** Performance**

**Report**

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| Name: | Karingal Green Home Services |
| Commission ID: | 500327 |
| Address: | Shop 33, Kalamunda Central, 39 Railway Parade, KALAMUNDA, Western Australia, 6076 |
| Activity type: | Quality Audit |
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| Performance report date: | 13 November 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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 6803 Karingal Green Health, Aged and Community Care (WA) Pty Ltd  
Service: 28131 Karingal Green Home Care

**This performance report**

This performance report for Karingal Green Home Services (**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 Quality 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 received 31 October 2023 acknowledging the assessment team’s recommendations.

# Assessment summary for Home Care Packages (HCP)

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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 | **Not Applicable** |
| **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 | | HCP |
| 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 are treated with respect, with their identity and culture valued. Staff spoke respectfully about consumers, were familiar with consumers’ backgrounds and provided practical examples of how they provide consumers with dignified and respectful care and services. Consumers and representatives said staff know consumers well, and they feel respected.

Consumers and representatives said consumers’ culture and identity is valued by staff and management, they can be themselves, and do not feel discriminated against in anyway. A full discussion of consumers’ identity, including personal history, religious and spiritual beliefs, values, interests and cultural preferences is conducted prior to commencement of services. Information gathered is used to inform a support plan used by staff to direct care and services. Support workers said they had received training on the principles of cultural safety and described how cultural safety is considered in the provision of consumers’ care and services.

Consumers said they are able to exercise choice and independence, and make decisions as they wished, and can maintain connections and relationships with others. Staff receive training on consumer choice and maintaining independence, including building the capacity of consumers. Policies on choice and independence are available to guide staff practice, and memoranda showed staff have been educated on person centred approaches and wellness focused care delivery.

Each consumer is supported to take risks to enable them to live the best life they can. Where consumers are identified as partaking in activities which include an element of risk, the service works with the consumer and their representative to discuss the risks identified, develop agreed mitigation strategies and record outcomes. Consumers and representatives said consumers are encouraged to do things independently and staff respect decisions they make.

Information provided to consumers is current, accurate, timely and generally easy to understand. Prior to and on commencement of services, consumers are provided with a welcome pack and client agreement. The agreement contains clear information about how HCP funds are accrued and used, about fees for services and management of the package. Most consumers and representatives were happy with the information provided and said they felt comfortable to call the service if they needed assistance to understand the information. However, four said they found monthly statements difficult to understand. Management had identified this issue and actions taken in response, including a one on one visits to assist in explaining monthly statements, was confirmed by a representative. There are processes to ensure each consumer’s privacy is respected, and personal information kept confidential.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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 are offered a clinical assessment that includes a range of validated assessment tools, and referrals to various clinical or allied health services are arranged where issues are identified. Information gathered through assessment processes and discussions with the consumer and/or representative is used to develop a comprehensive support plan used by staff to guide safe and effective care and services to consumers. Support workers described individual consumer’s routines, needs and preferences, in line with support plans, and were aware of consumers’ identified risks and management strategies. Consumers said staff regularly discuss the care provided to them to ensure it remains in line with their specific preferences.

Assessment and planning processes identify and address consumers’ needs, goals and preferences for care and services. Goals are developed in consultation with the consumer and/or representative and are specific to their needs and preferences. Where a consumer does not have an advance care directive, they are encouraged to discuss their end of life wishes with their family or their general practitioner. All consumers interviewed said they have a say in the services and how these are provided to them. They said support plans are developed around their needs and preferences, and they are able to make changes to the support plan at any time.

Consumers and/or representatives are involved in the planning of care and services to be provided consumers. Ongoing feedback is provided to the coordinator when a consumer accesses external services on a regular basis, and reports from general practitioners, specialists and allied health services are considered in planning services for consumers. Staff said while support plans are available to guide provision of care and services, there is ongoing discussion with consumers to determine their specific preferences to be considered at the time each service attended.

