Performance

Report

**1800 951 822**

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| Name of service: | Karana |
| Service address: | 38 Hume Street YARRAWONGA VIC 3730 |
| Commission ID: | 3482 |
| Approved provider: | Yarrawonga Health |
| Activity type: | Assessment Contact - Site |
| Activity date: | 21 June 2023 |
| Performance report date: | 13 July 2023 |

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 Karana (the service) has been prepared by V Stephens, 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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been 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 2

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| Ongoing assessment and planning with consumers | |  |
| 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

The service was found non-compliant with Requirement 2(3)(e) following a site assessment conducted from 19 July 2022 to 20 July 2022. The service at that time did not demonstrate that care plans always reflect current care practices, with staff stating they rely mostly on progress notes and handover sheets. The service has implemented remedial action in response to the non‑compliance identified at the site assessment in July 2022 including reviewing work practices regarding care planning and associated documentation, and making summary care plans available on point of care devices.

During this assessment contact, the service demonstrated regular review of consumer care and services, including making updates when needs and circumstances change in line with consumer wishes and assessed care needs. Assessors reviewed care documentation for six sampled consumers which demonstrated evidence of regular care plan evaluation, including after incidents. All staff are able access to care plans on point of care devices. Accordingly, I find the service compliant with Requirement 2(3)(e).

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

The service was found non-compliant with Requirement 3(3)(b) following a site assessment conducted from 19 July 2022 to 20 July 2022. The service at that time did not demonstrate effective management of falls or evidence of appropriate behaviour support plans for consumers subject to chemical restrictive practices. The service has implemented remedial action in response to the non-compliance identified at the site assessment in July 2022 including enhancing review of post-fall clinical observations by senior clinical staff and providing staff training on falls and behaviour management.

During this assessment contact, staff demonstrated how they minimise the use of chemical restrictive practices by using a range of positive behaviour support strategies when responding to consumer behaviour. A review of the service’s policies and procedures in relation to falls management and chemical restrictive practices, and review of four sampled consumer care files, demonstrated the service is managing these high prevalence risks to consumers in a proactive and consistent manner. Sampled consumers and representatives stated consumers receive safe and effective care in relation to falls management and that the service responds effectively to consumers exhibiting changed behaviours. Accordingly, I find the service compliant with Requirement 3(3)(b).

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