

**Performance Report**

**1800 951 822**

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| Name: | Karinya Residential Care |
| Commission ID: | 7222 |
| Address: | 50 Felspar Street, NARROGIN, Western Australia, 6312 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 27 November 2024 to 28 November 2024 |
| Performance report date: | 18 December 2024 |
| Service included in this assessment: | Provider: 347 Narrogin Cottage Homes Inc  Service: 4750 Karinya Residential Care |

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 Residential Care (**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, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others;
* an email from the provider received 14 December 2024 acknowledging the Assessment Team’s report and recommendations; and
* a performance report dated 27 May 2024 for an assessment contact undertaken from 3 April 2024 to 4 April 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not fully assessed |
| **Standard 7** Human resources | **Not fully assessed** |
| **Standard 8** Organisational governance | **Not fully 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)(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 |

Findings

**Requirement (3)(a)** was found non-compliant following as assessment contact undertaken in April 2024 as each consumer was not provided safe and effective clinical care that was tailored, or optimised their health and wellbeing, specifically in relation to management of pain, falls, chemical restraint, wounds and pressure injuries. In response to the non-compliance, the provider has implemented a range of improvement actions, including, but not limited to, changes to pain processes, including review of pain charts; training for medication competent staff and registered nursing staff on medication management, pressure injuries, behaviour charting and deterioration and escalation; and repositioning charts for consumers at risk of pressure injuries, with a decrease in pressure injuries noted.

**At the assessment contact in November 2024**, effective processes to ensure each consumer receives safe and effective personal and clinical care were demonstrated. Care files evidence tailored, best practice care relating to wounds, falls, pain, restrictive practices, nutrition and hydration, and monitoring of pain, vital and neurological observations. Care files also evidence involvement of general practitioners and allied health professionals in consumers’ care. Staff described how they tailor care to consumers’ needs and ensure best practice is applied, optimising consumers’ health and wellbeing. Consumers and representatives interviewed are satisfied clinical and personal care is delivered according to consumers’ needs and preferences.

Based on the Assessment Team’s report, I find requirement (3)(a) in Standard 3 Personal care and clinical care compliant.

# 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 |

Findings

**Requirement (3)(a)** was found non-compliant following as assessment contact undertaken in April 2024 as there were insufficient numbers of staff to deliver safe and quality care and services. In response to the non-compliance, the provider has implemented a range of improvement actions, including, but not limited to, recruitment/appointment of registered nurses and a care manager; increasing care staff during night shift; and appointing a night shift registered nurse, ensuring the service has 24 hour nursing coverage.

**At the assessment contact in November 2024**, consumers and representatives interviewed said there are enough staff to meet consumers’ needs and they feel consumers are well cared for. Skill mix of staff is considered in addition to staffing levels, based on consumers’ needs and preferences, with staff allocated to support continuity of care and services. Rostering is closely monitored to ensure any issues with staffing levels and rostering are resolved in a timely manner. There are processes to manage planned and unplanned staff leave. Workforce reporting shows the number and mix of the workforce, such as staff ratios, care minutes, resignations, staff leave and gaps in service delivery are monitored. Staff interviewed feel able to complete their duties effectively due to staff numbers.

Based on the Assessment Team’s report, I find requirement (3)(a) in Standard 7 Human resources compliant.

# Standard 8

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| Organisational governance | |  |
| 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**

**Requirements (3)(d) and (3)(e)** were found non-compliant following an assessment contact undertaken in April 2024 as effective risk management systems and practices, specifically identifying and responding to abuse and neglect and managing and preventing incidents were not demonstrated; and an effective clinical governance framework to maintain and improve the safety and quality of clinical care and improve outcomes for consumers was not demonstrated, including in relation to antimicrobial stewardship and minimising use of restraint. In response to the non-compliance, the provider has implemented a range of improvement actions, including, but not limited to, review and update of falls, pain, and antimicrobial stewardship policies; conducting an audit regarding clinical staff access to adequate information on management of high impact or high prevalence risks; a training calendar to educate staff on serious incident reporting scheme (SIRS) reporting procedures; staff training on what constitutes restrictive practice and an evidence-based clinical pathway for urinary tract infections; and a pathway to guide staff on when to escalate suspected infections to the general practitioner.

**At the assessment contact in November 2024**, effective risk management systems and practices, supported by policies, procedures and staff training, were demonstrated. High impact or high prevalence risks are monitored through collating and analysing clinical indicators. A high risk high prevalence register is maintained, and individual consumer reviews are undertaken where risk is identified. Policies and procedures are available to support staff and management to identify and respond to abuse and neglect of consumers. Staff confirm they have received training on identifying abuse and neglect and SIRS reporting requirements, and said they escalate any concerns to the registered nurse. There are processes to support consumers to live their best life by seeking their input into the care and services they receive and ensuring their choices and preferences are met, including a dignity of risk (or negotiated risk) process. Ongoing embedment of assessment, review and reporting processes of care needs and incident data ensures analysis of quality indicators of care and incidents is completed.

The organisation’s clinical governance framework includes, but is not limited to, staff training, policies and practices that aim to maintain and improve the reliability, safety and quality of clinical care, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Clinical staff are aware of antimicrobial stewardship principles and described how this applies in practice. Antimicrobial usage and resistance is monitored, with findings reported to the clinical governance team. An antimicrobial spreadsheet is maintained and shows antimicrobial prescribing is regularly monitored and reported on. The organisation’s policy supports minimal restrictive practices and documentation generally demonstrates prior to restrictive practices being used other interventions are trialled. A register of restrictive practice types and descriptions is maintained, regularly monitored and reported on. Recent management reports show chemical restraint has been reduced from 9 in October 2024 to 5 in November 2024, highlighting a focus on reduction of specific restrictive practices within the service. Staff are aware of open disclosure principles and described how this applies in practice. Documentation, such as incident reports, including SIRS, evidence use of open disclosure when things have gone wrong.

Based on the Assessment Team’s report, I find requirements (3)(d) and (3)(e) in Standard 8 Organisational governance compliant.

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