Performance

Report

**1800 951 822**

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| Name: | Karingal Green |
| Commission ID: | 7418 |
| Address: | 53 Hawkevale Road, HIGH WYCOMBE, Western Australia, 6057 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 6 September 2023 |
| Performance report date: | 11 October 2023 |
| Service included in this assessment: | Provider: 6803 Karingal Green Health, Aged and Community Care (WA) Pty Ltd  Service: 6430 Karingal Green |

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 M Glenn, 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.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management;
* the provider’s response to the assessment team’s report received 23 September 2023;
* the response included commentary and supporting documentation, such as progress notes, various monitoring charts, assessments, and incident forms, to refute evidence in the assessment team’s report and to support the provider’s stance; and
* a Performance Report dated 3 May 2023 for a Site Audit undertaken from 20 March 2023 to 22 March 2023.

# Assessment summary

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| 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 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 Quality Standard is assessed as compliant as the specific requirement assessed has been found compliant. The assessment team recommended requirement (3)(b) not met.

**Requirement (3)(b)**

Requirement (3)(b) was found non-compliant following a site audit undertaken in March 2023 as effective management of high impact or high prevalence risks, specifically restrictive practice for one consumer was not demonstrated. The assessment team’s report for the Assessment Contact included actions implemented in response to the deficits identified, including reviewing consumers on psychotropic medications and ensuring identification of consumers with chemical restraint; and provided a wound reference guide to staff, as well as education on wounds.

At the Assessment Contact, the assessment team were not satisfied effective management of skin integrity and behaviours was demonstrated. The assessment team provided the following information relevant to my finding.

Consumer A

* Consumer A was identified with a stage 3 pressure injury in July 2023 and a suspected deep tissue injury just over two weeks later. A new wound was identified in September 2023 on an area covered by a protective splint. Effective strategies to minimise risk of further injury from the splint have not been implemented. Staff said they do not release the splint regularly throughout the day, and documentation did not evidence implementation of any strategies since the discovery of the wound other than the wound dressing.

Consumer B

* Consumer B was identified with a blister by the representative in August 2023. Consideration of Consumer B’s shoes or prolonged periods of mobility as a causative factor had not been considered.
* Consumer B was involved incident in June 2023 where they were found chewing on a foreign object. Following the incident, all dangerous items were removed from Consumer B’s room. The care plan states not to have any “dangerous items within reach”, however, does not specify what items may be dangerous, or that Consumer B may attempt to consume inappropriate objects. Five days later, the representative discovered something in Consumer B’s mouth. There was no record of this in the care file or an incident recorded. Following feedback by the assessment team, management updated the care plan.

Consumer C

* Consumer C has had a wound since October 2022 which has not been classified and no incident report recorded. Since October 2022, the wound has been in various staging of healing. The representative was concerned that Consumer C does not always have care attended and stated they had in the past weeks assisted Consumer C with toileting and found they were not clean.

The provider did not agree with the assessment team’s recommendation. The provider’s response included wound charting to demonstrate Consumer A’s skin integrity at the location of both pressure injuries was monitored from May 2023. Progress notes demonstrate regular general practitioner and allied health specialist oversight and input into treatment regimes. The provider states subsequent to the Assessment Contact, one of the pressure injuries has healed, and the other is healing well. Documentation demonstrates the wound identified in September 2023 was reviewed by the general practitioner and a treatment plan implemented, and the protectors are being removed multiple times a day. The provider states the wound healing is progressing well.

The provider notes Consumer B’s blister was identified by the representative and believes it developed during an outing. The provider states reviews, charting and assessments completed prior did not identify any skin integrity changes. Documentation included in the response demonstrates appropriate actions were taken in response to the first incident and in relation to the second incident, the provider states the representative did not inform the service until the day after the Assessment Contact visit. Documentation included in the response demonstrates related care plans have been updated, and the provider states referrals to specialist services have been initiated.

Documentation included in the response demonstrates an incident report was completed in October 2022 when Consumer C’s wound was identified. The provider states since identification, the wound has or almost healed on a number of occasions and the wound chart remains open to ensure the wound can be monitored and progress tracked and treatment plans adjusted, as needed. The family have not reported any instances of Consumer C being unclean.

Based on the assessment team’s report and the provider’s response, I have come to a different view from the assessment team’s recommendation of not met and find this requirement compliant. In relation to Consumers A, B and C, I find appropriate management of skin integrity and wounds has been demonstrated. For Consumer A, skin integrity at the location of two pressure injuries has been monitored since May 2023, with appropriate actions, including involvement of the general practitioner and various allied health specialists, initiated in response to changes. Documentation demonstrates appropriate action was taken when a wound was identified in September 2023, with wound healing noted as progressing. Consumer C’s wound is being regularly monitored, and while I acknowledge the representative’s feedback, there is no indication concerns relating to poor hygiene have been discussed with the service. Charting included in the provider’s response demonstrates provision of personal care on a daily basis.

I find appropriate action has been taken in response to Consumer B consuming a foreign object, including updating the care plan. It is not unreasonable for an incident form to not have been completed or additional management strategies implemented in response to the second incident considering the representative did not inform the service when the incident occurred. The provider’s response demonstrates appropriate actions have since been taken to further manage Consumer B’s behaviours.

For the reasons detailed above, I find requirement (3)(b) in Standard 3 Personal care and clinical care compliant.

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