Performance

Report

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| Name of service: | Karingal Gardens |
| Service address: | 9 Bligh Street TAREE NSW 2430 |
| Commission ID: | 2697 |
| Approved provider: | Bushland Health Group Limited |
| Activity type: | Site Audit |
| Activity date: | 2 May 2023 to 4 May 2023 |
| Performance report date: | 14 June 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 Karingal Gardens (**the service**) has been prepared by A. Douglas, 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; 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.

# 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

Consumers and representatives considered they were treated with dignity and respect, they could maintain their identity, and live the life they chose. Staff explained how consumer’s cultural, spiritual, and diversity needs were identified during the admission process. The service’s policies and procedures set out the organisation’s commitment to embracing all consumers regardless of gender, culture, belief, religion, sexual preference, ethnic origin, or race.

Consumers and representatives said their cultural and spiritual beliefs were respected and staff met any preferences they expressed. Staff articulated their knowledge of consumers’ cultural backgrounds and gave examples of how they met their individual needs. Care documents contained information reflective of consumers’ culture, gender, religion, sexual preference and ethnicity.

Consumers said they were supported to make connections and maintain relationships, including intimate relationships. Care documents set out consumers’ needs, goals, and preferences and identified their representatives and important relationships. Staff were guided by the service’s policies supporting consumers’ rights to exercise choice, make decisions about their care and services and maintain personal relationships.

Consumers and representatives said the service supported them to take risks to live the best life they could. Consumers and representatives said staff consulted them regularly to ensure any risks were minimised and they confirmed they had signed dignity of risk forms. Staff said they supported consumers to take risks and were able to explain the process of completing dignity of risk forms. Care documents recorded the risks consumers chose to take to enable them to live their best life.

Consumers and representatives said they were provided with information to assist them to make decisions about their care and services. Staff explained the various methods, formats and languages they used to communicate effectively with consumers, in accordance with their current needs and preferences. Care documents captured consumer’s communication needs such as hearing or vision impairments, language barriers, and poor cognition.

Consumers and representatives said staff always respected their privacy when delivering care and services. Staff were observed knocking and asking permission to enter consumers’ rooms and taking consumers aside to discreetly engage with them about their care needs. Consumers’ personal records were stored on password protected computers or kept in locked cupboards.

# 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

Consumers and representatives said staff assessed and planned their needs and talked to them about risks to their wellbeing. Staff described how the assessment and planning of consumers’ care and services ensured their care was safe and effective. Risks to consumers’ safety and well-being were identified, assessed, and discussed with consumers and representatives and included in consumers’ care plans.

Consumers and representatives said staff asked what their needs, goals and preferences were and how they wanted their care and services delivered. The organisation had documented processes for advance care planning and end of life (EOL) planning to guide staff in capturing consumers’ needs and preferences. Care documents included advance care directives setting out the consumers’ wishes and preferences regarding EOL care.

Consumers and representatives said they were offered the opportunity to make any changes to their care plans. Management said consumers and their nominated representatives were consulted regularly about their care and services to ensure it was tailored to their needs. Care documents showed internal and external allied health services were involved when needed, and any recommended changes were discussed with consumers and their representatives.

Consumers and representatives were aware of what was in their care plans and said they could discuss any aspects with the nursing staff. Clinical staff said a copy of the care plan summary was offered to all consumers and representatives. The care plan and related records were in simple English to enable the consumers and/or representatives to understand. Care documents confirmed consumers and representatives were involved in consultations about the care and services provided.

The service had documented processes for reviewing the effectiveness of care plans every 3 months, or when incidents occurred. Clinical staff advised they made changes to consumers’ care plans if needs, goals, or preferences changed at any time. Consumers and representatives confirmed their care and services were regularly reviewed.

# 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

Consumers and representatives stated they were satisfied with consumers’ care and services. Care documents reflected individualised care that was safe, effective, and tailored to the needs and preferences of consumers. Staff described how they identified consumers’ personal and clinical care needs and preferences and provided safe and effective care in line with their needs and preferences.

