Performance

Report

1800 951 822

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Performance report date: |
| Karingal Nursing Home | 27 September 2022 |
| Commission ID: | Activity type: |
| 5442 | Site audit |
| Approved provider: | Activity date: |
| Queensland Health | 24 August 2022 to 26 August 2022 |

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 Nursing Home (**the service**) has been considered by Melissa Frost, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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.

# Services included in this assessment

# 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
* the provider’s response to the assessment team’s report received 19 September 2022.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | Compliant |
| 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 their representatives said consumers are treated with dignity and respect, their culture and identity is valued and care is provided consistent with cultural traditions and preferences. Staff described how they tailor care delivery based on consumers’ culture and preferences. Care planning documents identified details of consumers’ diversity, culture and care preferences.

Consumers said they are given choices about how their care and services are delivered and who is involved. Staff support consumers to maintain relationships within and outside the service. Care plans reflect consumers’ choices and relationships.

Consumers described how the service supports them to take risks. Staff were aware of the risks taken by consumers, and said they support the consumer’s wishes to live the way they choose. The service maintains risk assessment processes to support consumers to take informed risks.

Information is provided in a timely and clear manner to support consumers to make daily choices regarding their care needs and lifestyle activities. The service communicates with consumers through newsletters, activities calendar, meetings and daily walk arounds by staff to support consumer choice.

Consumers described how their privacy is respected. Staff were observed closing the door during provision of personal care. Consumers’ confidential information is secured and restricted to relevant staff.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | Compliant |
| 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

Assessment and planning processes identify consumers’ needs, goals, preferences and consider relevant risks. Advance care and end of life planning is included if the consumer wishes.

Consumers and their representatives confirmed they are involved in assessment and planning discussions, that information is explained to them, regular case conferences occur and they may access copies of care plans.

Care plans reflected recommendations and directives from allied health professionals, medical officers and specialist services.

Care plans reflected reviews occur when deterioration or changes to consumers’ health and well-being are identified. Incident data is reviewed to identify strategies to minimise risk and make improvements.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | Compliant |
| 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 their representatives said consumers receive adequate, tailored care that optimises their health. Care planning documents reflected consumers receive safe and effective care. Consumers subject to restrictive practices have relevant consent, monitoring and review. Care plans reflected consumers receive suitable wound care and pain management

Consumers and their representatives said the service effectively managed high impact and high prevalence risks. Care plans reflected tailored strategies are applied to manage risks.

Staff described how they maximise consumers’ comfort and maintain dignity during end of life care. Staff have access to palliative specialists and receive training in grief and palliative care.

Care plans and progress notes reflected staff identify and respond to deterioration or changes in consumers’ condition. Staff access best practice resources to assess changes in consumers’ health, function and capacity.

Consumers and their representatives were satisfied with communication of information and changes to consumers’ condition. Staff described how information is shared through verbal handover, care plans and electronic notifications.

Care planning documents reflected timely referrals and input from a range of health professionals.

Staff said they received training on how they minimise infection related risks and manage outbreaks. Staff described their understanding of appropriate use of antibiotics.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | Compliant |
| 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 said services and supports for daily living meet their needs and preferences, and they are engaged in meaningful activities. Consumers are supported to maintain independence and do the things they want to do. Care planning documents identify consumers choices’ and support they need. Staff described how they involve consumers in planning activities.

Consumers described services and support for their emotional and spiritual well-being, including religious services. Staff provided examples of how they support consumers’ psychological well-being. Religious, cultural and spiritual activities and days are observed, and consumers are supported to share their life experiences with others.

Consumers said they are supported to participate in activities of their choice within and outside the service, and to maintain social and personal connections. Staff described recreational programs, events and projects to support consumers to engage with the community.

Information about consumers’ services, supports, needs and preferences is communicated between staff and with other relevant providers, through handovers and care documentation.

Referrals are made to other services and providers to optimise consumers’ well-being. Consumers said the service refers them to external providers to supplement their needs as required.

Consumers and their representatives said they were satisfied with the quality, quantity and variety of meals provided. Consumers’ dietary needs and preferences are listed. Staff described how consumers are involved with menu planning through meetings, and how food safety requirements are met.

Consumers said they had access to suitable equipment and felt safe during use. Staff said they have access to necessary equipment, ensure it is safe and report maintenance requirements.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | | Compliant |
| 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 said they felt comfortable and safe in the service and had a sense of belonging and independence. The service environment was observed to be welcoming, with sufficient light, signage and handrails to support consumers’ mobility. Design elements such as colour coding and images support consumers to navigate. Consumers personalised their rooms with furniture, decorations and bedding. Consumers’ artwork and crafts are displayed.

Consumers said their rooms are well cleaned. All service areas are regularly cleaned in line with a schedule. The service environment is free of hazards and obstructions, with any unsafe outdoor environments closed for repairs. Consumers were observed moving freely.

Furniture, fittings, and equipment were observed to be safe, clean, and suitable. Consumers said the equipment is suitable, and furniture is clean and comfortable. Staff described how they clean shared equipment and report maintenance needs. The service has reactive and planned maintenance schedules.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | Compliant |
| 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 their representatives said they understand how to give feedback or make complaints and are comfortable to do so. The service obtains feedback through means such as feedback forms, surveys, consumer meetings and discussions. Complaints information is available in the consumer handbook and brochures are displayed.

Consumers and their representatives were aware of advocacy and external complaint services. Information about advocacy and language services is displayed at the service, and staff described how they assist consumers to access services if relevant.

Consumers and their representatives said the service takes appropriate action when complaints are made, and when an incident occurs. Staff described how they provide an apology and address the matters raised by implementing actions and review to prevent recurrence of incidents or complaints.

The service maintains a feedback log to record feedback and complaints. Data is regularly reviewed and used to inform continuous improvement activities, which are recorded on the service’s plan for continuous improvement. Improvements are discussed with consumers at monthly meetings.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | | Compliant |
| 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 said there were enough staff and all consumers considered they received quality care. Call bell records reflected responses are generally prompt, however some consumers reported delays. Management sought to roster additional staff to address the negative feedback.

Consumers said staff interactions were very caring and respectful. Staff were observed being kind and gentle with consumers.

Staff have position descriptions for their roles that align with their duties and detail competencies, skills and qualifications. Staff said they receive comprehensive training to improve their skills. The service has processes to monitor training completion and training records showed staff had completed mandatory training.

Staff performance is measured through annual performance appraisals. Performance is also evaluated through feedback from consumers, representatives, other staff and review of incidents or complaints.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | Compliant |
| 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 service provided examples of how consumers are engaged in the development and delivery of care and services, including through surveys, meetings and care plan reviews.

The governing body promotes a culture of quality care and is accountable through engaging with the service and taking action to support improvements based on feedback. The Board receives committee reports regarding quality and safety.

The service has effective governance systems in place relating to information management, financial and workforce governance. Continuous improvement occurs, including information derived from feedback and complaints. Regulatory compliance systems are in place.

The service’s risk management framework includes practices in relation to high impact and high prevalence risks, addressing abuse and neglect, supporting consumers to live their best lives and managing incidents. The service’s incident management system shows incident reporting occurs in a timely manner and follow up action is taken.

The service has a clinical governance framework and staff described their responsibilities under the framework regarding antimicrobial stewardship, minimising the use of restrictive practices and applying open disclosure.

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-2)