Performance

Report

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| Name of service: | Karinya |
| Service address: | 2 Katamatite Road NUMURKAH VIC 3636 |
| Commission ID: | 3499 |
| Approved provider: | NCN Health |
| Activity type: | Site Audit |
| Activity date: | 14 February 2023 to 17 February 2023 |
| Performance report date: | 31 March 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 Karinya (**the service**) has been prepared by S Byers, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

All consumers and representatives were satisfied that staff and management treat them with dignity and respect, their care is inclusive and culturally safe. Consumer care files reflected the background, culture, and diversity of each consumer and demonstrated an awareness of individual choices and preferences. Staff provided examples of how they support consumers’ individual needs in line with the care planning documentation. Staff have completed diversity and cultural training.

Consumers and representatives were satisfied they are supported to exercise choice and make decisions about how their care and services are delivered. Staff described how they support consumers to make informed decisions and maintain relationships of choice, including intimate relationships. Consumer documentation detailed contact information of representatives involved in each consumers care.

Consumers were satisfied they are supported to engage in activities that may involve an element of risk, to live their best lives. Care plans detailed consultations and discussions of risk, consent and risk minimisation strategies. The service has in place dignity of risk policies and procedures.

Most consumers and representatives expressed satisfaction with how the service communicates information. Consumers are informed of daily lifestyle activities and encouraged to attend. The service prepares newsletters for consumers and their representatives which are displayed and available in the foyer, with age care-specific information, such as the Older persons advocacy network (OPAN). Each consumer had a copy of the current lifestyle and activities calendar in their room and a communication board listed the clinical staff on that shift. The Assessment Team observed the communication board was updated at the start of each shift.

Consumers and representatives were satisfied that the consumer’s privacy is respected, and information is kept confidential. Staff demonstrated understanding about confidentiality of information and could describe how consumer information is protected. The electronic care planning system, computers and tablets were password protected. The service has a privacy framework in place supported by policies to guide staff practice.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers and representatives expressed confidence that the assessment and care planning process considers risks to the consumer’s health and well-being. Clinical staff demonstrated knowledge of consumers’ risks and described strategies to ensure their safe and effective care. Care planning documents reflected risks are considered and risk assessments are completed as part of assessment and care planning in line with the organisation’s admission processes. The service demonstrated it has a range of validated risk assessment tools in place to guide staff practice.

Consumers and representatives were satisfied assessment and care planning information was reflective of the consumers current care needs. Clinical staff described the organisation’s process in developing advance care directives. Consumer files included advance care directives completed in consultation with the consumer and their representees, where appropriate. Staff demonstrated understanding of consumers’ current needs, goals and preferences which aligned with care planning documents.

Consumers and representatives expressed satisfaction with their involvement in assessment and care planning. Staff described how consumers, representatives, other health professionals and external health service providers collaborate to ensure the delivery of safe and personalised care. Care planning documents demonstrated ongoing partnership between consumers and representatives with documented participation in care consultations, and input from other individuals and organisations involved in the care of the consumer.

Consumers and representatives confirmed they felt well-informed about the consumers care. While some representatives said they have not seen a care plan they were confident it would be provided on request. Care planning documents demonstrated outcomes of assessment and planning were documented and communicated to the consumer and representative in a timely manner.

Consumers and representatives expressed satisfaction in how the service reviews care and services provided to consumers when circumstances change and following incidents. All clinical staff demonstrated understanding of review processes. Consumer care documentation demonstrated review, reassessment and evaluation of consumer needs, goals and preferences following an incident or change in health status. Care and services are regularly reviewed for effectiveness during the 3-monthly ’Resident of the day’ evaluation process.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives were satisfied the provision of personal and clinical care meets the consumer’s needs and preferences. Representatives provided positive feedback specifically in relation to the management of pain, wounds and restrictive practices. Staff demonstrated a sound knowledge of each consumer’s care needs that aligned with the consumers assessed care needs. Care planning documents detailed individualised care that is safe, effective and tailored to the needs of the consumer in collaboration with specialist services. Consumers subject to restrictive practices had detailed and personalised behaviour support plans in place, with evidence of informed consent and ongoing medical review. The service has a comprehensive range of clinical care policies and work instructions to inform staff practice.

Care planning documents demonstrated risks are identified, assessed and include individualised strategies and care interventions with review and monitoring to minimise and manage the risks. Staff demonstrated an understanding of the high impact and high prevalence risks associated with each consumer and the assessed strategies to manage and minimise risk to the consumer.

Consumers and representatives expressed their satisfaction with the palliative care approach provided by the service. Consumer documentation demonstrated end of life wishes are discussed and documented, with care delivered in accordance with the consumers end of life wishes to ensure comfort is maximised and dignity preserved. Staff described the end of life care pathway and resources available to them to support consumers nearing end of life. The service maintains palliative care kits with equipment to provide aromatherapy.

Consumers and representatives were satisfied staff recognise signs of deterioration or changes to the consumers health condition in a timely manner. Clinical staff described how changes to a consumer’s circumstance or condition are identified, actioned, communicated and escalated, where necessary. Care planning documents and progress notes recorded the identification of, and response to, deterioration or changes in the consumer’s condition.

