Performance

Report

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| Name of service: | Karingal Green |
| Service address: | 53 Hawkevale Road HIGH WYCOMBE WA 6057 |
| Commission ID: | 7418 |
| Approved provider: | Karingal Green Health, Aged and Community Care (WA) Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 20 March 2023 to 22 March 2023 |
| Performance report date: | 3 May 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 Green (**the service**) has been prepared by K. Richards, 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 consumers, representatives, staff, management and others; and
* the provider’s response to the Assessment Team’s report received 14 April 2023.

# 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 | **Non-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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* **Standard 3 Requirement (3)(b):** The service should ensure high impact or high prevalence risks associated with the care of consumers are effectively managed.
  + Staff should be aware to identify weight loss and wounds in a timely manner, with assessment and management undertaken in line with the service’s policies and procedures.
  + The service should ensure management of behaviours and use of chemical restraint meets legislative requirements for consent, capturing behaviours, triggers and effective non-pharmacological strategies within a behaviour support plan, monitoring processes and regular review of strategies.
  + Where increasing use of psychotropic medication/chemical restraint is identified, the service should have processes for escalation to the prescribing Medical officer for review.

# 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

The Quality Standard is assessed as Compliant as all of the specific Requirements have been assessed as Compliant.

Consumers and representatives said staff are always respectful and ensure each consumer’s identity, culture and diversity are valued. Consumers said staff use their preferred name to address them. Staff said by getting to know consumers well, they can provide care in line with cultural needs and preferences, and assist them maintain their identity through meaningful activities and social interaction. Staff were observed interacting with consumers in a manner that was kind, respectful and preserved their dignity.

Consumers and representatives gave examples of provision of care and services that was culturally safe, including celebrations for days of religious or cultural importance for consumers. Cultural and religious needs are detailed in care files, including interests, customs, beliefs, cultural and ethnic backgrounds.

Consumers and representatives spoke of being supported to exercise choice on the provision of care and said staff were aware of relationships of importance to consumers. Although care planning did not always capture the preferences described by the consumer, staff were aware of these consumers’ expectations and how to support them. Staff said efforts are made to support consumers to make decisions about their care and family involvement. The service accommodates married couples in larger shared rooms.

Consumers taking risks could describe support provided, and staff demonstrated awareness of risks taken by consumers. The service has an assessment process, including discussing benefits, risk of harm and mitigating strategies with the consumer and summarising this information with mitigating strategies in the Dignity of Risk form.

Consumers said information is available to them to help make choices about care, services, food and activities. Staff said information was shared with consumers through discussions, newsletters, calendars, information displayed on noticeboards, and within meetings, and representatives said they are also updated through phone calls and emails. Activity calendars were displayed through the facility and a number of consumers had whiteboards and/or calendars in their rooms to document upcoming activities in appointments.

Consumers and representatives said staff respect their privacy and maintain confidentiality. Staff said they ensure consumer privacy is respected through ensuring handover and discussion of consumers are undertaken in private areas, and personal care is delivered behind closed doors. Staff receive training on privacy and confidentiality in line with the service’s policies and procedures.

# 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

The Quality Standard is assessed as Compliant as all of the specific Requirements have been assessed as Compliant.

Consumers said they receive safe care with effective management of their risks. Risk assessments are undertaken by clinical staff and Allied health professionals to inform management strategies to ensure delivery of safe and effective care and services. The service has processes in place for assessment and planning, and were able to rectify an assessment for one consumer identified by the Assessment Team as not having assessment and self-management plan for their needs.

Staff and management described processes for capturing consumer needs, goals and preferences, including for end of life care, where appropriate, noting some consumers and representatives find this challenging. Care files captured advance care directives and specific end of life needs, including identified religious needs, such as last rites.

Consumers and representatives described involvement in the assessment and planning process. Care conferences demonstrate ongoing communication between staff and the consumer and/or representative. Management and staff described the process of partnering in care, including other health professionals in assessment and incorporating recommendations into care planning and delivery. Care documentation recorded details of those involved in planning of consumer care.