Care documents identified consumers with high prevalence and high impact risks such as pain, behaviours, falls, skin integrity, wounds, and complex care needs. Clinical staff described the high impact and high prevalence risks relevant to individual consumers and their management strategies were reflected in care documents.

Care documents for consumers that had received EOL care showed consumers received dignified care and were kept comfortable in line with their EOL wishes. Staff were well versed in discussing advance care directives and EOL care with consumers and representatives, to ensure their needs and preferences were met. Clinical staff described the importance of having the consumer’s wishes recorded on file and said the service could make referrals to an external palliative care service, if required.

Consumers and representatives said staff recognised the signs of deterioration in consumers’ health and took prompt action. Care documents showed deterioration or changes to consumers’ health, cognitive or physical function, or condition were recognised and responded to in a timely manner. Staff described how they identified and monitored consumers experiencing deterioration in health and used charting and assessment tools.

Care documents contained adequate and current information to support safe and effective care and services. Clinical staff explained how the verbal and documented handover processes and the electronic management system were used to communicate the information about consumers. Shift handover discussions between staff were observed to effectively communicate the most current information about consumers’ conditions and care needs.

Consumers said the service provided timely and appropriate referrals to relevant health professionals and other services. Care documents showed timely and appropriate referrals to medical officers and other health professionals. Staff in various roles described the relevant process for referring consumers to health professionals.

Consumers expressed satisfaction with service’s infection prevention and control (IPC) practices. The organisation had a documented outbreak management plan, antimicrobial stewardship policy and infection control guidelines. The service had an IPC lead who described preparing for and managing an outbreak. Hand hygiene facilities were available throughout the service and staff were observed following infection control practices.

**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

Consumers and representatives said the service supported their individual needs, goals, and preferences for daily living and they were happy with the lifestyle activities. Staff demonstrated how they provided safe and effective services and supports to consumers that met their needs, goals, and preferences. Care planning reflected tailored services and supports for daily living, that optimised each consumer’s independence, well-being, and quality of life.

Consumers and representatives said their mental health was supported and they explained different ways staff supported them during difficult life events. Staff explained how they engaged consumers in meaningful activities and worked to satisfy their emotional, spiritual, and psychological needs and preferences. The service arranged religious representatives to visit the service and important religious and cultural events were celebrated by the service.

Consumers and representatives said they were supported to make and maintain relationships and engage in satisfying activities, both inside and outside of the service. Staff described how they supported consumers to maintain important relationships, do things they enjoyed and maintain their independence. Consumer’s interests, important relationships and community connections were identified on admission, reviewed regularly and recorded in their care plans.

Lifestyle staff regularly spoke with consumers, representatives and other staff to ensure consumers’ current preferences were being met. Staff and other service providers could access the electronic care management system to get up to date information about consumers’ needs and preferences. Consumers and representatives were consulted about their services and supports at least every 3 months as part of the care plan reviews.

Consumers said they had timely access to other providers of services such as counselling and dementia services, optometrists, speech therapists and hairdressers. Management described how they worked with other individuals and organisations to ensure consumers had access to a range of services and supports.

Consumers and representatives said the meals provided were of a suitable variety, quality, and quantity. They confirmed they were involved in the planning of the menu and the service was always open to feedback and suggestions. Care documents reflected consumers’ dietary needs and preferences such as food allergies/intolerances, food consistency and any support required.

Consumers said they had access to safe, clean and suitable equipment to meet their needs. Staff described how equipment was kept safe, clean and well maintained. Staff received training in using equipment and used a maintenance book to report any equipment that required maintenance or repairs. The equipment provided appeared to be safe, suitable, fit for purpose, clean, and well-maintained.

# 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

Consumers and representatives said the service was welcoming and encouraged a sense of belonging and independence. The service had signage throughout to aid navigation. Consumers and representatives were observed socialising, enjoying activities, having meals, and utilising the courtyard area.

