Performance

Report

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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: | 3 April 2024 to 4 April 2024 |
| Performance report date: | 27 May 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.

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 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;
* the provider’s response to the assessment team’s report received 10 May 2024. The response includes commentary relating to the deficits identified in the assessment team’s report, documentation to support the provider’s statements, and outlines a range of actions implemented and/or planned to address the deficits; and
* a performance report dated 16 October 2023 for an assessment contact – site undertaken on the 28 August 2023 to the 29 August 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Compliant |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 3 requirement (3)(a)**

* Ensure staff have the skills and knowledge to provide personal and/or clinical care and services to consumers in line with their assessed needs and preferences and the service’s processes, and that is tailored to their needs and optimises their health and well-being, including in relation to pain, falls, medication management, skin integrity and wound care.

**Standard 7 requirement (3)(a)**

* Ensure appropriate and adequate staffing levels, and staff of the right mix are maintained to deliver quality care and services in line with consumers’ preferences and assessed needs.

**Standard 8 requirements (3)(d) and (3)(e)**

* Review the organisation’s risk management processes in relation to responding to abuse and neglect and managing and preventing incidents.
* Review the organisation’s clinical governance framework, including in relation to antimicrobial stewardship and minimising use of restrictive practices.

# 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. | Not Compliant |

Findings

**Requirement (3)(a)** was found non-compliant following an assessment contact undertaken in August 2023 as each consumer did not receive safe and effective clinical care, specifically in relation to restrictive practices and post falls management. The assessment team’s report includes actions implemented by the provider in response to the non-compliance, including adding a diabetic care plan to the electronic care system, and adding prompts to electronic referral forms reminding registered nursed to check consumers’ daily for any side effects or changes related to psychotropic medication changes. However, at the assessment contact in April 2024, the assessment team recommended this requirement not met as eight consumers were not receiving safe and effective care in relation to pain, falls, chemical restraint and pressure injuries.

Records and interviews confirm Consumer A continued to experience severe pain that was not monitored or managed effectively for seven days in March 2024, with pain scores between five and nine out of 10. During this time, a wound dressing was attended with staff recording deterioration of the wound. A wound swab was sent to pathology, and antibiotics prescribed. Regular pain monitoring was not recorded in line with organisational policy until Consumer A complained of severe pain. Medication charts and pain charts show for a seven day period in March 2024, there were seven occasions of gaps between 15 and 54 hours where staff did not record monitoring and/or administer as required analgesia. The representative said pain has not been well managed, and Consumer A has experienced terrible pain during wound care.

Consumer B has had 10 falls since January 2024. Reassessments have been completed and referrals to the general practitioner (GP) and allied health professionals initiated, however, effectiveness of falls prevention strategies has not been evaluated. Staff have not followed best practice guidelines or organisational policy following falls, including notifying the GP, representative or manager, completing neurological observations or completing risk assessments following each fall. Staff interviewed said they try to watch Consumer B as much as they can, and Consumer B walks independently and has had several falls, some unwitnessed. Administration of an as required antipsychotic medication had not been considered as a contributing factor for Consumer B’s risk of falls. Medication competent staff are not working within their scope of practice, administering the medication on seven occasions between February and March 2024 without recording authority to administer. While an evaluation of the effectiveness of the medication is occasionally recorded, monitoring for side effects and well-being post administration is not.

Seven consumers have a total of 10 pressure injuries (stage one or two), causing pain, discomfort, and ongoing wound care. Care plans include interventions, such as repositioning, however, staff interviewed, and observations confirmed regular repositioning does not occur. Three consumers with stage one and stage 2 pressure injuries were observed over two days of the visit sitting upright in a chair or in bed. For two consumers, regular wound measurements, descriptions, reviews, or evaluations have not been recorded in line with organisational policy. Management said they have ongoing issues with staff compliance in recording wound measurements and descriptions, and in following instructions and policies.

The provider’s response includes commentary and supporting documentation, including to address specific points in the assessment team’s report relating to Consumers A and B, as well as the deficits relating to pressure injuries and wound management. The response also outlines a range of actions to address the deficits identified, including, but not limited to, updating pain policies to include specific processes; providing education to staff on effective pain monitoring, falls management, pressure care, behavioural monitoring and as required medication use; updating the falls policy; producing a wound protocol for agency registered nurses to better understand the organisation’s wound care processes; and developing routine positioning schedules for consumers.