Consumers and representatives said they are regularly invited to discuss the care plan and they can ask to view it. Regular care conferences are undertaken with consumers and/or representatives, with summaries recorded in the consumer’s care file.

Staff confirmed changes or concerns are reported to clinical staff who are guided by policies and procedures to undertake an appropriate review. Documentation demonstrated consumers are reviewed following an incident or when circumstances change, and strategies and interventions are adapted to changing needs to ensure safe and effective care. Allied health assessments are undertaken where needed and outcomes incorporated into care plans.

# 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. | Non-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

The Quality Standard is assessed as Non-compliant as one of the seven specific Requirements has been assessed as Non-compliant. The Assessment Team recommend Requirement (3)(b) in Standard 3 Personal care and clinical care not met.

**Requirement (3)(b)**

The Assessment Team found the service was unable to demonstrate management of high impact or high prevalence risks associated with the care of consumers, particularly in relation to wound management, weight loss and use of restrictive practice. The Assessment Team provided the following evidence relevant to my finding:

Consumer A

* Consumer A had a wound that was not identified in a timely manner, or monitored in line with the service’s policy, as measurements were not taken and when documented, were not reflective of the size of the wound. The care plan did not capture all management strategies and staff were unsure of all requirements.
* The consumer had been identified as a moderate risk for the development of a pressure injury prior to the wound being identified, with strategies including reporting poor dietary intake, and ‘to follow wound plan or devices for heels or bony prominences’, although the consumer was not identified as having a wound at the time of the assessment. The risk was updated following identification of the wound to being a very high risk because they were ‘bedfast and immobile’ and resistant to care.
* Timely actions were not taken in response to the consumer experiencing significant weight loss, food charting was not undertaken and a nutrition assessment was not undertaken a month after the weight loss was identified. The consumer was not seen by a Dietitian or commenced on dietary supplements until three months after the weight loss was identified.

Consumer B

* Consumer B had been administered psychotropic medication in response to changed behaviours, however, there was no consent for use of chemical restraint or evidence of consultation with the substitute decision maker(s). Staff were unable to describe non-pharmacological behaviour management strategies to be used prior to administering medication, and the ongoing use of chemical restraint had not been referred or discussed with the prescribing Medical officer.
* The consumer’s nutrition and hydration needs were not being managed effectively, as the consumer lost weight over a six month period, with poor intake and requirement for full assistance with eating and drinking.

The provider’s response indicates they do not agree with the Assessment Team’s findings, providing the following supporting evidence by way of explanation, and progress notes and assessments relevant to my findings:

Consumer A

* Consumer A’s wound was identified as a skin tear, with a wound chart commenced and referral to the Medical officer and Wound specialist initiated. The Wound specialist reclassified the wound as an unstageable pressure injury, and the provider states consumers who have compromised health and restlessness, such as Consumer A, can have rapid development irrespective of preventative strategies. Measurements to the affected area can be difficult to monitor without triggering discomfort or pain for the consumer, and as such it was not measured but a photograph was uploaded into the wound chart.
* Consumer A’s weight loss was identified, however, was considered to be consistent with end of life status, as the consumer was tolerating food and fluids. The provider reports the consumer’s representative declined Dietitian involvement despite being recommended on numerous occasions, and declined management’s suggestion to speak with the Dietitian to gain support for a review. Undertaking a three day food chart or reviewing the nutritional assessment was not in line with the representative’s wishes, although progress notes show oral intake was monitored.
* Consumer A’s care and services continue to be in accordance with their wishes, expressed prior to cognitive decline, and the wishes of the representative. The provider asserts the representative’s recall can be inaccurate, providing evidence of communication in response to feedback provided to the Assessment Team about wound care and pain management.