The service has systems and processes in place for communicating information about consumers’ conditions, needs and preferences. Information is documented in the consumer’s care plan, handover sheet and progress notes and is effectively communicated within the service and shared with external services involved in the consumers care, as required. Staff described how they refer to consumer care documentation to ensure the delivery of safe and effective care.

Consumers and representatives expressed satisfaction with the access and referral to their medical practitioner and other health professionals as needed. Care planning documents demonstrated timely and appropriate referrals to individual health professionals, other organisations and providers of other care and services. Staff described the service’s referral processes.

Consumers and representatives provided positive feedback on how the service manages infections. Staff demonstrated knowledge and understanding of infection control practices and described how they minimise the use of antibiotics in the service. The service has access to an organisational COVID-19 outbreak management plan, infection control and antimicrobial stewardship policies to guide staff practice.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives were satisfied with the supports of daily living the consumer receives to meet their individualised care needs, goals, and preferences. Staff demonstrated knowledge of individual consumers’ backgrounds, supports and interests in order to deliver personalised preferred activities aligned with care planning documentation. Lifestyle staff described how the activity program is informed by consumer preferences and one-to-one activities are available for consumers who choose not to attend group activities. Consumers are offered the opportunity to provide feedback about the activity program following group activities and at every bimonthly consumer meeting. Throughout the site audit consumers were observed to be engaged in group activities in line with the activity calendar.

Consumers and representatives described the services and supports available to promote emotional, spiritual and psychological well-being including access to church services, social workers, volunteers, and one-to-one time with staff. Staff demonstrated knowledge of consumers’ emotional and spiritual needs and described how they support individual consumers in accordance with care documentation.

Consumers said they are supported and encouraged to do things of interest to them, to maintain their personal relationships, and to participate in community activities within and outside the service as they choose. Staff outlined group activities provided at the service, and how consumers are supported with individual pursuits and personal relationships that are important to them. Care planning documents contained information about the consumer’s significant relationships, and information about their participation in activities of interest at the service and within the local community. The Assessment Team observed consumers being visited by their loved ones during the site audit.

The service demonstrated that it has systems and processes for communicating information about consumers’ conditions, needs and preferences within the organisation and with others where responsibility for care is shared. All consumers and representatives expressed satisfaction with the level of communication from the service and that staff were aware of their specific needs and preferences. Staff said they are informed about changes to consumer needs and this is communicated through care plans, handover sheets and discussions.

The service has processes in place to ensure consumers can access and are referred to appropriate individuals, other organisations and providers in a timely manner. Staff described referral processes and provided examples of organisations regularly accessed to provide additional support to consumers. Consumer documentation confirmed the involvement of a range of external providers. Representatives provided positive feedback in relation to support they have received from the service, including access to a professional counsellor to support their well-being.

Most consumers provided positive feedback in relation to the quantity, quality, and variety of food and are provided with alternative options if they do not like what is being offered. Catering staff and management said consumers have input into menu planning and food choices through a bimonthly consumer meeting. The chef described a seasonal 4-week rotating dietitian-approved menu, and provided examples of the various choices available to consumers. Care plans and printed kitchen dietary forms contained information regarding dietary requirements, and consumers were observed receiving meals in accordance with these documents. The dining experience was observed to be calm.

All consumers and representatives were confident the equipment provided and used to deliver care is safe, suitable, clean, and well-maintained. Staff confirmed they have access to sufficient equipment when they need it and described the cleaning process for shared equipment, and reporting processes for maintenance and repairs. Equipment was observed to be clean and well-maintained and suitable to meet the needs of the consumers.

# 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

All consumers interviewed said they felt comfortable, safe and are encouraged to personalise their rooms. Throughout the service, consumers were observed to be moving independently, when able, and freely using the courtyard and communal areas. The service was observed to be bright with natural sunlight throughout and navigational aids were displayed in both picture and word form to enhance the ability and interaction of consumers. Consumer’s rooms were observed to be personalised with photos and items of importance.

All consumers and representatives were satisfied the service is clean and maintenance is completed promptly. The service has cleaning schedules and policies in place to guide staff practice. All staff interviewed described the preventative and reactive processes for maintenance and repairs, and how they recognise, react, and escalate a hazard. Communal areas were comfortably furnished, and passageways and doors were observed to be clear to optimise consumer movement.

Consumers and representatives expressed satisfaction with the cleanliness and maintenance of fittings, fixtures and equipment. Maintenance registers demonstrated all maintenances requests had been actioned. A range of suitable equipment was observed to be available to meet the care and clinical needs of consumers. Call bells were observed to be within reach 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

All consumers and representatives were satisfied they are encouraged and supported to provide feedback and make complaints, and were aware of advocacy services and external complaint mechanisms. All consumers and representatives said they were comfortable providing feedback directly to staff and management. Staff were aware of advocacy and language services available to consumers and described how the service encourages consumers to provide feedback about their care and services through informal conversations with staff and management, feedback forms and regularly scheduled ‘residents and representative meetings. Feedback forms, advocacy and external complaints information was observed readily accessible and on display in the service.