The provider asserts records show Consumer A’s pain was monitored almost every day since March 2024, and while some days are missed, Consumer A’s pain settled between pain assessments. The provider’s response clarifies Consumer B has had eight falls since January, not 10 as noted by the assessment team. The response includes current plans to prevent falls and general falls prevention strategies. The provider acknowledges three of seven falls risk assessments were not completed following falls. The provider’s response includes a time line of antipsychotic use and impact on Consumer B’s falls, as well as a description of each of the seven occasions the as required chemical restraint was administered. The provider acknowledges documentation relating to gaining authority to administer a chemical restraint is an area that needs work. The provider asserts the policy is if there is no registered nurse available, medication competent carers are able to administer as required medications if the doctor has charted it and the reasons for which it is prescribed. The provider also asserts consumers are always monitored for side effects. The provider’s response outlines plans to manage Consumer B’s behaviours which have been discussed with the care manager, occupational therapist and registered nurse.

The provider’s response acknowledges completing wound measurements is an area that needs work, however, assert regular wound reviews/descriptions/evaluations are conducted and included a sample of wound chart ‘snapshots’ in their response. The provider also asserts if it is something that can be seen in the wound photograph, generally wound description is not completed on the wound chart. The provider’s response clarified the assessment team’s evidence stating six consumers have a total of six pressure injuries, with another consumer having an open wound chart for monitoring the pressure area. The provider acknowledges repositioning is an area that needs work.

I acknowledge the provider’s response. However, I find each consumer has not been provided safe and effective clinical care that is tailored to their needs and optimises their health and well-being, specifically in relation to management of pain, falls, chemical restraint, wounds and pressure injuries.

In relation to Consumer A, I have placed weight on feedback provided by the representative indicating pain was not well managed, and Consumer A experienced terrible pain during wound care. This is supported by the pain management and monitoring chart included in the provider’s response where during the time frame outlined in the assessment team’s report, Consumer A’s level of pain was described as severe on four of the seven days, with pain scores ranging from six to nine out of 10 and only one day noted as zero out of 10. I have considered despite Consumer A experiencing acute pain, regular monitoring and recording of Consumer A’s pain experience has not been undertaken to enable appropriate management strategies, such as consideration of administration of pain relief prior to wound dressing changes, to be implemented.

In relation to Consumer B, I find post falls management has not been consistently undertaken in line with organisational processes. Falls risk assessments and neurological observations post falls have not been consistently undertaken, which does not ensure changes to the consumer’s condition are effectively monitored, identified and prompt action taken in response or additional management strategies to minimise risk of falls to be considered and implemented. I have also considered strategies, including physical assistance with transfers and ambulation, recommended by an allied health professional in January 2024 have not been implemented to minimise Consumer B’s risk of falls. Staff feedback contradicted these recommendations, stating Consumer B walks independently. The provider states staff do their best to ensure Consumer B has assistance while mobilising as much as possible, however, there are 13 consumers in the wing, and it is not viable to have a staff member providing one to one support during the majority of the day and night. The provider’s response shows Consumer B has had two falls since these recommendations were implemented. While I acknowledge plans outlined to manage Consumer B’s behaviours, there is no indication these plans have been developed in consultation with Consumer B’s representatives. In relation to antipsychotic medications, the provider’s response shows these medications have been regularly reviewed, with prescribing and deprescribing of medications noted since December 2023. However, I consider appropriate measures have not been consistently taken by medication competent staff or enrolled nurses, in line with organisational policy, to gain authority to administer this medication to Consumer B or to monitor effectiveness of the medication. I would also encourage the provider to consider reviewing current processes relating administration of antipsychotic medications by medication competent staff, particularly at night where current processes do not require authority of administration by a registered nurse, and whether these staff have the required skills, knowledge and competency to make clinical judgements relating to the use of such medications.

I consider the organisation’s current practices do not ensure wounds are effectively monitored or assessed to enable wound progression to be tracked or wound deterioration to be effectively identified and actioned, with wound measurements and description of wounds at each dressing change not recorded. I note the provider states wound description is not completed on wound charts if it is something that can be seen in the wound photograph, however, the provider should consider if this is an effective measure to monitor wound progression.

Three consumers with or at risk of pressure injuries were not repositioned over two days of the assessment contact, and staff said regular repositioning does not occur. Pressure injury strategies outlined in the provider’s response do not include repositioning requirements for two of these consumers, and only repositioning frequency for when the other consumer is in bed. The provider’s response indicates one of the three consumers does not have a pressure injury, however, the area is monitored. As such, I consider appropriate measures are not being undertaken to minimise consumers’ risk of pressure injuries.

I acknowledge the actions implemented and/or planned to address the deficits identified as outlined in the provider’s response. However, I consider time will be required to establish efficacy, staff competency and improved consumer outcomes.