Consumer B

* When the Assessment Team identified the absence of consent for chemical restraint during the Site Audit, management acted immediately and prepared a consent form, consulting with the spouse and representatives. The provider notes a delay in obtaining signatures, as key representatives were unavailable at the time.
  + The service had attempted to obtain consent following medication changes in December 2022, however, were unable to contact the representative at the time.
  + The Medical officer documented they had spoken about the use of psychotropic medications with the spouse on ‘multiple’ occasions.
* Progress notes show each time Consumer B is administered chemical restraint, it is after non-pharmacological strategies, including redirection and reassurance, were attempted without success. Consumer B’s behaviour can escalate quickly, placing others at risk.
* The consumer has previously been hospitalised for behavioural disturbances, and referrals have been made to the Older Adult Mental Health Services on two occasions without any response.
* Progress notes show the Medical officer has been aware of the behaviours and use of psychotropic medication, demonstrated through records dated 30 November 2022 and 22 March 2023.
* In relation to weight loss, Consumer B has been reviewed by a Dietitian, with assessment finding the consumer’s agitation and restlessness at mealtimes are affecting oral intake, and staff should spend time with the consumer to encourage them to eat. Ongoing monitoring of oral intake is referenced in progress notes and food intake charts.

I note the provider has not provided any documentation, such as wound charting, to support their argument of rapid progression of the wound. There is a difference between their assertion of the wound being identified as a ‘skin tear’ with the Assessment Team reporting it to be identified as an unstageable pressure injury, although there is consensus with the Wound specialist assessment undertaken the next day of the wound being an unstageable pressure injury.

The provider has not addressed why measurements were not recorded for eight days after the wound was identified, nor why the measurements do not correspond with the size of the wound. I accept there can be challenges with consumer discomfort when positioned for wound care, but staff were able to take a photograph of the wound and I consider this could have been used to undertake an interim measurement of wound size. I acknowledge the provider’s comments on how rapidly pressure injuries can deteriorate, which is why it is essential to have accurate assessment and documentation, including photographs and measurements, for staff to compare and promptly recognise changes.

The provider has not addressed any of the comments about assessment and planning for prevention and management of the risk of pressure injuries, or staff being unsure of some of the strategies.

In considering Consumer A’s weight loss, I find there to be some contradictory evidence. I acknowledge the consultation with the representative and their refusal of care despite attempts to inform of the reasons and benefits for the review. However, I do not consider that undertaking a nutritional assessment or food charting is dependent upon the representative’s consent. I also note the nutritional assessment was undertaken within a care plan evaluation in January 2023, nearly two months after the weight loss was identified, indicating the consumer was at high risk of malnutrition.

I find the service did not demonstrate effective management of high impact or high prevalence risks associated with the care of Consumer A’s wound and weight loss.

In relation to Consumer B’s weight loss, I note the delay in assessment of food intake identified during the Site Audit. However, the consumer has been reviewed by the Dietitian, commenced on supplements, and requirement for full assistance with meals with the provider stating staff now need to spend extra time with them to encourage them to eat. I do not find the evidence demonstrates a failure of the service to manage the risks associated with Consumer B’s weight loss.

The *Quality of Care Principles 2014* is very clear in relation to the need for informed consent for the use of chemical restraint, and monitoring responsibilities whilst restrictive practice is being used. The provider states Consumer B’s medications were changed following an altercation with another consumer, and the clinical team ‘attempted to obtain consent’…’but were unable to make contact’. The provider does not offer any explanation on why this was not followed up until identified by the Assessment Team during the Site Audit.

The service did not demonstrate the increasing use of psychotropic medication had been referred or discussed with the prescribing Medical officer. The provider has submitted progress notes from 30 November 2022, and summarised the review on 22 March 2023, however, Consumer B has had frequent administration of psychotropic medication without informing the Medical officer.

Neither the Assessment Team nor the provider describe the non-pharmacological strategies documented within the behaviour support plan. In coming to my finding, I have placed weight on staff not being aware of non-pharmacological strategies, and the provider’s response that ‘redirection and reassurance were attempted without success’, and find Consumer B did not have effective personalised non-pharmacological strategies to guide staff and ensure chemical restraint was used as a last resort.