Consumers said prior to their services commencing, their support plan is provided and discussed with them, and is available to them in their home file. Support plans are regularly reviewed, including in response to incidents, a change health condition, or personal preference. Support workers described actions they take where they identify a change in a consumer’s condition, said they have ready access consumers’ support plans, and are provided timely updates by the coordinator. Care files demonstrated family members and the general practitioner are contacted at the time consumer incidents occur, and general practitioners and allied health staff are informed of clinical incidents for action and follow up, as required. Consumers and representatives said services are regularly reviewed and they can change consumers’ service preferences by contacting the coordinator.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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

Personal and clinical care is tailored to the needs, goals and preferences of each consumer. A registered nurse is available to assess consumers’ clinical care needs on commencement and ongoing. Care files demonstrated appropriate, tailored care relating to skin integrity and all consumers interviewed were satisfied with the personal and clinical care they receive.

Care files demonstrated effective management of risks related to falls and pressure injuries, with involvement of allied health staff, where required, in consumers’ care. High impact or high prevalence risks are responded to by reporting and completing incident forms which are reviewed to ensure what occurred is understood, the actions needed, and strategies identified that can be implemented to avoid a reoccurrence.

The organisation has policies and procedures relating palliative care to guide staff practice, and works closely with external agencies to ensure best practice care is provided to consumers. The registered nurse advises the coordinator of consumers in the palliative care phase of their illness, and a comprehensive service can be provided, or the service refers/work alongside external specialist agencies to provide care in the consumer’s own home.

Deterioration or change of a consumer’s health is recognised and responded to in a timely manner, and where required, appropriate and timely referrals are initiated. Staff are clear about their roles and responsibilities, including identifying and reporting signs of deterioration, and consumers and representatives were satisfied with the service’s prompt response to any change or deterioration in the consumer. There are processes to ensure changes to consumers’ care and service needs are documented and communicated, including to consumers, representatives and staff.

Policies, procedures and an outbreak management plan are available to support the minimisation of infection related risks, through infection prevention and control practices. There are practices to promote appropriate antibiotic prescribing, including assisting consumers with administration of medication, consulting with consumers’ medical practitioner and providing consumers with information regarding the safe use of medication and antibiotic use.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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. | Not Applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The focus of services is on enabling consumers to maintain their independence, well-being and quality of life and to help them remain in their home as long as they prefer and are safe. Staff described consumers’ needs, goals and preferences, in line with support plans, and consumers said they are supported by staff to continue to do as much as they can for themselves while receiving help where they need it.

Support plans detailed consumers’ emotional, psychological and spiritual needs and preferences, and supports in place reflected preferences described by consumers. All support workers said they would notify the coordinator if they noticed a consumer was feeling down or not their usual self, with referrals initiated for consumers identified as requiring professional support. Consumers said social supports help reduce any feelings of isolation or loneliness, and they are encouraged and supported to practice their spiritual beliefs.

Consumers said they can do things they enjoy, maintain social and personal relationships and participate in the community as they wish. Support plans included consumer interests, and are regularly reviewed to ensure services and supports provided continue to reflect these interests.

Effective information sharing processes enable consumers, staff and external providers to share information about consumers’ needs and preferences. Support workers are kept up to date with information about consumers’ through access to support plans, documentation in home files, discussions with the coordinator, staff meetings and memoranda.

Equipment provided is suitable, clean and well maintained. Review of equipment needs, and referral for assessment and to purchase or hire equipment are completed with consumers at commencement with the service, and at regular meetings, or where a need is identified. Equipment in need of repair or replacement is identified by reports from consumers, staff and during reviews and is replaced or repaired as required. Consumers and representatives said consumers have been provided with equipment which helps maintain their independence and well-being, and this equipment is in good working order.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| 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, representatives, and others are supported to provide feedback and make complaints, including through completion of feedback forms in consumers’ home folder, the provider’s website, through support workers or the coordinator. Support workers said they encourage consumers to complete a feedback form or call the office to raise any issues or concerns. Consumers and representatives were aware of how to provide feedback and make a complaint and felt comfortable to do so.

