to lodge complaints through, for example, through the Aged Care Quality and Safety Commission (the Commission), various advocacy services, with the help of staff, family members or friends or using the feedback boxes located throughout the service. Consumers and representatives said they were aware of and had access to advocates, language services and other methods for raising and resolving complaints. Staff described the external advocacy and language services available to consumers and representatives.

Upon entry to the service, consumers and representatives were provided with information on how to provide feedback and lodge complaints. Consumers and representatives said they felt comfortable raising feedback directly with service management.

Review of the complaints register showed feedback and complaints from consumers and representatives were documented and appropriate follow-up actions were taken promptly following complaints or incidents. Management advised feedback and complaints data were regularly reviewed on a monthly basis to identify trends and potential improvements.

**Standard 7**

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| Human resources | | Compliant |
| 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

Overall, consumers considered they received quality care and services when they needed, from people who were knowledgeable, capable and caring. Consumers were satisfied with the number of staff available at the service and considered staff were kind, caring and respectful of their identities, cultures and diversity. Consumers and their representatives said staff always found the time to spend with them and to engage in meaningful conversations.

A review of staff documentation showed staff had appropriate qualifications, knowledge, and experience to perform the duties of their roles. Staff said they undertook mandatory training and received training on topics such as disability awareness, hand hygiene, use of restraint, incident management and open disclosure, manual handling, basic life support, elder abuse and the Serious Incident Response Scheme (SIRS).

A review of staff files showed all care workers completed requisite training for their roles. The service monitored the on-the-job performance of new staff over their probationary period and subsequently through ongoing performance reviews.

The service monitored staff training due dates and checked when staff needed to complete courses. The training modules provided to staff included courses on the Aged Care Quality Standards, disability awareness, hand hygiene, COVID-19, use of restraints, patient incident management and open disclosure, manual handling, emergency awareness, basic life support, and abuse, unexplained absences and the Serious Incident Response Scheme (SIRS).

**Standard 8**

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| Organisational governance | | Compliant |
| 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

Consumers considered that the organisation was well run and that they could partner in improving the delivery of care and services. The service demonstrated consumers were engaged in the development, delivery and evaluation of care and services and were supported in that engagement through their participation in quarterly consumer meetings, regular surveys, discussions with staff and by utilising complaints and feedback mechanisms. Consumers and representatives consistently reported positive feedback about being involved in planning their own clinical care and in-service improvements.

The service had organisation-wide governance systems and policies in place which supported effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Staff were educated about the policies and provided examples of the relevance to their work. Opportunities for continuous improvement were identified through audits, complaints and consumer surveys on various topics.

The organisation implemented effective risk and incident management systems and used appropriate practices to identify, report, prevent and manage incidents and high-impact or high-prevalence risks.

The service had a clinical governance framework that referenced antimicrobial stewardship, minimising the use of restraint and an open disclosure policy. Staff demonstrated an understanding of the underlying principles of open disclosure and knew that it meant communicating mistakes and apologising.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)