I find the service did not demonstrate effective management of high impact or high prevalence risks associated with Consumer B’s use of restrictive practice.

For the reasons outlined above, I find Requirement (3)(b) of Standard 3 Personal care and clinical care Non-compliant.

**In relation to all other Requirements**

Consumers and representatives said they are satisfied the care consumers receive is tailored to their needs. Personalised strategies are captured in care planning, and staff described ongoing consultation with consumers about their preferences.

Staff said consumers and representatives are encouraged to discuss preferences for end of life care to ensure care provided was in line with consumer wishes, with priority for comfort and pain relief. Management advised palliative care specialists are utilised for support and advice. Sampled care files demonstrated consideration of consumer wishes for support, and actions taken to maintain comfort and preserve consumer dignity.

Consumers and representatives said they were confident staff could identify and manage a change in consumer condition. Staff were able to describe the process for identifying and escalating symptoms of deterioration. Sampled files demonstrated timely recognition, response and evaluation of management of deterioration.

Consumers and representatives said consumers receive care according to their needs and preferences. Staff said they can access care planning within the electronic care system, and changes are communicated throughout the day and within a handover at the start of each shift.

Staff could describe referral processes to other care providers or organisations following obtaining consumer and/or representative consent. Examples of referrals included Allied health, audiology, optometry, palliative care and a specialist Parkinson’s nurse.

Consumers and representatives said they observed staff using appropriate precautions when attending to care or a wound, and staff were observed using standard and transmission-based precautions. The service monitors antimicrobial usage and appropriate antibiotic prescribing, with staff able to describe preventative actions, monitoring for symptoms of infection, and pathology processes. The service has an infection control program, including education, policies and procedures, outbreak management plans, and infection monitoring and trending.

# 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

The Quality Standard is assessed as Compliant as all of the specific Requirements have been assessed as Compliant.

Consumers gave examples where they were provided services and support to improve their health, well-being and independence. Assessments are undertaken by an Occupational therapist to identify consumer needs, goals and preferences for development of a tailored and supportive lifestyle program. Equipment to enable independence is available for consumers to optimise their independence, with regular assessment for suitability.

Consumers said their emotional and spiritual well-being was important to staff, and they could talk to staff if they were upset. Staff said consumers displaying a low mood, decreased activity level, or who do not socially engage are handed over to clinical and therapy teams for evaluation. Staff described referral processes for psychology services or volunteer organisations for one-on-one visits, and the Chaplain can undertake pastoral visits.

Consumers said they are supported to participate in the service and greater communities, doing things of interest and maintaining personal relationships. Staff said consumers are encouraged to participate in meaningful activities of personal interest, and organise community excursions, exercise groups, volunteers and pet therapy. Consumers were supported to go out with family members, or on their own where assessed appropriate, and were observed using communal areas to spend time with visitors.

Consumers and representatives said consumers’ needs and preferences are known and they don’t have to repeat information to staff. Staff were able to describe how information about consumers was communicated, including through care plans and progress notes, handover and conversations.

Consumers were satisfied with referrals provided to other individuals or organisations, including volunteers. Staff described referral processes for external providers, including psychology, and auxiliary services to provide support for daily living, such as audiology, optometry and the Dentist. Care files included information on the timeliness of referrals made for consumers.

Most consumers and representatives expressed satisfaction with the variety and quantity of food provided, and consumers appreciated being able to invite visitors to dine with them. Consumers described how specific dietary needs were accommodated. The menu is developed with input from Dietitian, Speech therapist and consumers. Management advised they work closely with consumers who do not enjoy the meals, and all interested consumers were invited to join the newly formed food focus group to give feedback to improve the mealtime experience.

Consumers said equipment was easily accessible, suitable for their needs and they felt safe when using it. Consumers said when repairs were needed, they were confident to report issues. Staff said they can access sufficient equipment, and new equipment is monitored when initially introduced for safety, comfort and suitability. Equipment was observed to be 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

The Quality Standard is assessed as Compliant as all of the specific Requirements have been assessed as Compliant.