Consumers were aware internal and external complaints and advocacy services available to them, including through provision of information included in the consumer welcome book and client home agreement. Support workers said if a consumer complains about any aspect of their care, they will question them further and help them to identify possible solutions. They said if they were unable to assist them, they would help them with accessing advocacy services and other methods for raising and resolving complaints.

Appropriate action is taken to resolve complaints and an open disclosure approach used when things go wrong. Staff described how they will try and resolve concerns raised as soon as possible and demonstrated an understanding of the open disclosure process. This included providing an apology, investigating the matter, actioning changes, and keeping the consumer or representative informed throughout the process. Consumers and representatives who had made a complaint or given feedback to the service were satisfied with the actions taken.

The service’s continuous improvement plan showed improvements are added in response feedback and complaints. Information is provided to the Board on the types of feedback and complaints received and the actions taken to resolve the issues. Consumers and representatives were happy with changes made to improve the quality of services and care in response to their feedback.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant.

# Standard 7

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| Human resources | | HCP |
| 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 workforce is planned to ensure the right number and mix of staff available meets the acuity and changing needs of consumers. Support workers said the schedule works well and enables them enough time to travel to consumers and provide care and services in line with their support plans. All consumers said there are enough staff available to provide care and services and said staff are on usually on time, and not rushed.

Staff are trained in providing kind, respectful person centred care and documentation, such as policies and procedures and position descriptions outline a person centred and wellness approach to care. Staff described their interactions with consumers in a kind, caring and respectful manner, and provided examples of how they provide person centred care. All consumers and representatives said staff were kind, caring and respectful.

Staff said they are supported in performing their roles and management demonstrated how staff are provided training where skills and knowledge require improvement. Most consumers and representatives felt staff were competent and skilled, and expressed confidence in both the staff who provide care and services and how management run the service.

The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. Staff said they are supported in performing their roles, have completed mandatory training and receive ongoing training. Opportunities for further education and training are identified through feedback and complaints, incidents, and performance appraisal processes. Consumers and representatives were satisfied with the skills and knowledge of staff and felt they were suitably trained.

There are processes to assess, monitor and review the performance of each member of the workforce and to address poor staff performance. Most consumers and representatives did not have a concern regarding staff performance, however, felt comfortable in providing feedback to management if they had any concerns.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources compliant.

# Standard 8

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| Organisational governance | | HCP |
| 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 are engaged in the development, delivery and evaluation of their care and services and are supported in that engagement through feedback forms and regular review processes. Complaints and feedback data is gathered, analysed, and presented to the Board, and management provided examples of how this information has been used to improve the quality of services provided. Consumers and representatives agreed there has been consultation in how services are delivered, with consumers’ choices and preferences taken into consideration.

The Board has oversight of all areas of the service and is supported by the chief executive officer and management team. There are a range of reporting mechanisms to ensure the governing body are aware of and accountable for the delivery of care and services. Clinical and key performance indicators are collected and monitored by appropriate managers and reported to the chief executive officer as required. Appropriate actions are taken to address areas of concerns to promote a culture of continuous improvement. Where delivery of services is subcontracted, there are processes to ensure oversight and monitoring of these services.

The organisation has effective organisation wide governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance, feedback, and complaints. There are processes to ensure these areas are monitored and the governing body is aware of and accountable for the delivery of services.

The organisation demonstrated effective risk management systems and practices, including in relation to managing high impact or high prevalence risks, identifying, and responding to consumer abuse and neglect, supporting consumers and managing and preventing incidents, including use of an incident management system. A clinical governance framework is supported by policies and procedures to guide staff practice, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Awareness of organisational policies and procedures relating to clinical governance was further demonstrated through evidence presented in other Standards.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)