The service was observed to be clean, safe, well-maintained, and comfortable for consumers. Cleaning staff conducted daily cleaning and with high touch-point cleaning performed during lockdowns. Storage and other rooms were appropriately locked to ensure the environment was safe for all consumers. Staff could articulate how they maintained a safe and clean environment and supported consumers to move freely throughout the service.

The furniture, fittings, and equipment were observed to be clean, safe, well-maintained and suitable for consumer use. The service had a preventative and scheduled maintenance program that ensured all equipment was regularly reviewed, serviced, and cleaned. External contractors were used to maintain specific equipment. Consumers and representatives said the equipment and furniture at the service was safe, well maintained, and suitable for their needs.

# 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

Consumers and representatives understood how to provide feedback, raise concerns, or make a complaint. Staff described the service’s feedback and complaint mechanisms and how they supported consumers and representatives to make complaints or provide feedback. Information on how to provide feedback or make a complaint was observed around the service along with feedback forms and suggestion boxes.

Consumers and representatives were generally aware of advocacy services and other avenues to make a complaint. Management and staff knew about the advocacy and language services available to consumers and described how they would assist consumers and representatives to access these services. Posters and brochures promoting advocacy and translation services were displayed around the service.

Consumers and representatives who had provided feedback or complained said the service generally addressed their complaints promptly and appropriate actions were taken. Management and staff demonstrated how they practiced open disclosure if something went wrong, or a complaint was received. The service’s feedback register showed complaints were recorded and open disclosure was used in resolving concerns.

Consumers and representatives felt the feedback and complaints mechanisms were used to improve the quality of care and services. Staff explained how they escalated feedback and complaints to relevant staff. Management detailed the processes and provided examples of feedback being used to improve the 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

Most consumers and representatives said the service had sufficient staff. While some consumers said the staff were very busy and the service could benefit from more staff, they said their current needs were being met. Management explained how they planned the workforce to promptly manage any staff shortages. Staff described working together to ensure the care needs of consumers were always met when there was unplanned leave. Records showed a sufficient number and mix of staff for each shift and a registered nurse was available 24 hours per day.

Consumers and representatives said staff were kind, caring and respectful. Staff described how they cared for consumers and gave examples of delivering respectful care and services. Staff referred to consumers by their preferred name, engaged in friendly and familiar conversations and respected their privacy.

Consumers and representatives said staff performed their duties effectively, and they were confident staff were sufficiently skilled to meet their care needs. The human resources area provided effective recruitment, monitoring, and evaluation of each new member of the workforce.

Consumers and representatives said staff were well trained and supported to deliver safe and quality care and services. Staff were confident the training provided had equipped them with the skills and knowledge to care for consumers. Management described the training and support provided to all staff. Training records showed staff were up to date with their mandatory training.

Management explained how the service regularly assessed, monitored and reviewed the performance of each member of the workforce. Management detailed ways staff performance was monitored and assessed through regular performance appraisals, observations, surveys, and feedback. Staff detailed their involvement in the regular performance appraisal process. Records showed routine performance appraisals 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

Consumers and representatives felt they were supported to be engaged in the delivery and evaluation of care and services provided. Management described how they engaged with consumers in decisions about the service through consumer experience surveys, feedback, and complaints mechanisms and through resident and relative meetings. Staff provided examples of consumers being engaged as partners in the development, delivery, and evaluation the care and services provided.

Management and staff explained how the governing body was accountable for, and promoted, the delivery of safe, inclusive care and services. The organisation’s Board had various committees and governance arrangements underpinning the delivery of safe, inclusive, and quality care and services. The Board received a range of reports covering clinical and quality indicators, critical incidents, serious incident reports, feedback and complaints and continuous improvement.

Management and staff detailed the effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Consumers and representatives confirmed the service encouraged feedback and complaints to inform continuous improvement. Documented policies and procedures supported the governance systems and staff were familiar with these policies.

Management detailed the effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best life, and managing and preventing incidents. Staff were aware of these policies and could explain the key areas of risk at the service and the processes for mitigating them.

The service had a clinical governance framework which included documented policies covering antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff confirmed they had received training on these policies and could describe how they applied them in practice.

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