Consumers said they were satisfied with the service’s living environment. Staff described consumers’ use of various indoor and outdoor areas to interact with each other and entertain visitors. Consumers are encouraged to personalise their room, and a memory box feature is built into the wall near each bedroom door to display items of importance to the consumer. Management advised review of consumer care and services led to the decision to adapt a wing to become a secured memory support area, with staff reporting it was more suitable and safer for consumers living with dementia.

Consumers and representatives said they felt the service environment was safe, rooms were sufficiently clean and common areas were comfortable. Consumers were observed to be utilising indoor and outdoor areas of the service. Staff were able to describe identifying hazards and reporting processes for maintenance work. The Assessment Team observed the memory support unit to be malodorous with staining of the carpet, with staff reporting this was due to a consumer urinating in the hall. Management was aware of some carpet staining and had requested funding for new carpet, however, were unaware of the odour and arranged for the carpet to be cleaned.

Consumers and representatives confirmed the service provides and maintains suitable equipment and furnishings. Consumers expressed satisfaction with service providing king single beds, describing them as comfortable and a good size. Staff said they were trained in the use of equipment, and had access to sufficient and appropriate equipment to assist consumers with differing needs. Communal areas had a variety of chairs available to suit the differing needs of consumers.

# 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

The Quality Standard is assessed as Compliant as all of the specific Requirements have been assessed as Compliant.

Consumers said they were encouraged and supported to provide feedback and complaints, most saying they felt comfortable speaking directly with management about any concerns. Staff said they receive training on complaints processes and know how to support consumers to provide feedback. Management said reminders are given in consumer meetings of feedback and complaints processes, and information is also published in the entry handbook. Feedback and complaints forms and lodgement boxes were observed throughout the service.

Most consumers interviewed were not aware of other services available for raising and resolving complaints, however, expressed they were not needed as the service responded appropriately to feedback. Information on advocate services was displayed within the building, and included in the entry handbook.

Consumers said they were satisfied with how complaints were managed, with timely response, use of an apology, and confirmation they were satisfied with the resolution. Staff said when mistakes occur, they are encouraged to acknowledge they happened and follow open disclosure principles. Management said all feedback and complaints are recorded, and where the service is not able to reach an outcome acceptable to the consumer, there are escalation pathways to the senior leadership team for review.

Consumers and representatives said they were satisfied with how feedback is used to improve care and services, providing examples of changes to meals and activities. Management said the service analyses and discusses all feedback and complaints with staff and at consumer meetings, with information used for continuous improvement. The service intends to establish a consumer feedback meeting, to be chaired and run by consumers. Surveys are undertaken to monitor consumer satisfaction and feedback used to drive changes for scheduled activities.

# 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

The Quality Standard is assessed as Compliant as all of the specific Requirements have been assessed as Compliant.

Most consumers and representatives were confident the service has enough staff overall, confirming care and services needs were met in a timely manner. The service has effective processes for monitoring rosters and allocations, with staff confirming they rarely worked short staffed. Some staff and representatives felt the service would benefit with additional staff within the memory support unit in the evenings, as when staff are attending to consumers there is no supervision. Management advised the roster was adjusted in January 2023 to provide an additional staff member floating between three areas with identified need, however, they had not received any feedback for evaluation.

Consumers and representatives described staff as kind, caring, professional and respectful. Staff were familiar with consumers and aware of their identity and cultural background. Staff receive education on code of conduct, choice and decision making, dignity and respect, and consumer service focus. Staff meeting minutes summarised discussion on how to respectfully engage with consumers.

Consumers and representatives said staff were adequately trained, knowledgeable and competent in delivery of care. Staff described orientation and ongoing training to prepare them to provide consumer care. Management advised additional training is sourced for staff who are seeking knowledge in specific care areas, such as palliative care, Parkinson’s management, or care of the consumer with Dementia.

The service has processes for monitoring staff compliance with mandatory training, registration and clearance screenings. Staff receive a duty statement for their role that guides shift requirements and expectations. Targeted education is provided where a need has been identified through monitoring processes or feedback.