For the reasons detailed above, I find requirement (3)(a) in Standard 3 Personal care and clinical care non-compliant, therefore, the Standard is non-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. | Not Compliant |

Findings

**Requirement (3)(a)** The assessment team recommended this requirement not met as the right number and mix of workforce deployed does not enable the delivery of safe and quality care and services. Five consumers and representatives said the service does not have enough staff resulting in the delay of care provision and staff being rushed, not assisting in a timely manner and sometimes being unkind. One consumer described regularly waiting for staff to assist with continence care which has resulted in episodes of incontinence, and a representative said hospitality staff often assist consumers with continence care as care staff are not available. Five staff said there is not enough staff to deliver care to consumers in peak times, including personal care and meals. Staff also said as there are not enough staff on shift to supervise a consumer and to manage their behaviours, a chair is placed in front of two of three exits leading into the garden to prevent the consumer from opening the door as staff are unable to supervise them. The service does not have registered nurse on duty at night resulting in multiple occasions where medication competent care staff have initiated and administered psychotropic medication to a consumer without clinical input.

The provider’s response includes an overview of the issues the organisation has experienced with ensuring a sufficient and skilled workforce, noting staffing has been an issue since November 2021. The response acknowledges there is currently no registered nurse on site during the night shift and the provider states they are negotiating with two agencies to find experienced aged care registered nurses willing to work nights and assist with administration tasks.

I acknowledge the provider’s response, however, I find sufficient numbers of staff to deliver safe and quality care and services was not demonstrated. I have placed weight on feedback provided by consumers and representatives interviewed indicating insufficient staff to provide safe and quality care and services and the resulting impacts described, particularly on one consumer’s dignity and well-being. While the provider’s response indicates therapy and hospitality staff assist ambulant consumers to walk to the toilet and have been guided in this, I consider these staff would not necessarily have the knowledge, training or skills to assist consumers with these activities, nor should they be expected to. I have also considered feedback provided by staff indicating staffing levels are not sufficient, particularly during peak times, and the measures applied to manage one consumer’s behaviours as there are not enough staff to provide effective supervision. Furthermore, I consider the service is not providing sufficient or effective clinical oversight of consumers and staff practices, specifically overnight.

For the reasons detailed above, I find requirement (3)(a) in Standard 7 Human resources non-compliant, therefore, the Standard is non-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. | Not 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. | Not Compliant |

Findings

**Requirement (3)(d)** was found non-compliant following an assessment contact undertaken in August 2023 as therisk management framework was not effective, specifically in relation to consumers wishing to take risks and the incident management system. The assessment team’s report includes actions implemented by the provider in response to the non-compliance, including implementing a risk register; commencement of clinical governance meetings; and monitoring unfinished accidents/incidents.

However, at the assessment contact in April 2024, the assessment team recommended this requirement not met as an effective incident management system to prevent further incidents for consumers occurring was not demonstrated. Incident reports are not always completed in full which has not been identified by the governance system, and strategies to mitigate further risk to consumers have not been consistently implemented, and where they have, they have not been monitored for effectiveness. Clinical staff do not consistently follow organisational processes in relation to management of incidents, including completion of assessments, and not all incidents are reported by staff, reported in full or investigated. The service did not demonstrate an understanding of reporting requirements in relation to allegations of abuse and incidents are not always reported as required to the Serious Incident Response Scheme (SIRS). Medication related risks are not always effectively managed, especially in relation to care staff providing as required medications with no clinical staff presence on site, no indication clinical staff are consulted prior to administration, or effectiveness of the medication monitored post administration.

The provider’s response includes commentary and supporting documentation, including to address specific points in the assessment team’s report. The provider’s response stated one factor for unfinished reports is due to the high turnover of agency registered nurses who have a lack of familiarity with the organisation’s processes, are not used to the service’s set up and routine, and some ignore processes and reminders. The response also outlines a range of actions to address the deficits identified, including, but not limited to, authorising registered nurses to extend their shifts to complete unfinished reports, and redeveloping the quick process guideline.

I acknowledge the provider’s response. However, I find effective risk management systems and practices, specifically in relation to identifying and responding to abuse and neglect and management and prevention of incidents were not demonstrated. I have considered the service failed to identify and/or report incidents, specifically those requiring consideration in line with the SIRS requirements, and the service’s legislative responsibilities. Staff have not demonstrated an understanding and application of the incident reporting and escalation processes. Not all consumer incidents have been documented, escalated or reported, or incident forms completed in full which does not ensure all incidents are captured to assist to identify trends and opportunities for improvement or risks to consumers’ health and well-being are minimised and/or eliminated. I acknowledge actions implemented and/or planned to address the deficits identified as outlined in the provider’s response. However, I consider time will be required to establish efficacy, staff competency and improved consumer outcomes.

