Performance

Report

**1800 951 822**

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| Name of service: | Karlarra House |
| Service address: | 200 Forrest Circle SOUTH HEDLAND WA 6722 |
| Commission ID: | 7297 |
| Approved provider: | Western Australian Government |
| Activity type: | Assessment Contact - Site |
| Activity date: | 18 July 2023 |
| Performance report date: | 23 August 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 Karlarra House (**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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management; and
* a Performance Report for a Site Audit undertaken from 21 September 2021 to 23 September 2021.

The provider did not submit a response to the Assessment Team’s report.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been 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 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 |

Findings

Requirement (3)(a) was found non-compliant following a Site Audit undertaken from 21 September 2021 to 23 September 2021 as consumers’ choices and dignity needs were found to not be consistently met. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, reviewing continence assessments and care plans; provided training to staff on cultural engagement, person centred care and continence care; and organising duty lists to be reviewed to match consumers’ personal care needs and preferences relating to personal care.

At the Assessment Contact undertaken on the 18 July 2023, consumers and representatives said staff are always respectful, use consumers’ preferred name and provide care and services in line with their choice and preferences. Staff from various disciplines knew consumers well and described how they provide care and services in line with consumers’ cultural needs and preferences. Staff also confirmed they had received training in relation to dignity and respect, as well as continence care. Staff were observed interacting with consumers in a way that respected their dignity and were speaking to consumers in a respectful tone.

For the reasons detailed above, I find requirement (3)(a) in Standard 1 Consumer dignity and choice compliant.

# 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)(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

Requirement (3)(a) was found non-compliant following a Site Audit undertaken from 21 September 2021 to 23 September 2021 as consumers’ clinical care was found to not be consistently tailored to their needs to optimise their health and well-being. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, reviewed care plans to determine consumers’ sleep patterns and continence needs; reviewed the staffing model to ensure staff timetabling meets requirements and needs of consumers; and reviewed rosters and Registered nurse workflow to manage schedule 8 medications.

At the Assessment Contact undertaken on the 18 July 2023, each consumer was found to be receiving safe and effective personal and clinical that was tailored to their needs and optimised their health and well-being. Care files were reflective of consumers’ individualised personal care needs and demonstrated appropriate management of personal care, pain, restrictive practices, wound, sleep preferences and specialised nursing care needs. Care files also demonstrated involvement of Allied health professionals in consumers’ care. Staff described how they ensure consumers are receiving care that is safe and effective, with reference to sampled consumers’ individual care needs. Consumers and representatives were satisfied consumers receive personal and clinical care that supports their health and well-being and were satisfied with specific aspects care, including pain, specialised nursing and personal care.

In relation to requirement (3)(g), there are processes to minimise infection related risks, including through use of standard precautions to prevent and control infections. The service has an Infection prevention and control lead who is onsite Monday to Friday. Appropriate antibiotic prescribing is used, and clinical staff described processes they follow to reduce the risk of increasing antibiotic resistance. Policies and procedures related to infection related issues, such as outbreak management are available to guide staff practice and documentation confirmed staff have completed infection control training. Consumers and representatives interviewed were satisfied with the current measures to minimise spread of COVID-19 and other infections.

For the reasons detailed above, I find requirements (3)(a) and (3)(g) 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 a Site Audit undertaken from 21 September 2021 to 23 September 2021 as the workforce was not planned and the number and mix of members of the workforce deployed did not enable the delivery and management of safe and quality care and services. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, reviewing current rostered hours for staff and staffing levels during activity times; organising shorter shifts and flexible hours to accommodate for consumers’ needs; and increasing staffing levels to align with the updated requirements which commenced in 2023.

At the Assessment Contact undertaken on the 18 July 2023, rosters and staff allocation sheets demonstrated there are processes to ensure there are enough staff members to provide safe and quality care and services daily. Consumer acuity needs and feedback from staff, consumers and representatives is used when reviewing staff allocations and staff confirmed feedback they provide in relation to rostering is acknowledged and actioned. There are processes to manage planned and unplanned leave. Staff from various disciplines confirmed they have sufficient time to undertake their duties and do not feel rushed. Observations showed consumers were being attended to in a calm and unrushed manner. Consumers interviewed confirmed there are enough staff to provide care and services.

For the reasons detailed above, I find requirement (3)(a) in Standard 7 Human resources compliant.

# Standard 8

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| Organisational governance | |  |
| 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

Requirement (3)(e) was found non-compliant following a Site Audit undertaken from 21 September 2021 to 23 September 2021 as an effective clinical governance framework relating to use of psychotropic medication as chemical restraint was not demonstrated. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, developing a register to ensure all restrictive practices are monitored on a regular basis; and reviewed all restrictive practices and checking appropriate request of documentation for compliance and appropriateness.

At the Assessment Contact undertaken on the 18 July 2023, an effective clinical governance framework, inclusive of antimicrobial stewardship, minimising use of restraint and open disclosure, was demonstrated. Related policies and procedures are available to guide staff practice and staff interviewed were aware of their responsibilities relating to these aspects of the framework.

For the reasons detailed above, I find requirement (3)(e) in Standard 8 Organisational governance compliant.

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