The service has processes for regular assessment and monitoring of staff performance. Staff confirmed regular performance appraisals are undertaken which highlight work they are doing well, and areas for development. Staff said they are supported by management to raise concerns or struggles and are supported to find improvements or solutions. The service has policies to guide performance management processes, although management reported they did not have need for this with current staff.

# 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

The Quality Standard is assessed as Compliant as all of the specific Requirements have been assessed as Compliant.

Consumers are engaged in the development, delivery, and evaluation of care and services through feedback mechanisms, including complaints, surveys and consumer meetings. Minutes from consumer meetings demonstrated consultation with consumers contributed to changes in meal service, lifestyle activities and the service environment. A food focus committee met regularly, and management spoke of actions being taken to establish the Friends of Karingal green group to be run by consumers and involve members of the community. Identified issues or concerns are reported and discussed at an organisational level to identify areas requiring change.

The service has an effective governing body to promote a culture of safe, inclusive quality care and services. The service submits a monthly report including indicators, incidents and audit results for organisational review by the governing body, including the Board. Policies and procedures have been developed to guide staff practice in the delivery of safe and effective care and services. Management described staff training modules supportive of the person centred approach, recognising individuality, diversity and inclusivity in line with the organisation’s published mission, vision and values.

Effective organisation wide governance systems include processes for feedback and complaints, continuous improvement and workforce governance. Financial governance is managed through the budget and capital expenditure, with processes for purchase of additional items to meet consumer needs. Monitoring for legislative changes and management of regulatory compliance is undertaken at organisational level with responsive review of policies and procedures, and effective information management processes inform staff of changes.

Incidents and emerging risks were captured through the risk management system to identify trends, and reported to the Board. A monthly organisational incident management meeting commenced in December 2022 to improve oversight and governance. Consumers are advised of services available to assist them to live the best life they can, and the service monitors use of dignity of risk forms ensuring regular reviews are undertaken.

The Assessment Team recommend Requirement (3)(e) in Standard 8 Organisational governance not met, as the service did not demonstrate minimising the use of restrictive practice for one consumer. The Assessment Team provided the following evidence relevant to my finding:

* As detailed in Requirement (3)(b) of Standard 3 Personal care and clinical care, Consumer B had not recognised as being subject to chemical restraint, informed consent had not been obtained, and alternate non-pharmacological strategies had not been trialled.
* The administration of as required medication had not been discussed with the representative or the prescribing officer, despite frequent use in the seven weeks prior to the Site Audit.

The provider’s response indicates they do not agree this represents a failing of the governance of restrictive practices at the service level, as it relates to only one consumer. A copy of the Plan for continuous improvement has been included, referencing findings of an audit undertaken in response to the Assessment Team’s feedback with no other consumers identified with issues relating to consent or management of chemical restraint.

In coming to my finding, I have considered the evidence within the Assessment Team’s entire report, which includes examples of consent and monitoring for a consumer subject to mechanical restraint, and with effective strategies for management of changed behaviours for other consumers. Issues relating to the management of Consumer B’s behaviours and lack of consent and effective non-pharmacological strategies have been considered under Requirement (3)(b) of Standard 3 Personal and clinical care. I do not consider the evidence before me demonstrates a systemic failure of the clinical governance framework in relation to minimising the use of restraint when only one consumer is impacted within a service providing care for up to 161 consumers, including within a specialised memory support unit.

The Assessment Team found the service has effective governance oversight in relation to antimicrobial stewardship and use of open disclosure. Effective promotion of antimicrobial stewardship was managed through policies and education, with staff able to describe non-pharmacological strategies for prevention and management of infections. An Infection prevention and control lead has been appointed, and the service analyses infections and use of antibiotics to identify trends and develop responsive actions. Staff were familiar with the open disclosure policy, and the service has processes to ensure incidents and feedback are investigated and managed by a senior member of staff.

For the reasons outlined above, I find Requirement (3)(e) of Standard 8 Organisational governance Compliant.

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)