While I acknowledge evidence highlighted in the assessment team’s report relating to medication risks, I do not consider this demonstrates systemic deficits with risk management systems and practices relating to managing high impact or high prevalence risks overall. I have considered this evidence in my finding for requirement (3)(a) in Standard 3. I am unable to form an opinion on the organisation’s systems and practices relating to supporting consumers to live the best life they can as there is no evidence presented in the assessment team’s report or provider’s response relating to this aspect of the requirement.

**Requirement (3)(e)** was found non-compliant following an assessment contact undertaken in August 2023 as the clinical governance framework was not effective, specifically in relation to minimising the use of restraint. The assessment team’s report includes actions implemented by the provider in response to the non-compliance, including creating a restraint monitoring and documentation pathway; creating a new form to record psychiatrist consultations when reviewing consumers’ restraints; and commencing clinical governance meetings in March 2024.

However, at the assessment contact in April 2024, the assessment team recommended this requirement not met as an effective clinical governance framework was not demonstrated. While clinical care policies have been updated, staff are encouraged to follow quick process guidelines that do not align with policy documents. Management said most clinical staff are agency who work at the facility for a period of up to three months and it takes time for them to learn organisational processes, and all new clinical staff members are provided with a copy of quick process guidelines and encouraged to refer to it when required. Clinical governance meetings recommenced in March 2024 have not been held for some time, and management said meetings in the current form have not been effective as there have not been enough registered staff available to attend the meetings and will now be inviting care staff to attend.

Four consumer records show antibiotics or antifungals have been prescribed prior to a pathology result, and in some instances, there was no record of a specimen being sent. Records did not show regular reviews are undertaken for consumers using a chemical restraint. The last review dates recorded for one consumer was May 2023 and another September 2023. Consumers do not have behaviour support plans with personalised strategies to manage behaviours or which identify chemical restraint is used. Strategies recorded as ineffective and resulting in the use of chemical restraint are not being reviewed and replaced with other strategies. Consistent use of open disclosure was not demonstrated, with the assessment team’s report highlighting examples for two consumers where representatives had not been informed of incidents.

The provider’s response includes commentary relating to specific aspects of the assessment team’s report, as well as supporting documentation. The response indicates prescribing of antibiotics is up to the GP’s clinical judgement whether an infection has to be treated while waiting for a result or delayed treatment until a pathology result is available. The response also outlines processes in place to minimise use of restraint, including psychotropic medication meetings, which includes, but is not limited to, review of behaviour support plans; and three monthly audits of psychotropic medications by the pharmacist and review by the GP.

I acknowledge the provider’s response. However, I find 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. Quick process guidelines, which staff are encouraged to use to guide clinical processes are not in line with updated clinical policies. Clinical oversight overall has not been effective, with clinical governance meetings not held for some time, only recommencing in March 2024. I have also considered the finding of non-compliance in requirement (3)(a) in Standard 3 indicates the organisation’s clinical governance framework is not effective, with this requirement also found non-compliant following an assessment contact in August 2023.

I find current practices do not ensure effective prevention, management or control of infections and antimicrobial resistance or that antimicrobials are prescribed in line with best practice guidelines. Antibiotics and/or antifungals are being commenced without pathology testing or prior to pathology results being received. While I acknowledge processes the organisation has in place to minimise use of restrictive practices, I have placed weight on evidence highlighted in the assessment team’s report demonstrating regular review of consumers subject to restrictive practices has not occurred. Additionally, where behaviour management strategies have been ineffective, additional management strategies have not been identified and implemented, resulting in chemical restraint being used. As such, I find the organisation’s systems and practices do not ensure restrictive practices are managed in accordance with legislative requirements or opportunities to minimise use of restrictive practices identified or actioned.

While I acknowledge the evidence highlighted in the assessment team’s report relating to open disclosure, this evidence was limited to incidents relating to two consumers. The provider’s response includes commentary stating in relation to two of the incidents, representative were informed. However, I do not consider the evidence presented demonstrates systemic deficits relating to open disclosure overall. I am unable to form an opinion on the organisation’s systems and practices relating to open disclosure as, apart from the two examples provided, there is no further evidence presented in the assessment team’s report or the provider’s response relating to this aspect of the requirement.

For the reasons detailed above, I find requirements (3)(d) and (3)(e) in Standard 8 Organisational governance non-compliant, therefore, the Standard is non-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)