Most consumers and representatives were satisfied appropriate and timely actions are taken in response to complaints or following an incident. While staff were unfamiliar with the term open disclosure, they demonstrated understanding of the principles in practice and described how they inform and apologise to consumers and representatives when things go wrong. Management described using open disclosure principles in their handling of feedback and complaints. The service demonstrated it has complaints and open disclosure policies and processes in place to guide staff practice.

Consumers and representatives were satisfied their feedback is used to improve care and services. Staff provided examples of improvements to care and services that were driven by consumer and staff feedback including the use of badges for staff and improved mealtime experiences. While the Assessment Team identified some gaps in the services feedback and complaints register, the service demonstrated it had self-identified the deficits and included appropriate actions in its Plan for Continuous Improvement to ensure all feedback and complaints are captured for appropriate classification, trending, and analysis.

# 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

Overall, consumers and representatives were satisfied with staffing numbers, confirming call bells are generally answered promptly. Staff said that unplanned leave is generally covered and this was supported by roster documentation. Management described how the workforce is planned, including the implementation of additional short shifts and an earlier start to morning shifts to meet the needs of consumers with responsive behaviours and consumers who rise early. The changes to the roster were in response to call bell analysis and the identification of peak times for assistance. Roster and allocation documentation demonstrated a consistent mix of nurse unit manager, registered and enrolled nurses, and allied health personnel. Registered nurses are allocated across all shifts, when a registered nurse is not available on the overnight shift, a supernumerary afterhours manager based in the acute ward is available to provide care and support. Call bell reports demonstrated staff respond to call bells in a timely manner.

Consumers and representatives were satisfied staff are kind and caring. Staff were knowledgeable and respectful of consumer backgrounds, culture and diversity. Staff were observed addressing consumers by name, proactively engaging with consumers and interacting in a kind, caring and patient manner when providing information.

Consumers and representatives said that staff know what they are doing, and were satisfied clinical staff have the skills to look after the specialised nursing care needs of the consumers. Consumers provided positive feedback regarding the skills and knowledge of staff employed in other roles at the service. Management demonstrated a robust recruitment process to identify, recruit and employ staff with appropriate skills and knowledge. Ongoing monitoring of staff skills and qualifications occur, including annual checks of nursing and allied health professional registrations for relevant staff. Education and monitoring records demonstrated staff are required to complete mandatory training, a range of core education and competencies relevant to their roles.

Staff provided positive feedback about the training provided and described a range of education topics in relation to legislative/regulatory changes such as the Serious Incident Response Scheme (SIRS), restrictive practices, PPE, and clinical care. The service demonstrated it identifies staff additional or supplementary training needs through feedback received from consumers or representatives, performance appraisals, and incident and audit results.

The organisation has effective processes to regularly assess, monitor and review the performance of the workforce. The service has policies and procedures in relation to staff performance and disciplinary matters. Staff confirmed that they have had regular performance appraisals with an opportunity to receive and provide feedback.

# 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 service demonstrated it has effective systems to engage consumers and representatives in the planning, delivery and evaluation of care, lifestyle and services. Consumers and representatives said they are engaged in care planning and service provision, are kept informed of any changes at the service, and confirmed they are invited to and attend resident/relative meetings. Meeting minutes confirmed consumer and representatives’ participation in meetings.

Consumers and representatives said they feel safe living at the service and live in an inclusive environment with the provision of quality care and services. The organisation has a suite of policies, procedures and work instructions that support and guide management and staff to provide a safe and inclusive culture for consumers and stakeholders. The Board is informed of quality indicators, feedback, and compliance issue and is supported by established committees to ensure accountability in the delivery of quality care and services.

The service demonstrated effective governance systems in relation to information management, continuous improvement, financial and workforce governance and regulatory compliance. Staff demonstrated understanding of the policies and processes that supported each of the governance systems. Regulatory compliance is managed centrally by the executive team who receive updates to legislative changes and communicate changes or updates to policies and procedures to staff through meetings, emails, and newsletters. The services quality improvement register demonstrated improvement activities are identified from various sources, actions are taken and evaluated following completion.

The organisation demonstrated it has effective risk management systems in place supported by policies and procedures documented to manage risk, abuse and neglect of consumers, supporting consumers to live the best life they can and incident management. Risks are reported, escalated and reviewed by management at the service level and organisation level. Staff demonstrated understanding of the service’s reportable incident system and described their responsibilities based on their position. Staff have completed training in SIRS. Management is aware of its reporting responsibilities in relation to reportable and non-reportable events and appropriate registers are maintained. The clinical incidents report, along with meeting minutes demonstrated the discussion of risks and strategies for individual consumers, and discussion of risks and strategies reviewed at relevant committees for trending and analysis.

The organisation demonstrated it has a clinical governance framework which includes antimicrobial stewardship, minimising the use of restraint and open disclosure policies and procedures. Management described their clinical governance roles and responsibilities, clinical and quality meetings, and the review and monitoring of obligations to maintain safe and quality care. Staff confirmed receiving education about the policies and procedures and were able to provide examples of the relevance to their work.

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)