Performance

Report

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| Name of service: | Killarney Court Aged Care Facility |
| Service address: | 37 Cornish Avenue KILLARNEY VALE NSW 2261 |
| Commission ID: | 0318 |
| Approved provider: | Alino Living |
| Activity type: | Site Audit |
| Activity date: | 29 November 2022 to 1 December 2022 |
| Performance report date: | 4 January 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 Killarney Court Aged Care Facility (**the service**) has been prepared by Kathryn Spurrell, 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.
* the provider’s response to the assessment team’s report received on 15 December 2022.
* other information and intelligence held by the Commission in relation to the service.

# 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

Consumers confirmed they were treated with respect and dignity and their identity, culture, and diversity was valued. Staff were observed to treat consumers with dignity and respect and understood consumers’ individual identities and preferences. Care planning documentation reflected what was important to consumers with regards to their identity.

Consumers said they received care and services which were culturally safe and aligned to their care needs and preferences. Staff showed an understanding of consumers’ backgrounds and were supported by policies and procedures around providing culturally safe care and services.

Consumers felt they were supported to make choices regarding their care and the way services were delivered and to communicate these decisions, who was involved in their care, and to maintain relationships of choice. Care planning documentation detailed consumers’ choices and reflected changes in consumers’ needs and preferences. Staff provided examples of how consumers were assisted to make choices about their care and services.

Consumers were supported to take risks which enabled them to live the best life they could. Care planning documentation recorded discussions with consumers regarding risk taking and demonstrated appropriate risk assessments and consents were completed. Staff described how consumers were supported to understand the benefits and potential harm of taking risks.

Consumers and representatives confirmed they received timely updates and said they are kept informed of all matters relating to the service. The Assessment Team observed the information provided to consumers and representatives was accessible in clear and easy to understand formats.

Staff described practical ways consumer privacy was respected and personal information kept confidential. The Assessment Team observed staff knocking on consumers’ doors prior to entering and closing doors when providing care. Consumers and representatives confirmed their privacy was respected.

# 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

The Service was found non-compliant in Standard 2 in relation to Requirement 2(3)(a) following a site audit in February 2021. Evidence in the site audit report dated 29 November to 1 December supports that the Service has implemented improvements to address the non-compliance and is now compliant with this Requirement.

The service demonstrated assessment and planning considered risks to consumers’ health and well-being and utilised a range of validated risk assessment tools. Consumers and representatives said they received the care and services they need and were involved in care planning development. Staff described the care planning process and how it informed the delivery of safe and effective care and services. Management presented examples of risks that are considered during consumer assessment and planning and described how they influenced the delivery of care and services.

Consumers said the service provided opportunities to discuss consumers’ current care needs, goals, and preferences, including advance care directives and end of life care planning. Care planning documentation recorded consumers’ individual needs and preferences and included advance care plans where consumers consented. Clinical staff and management said opportunities to discuss end of life planning were taken when care needs change and during routine care plan reviews.

Consumers confirmed they were actively involved in assessment, planning, and review of their care and services. Care planning documentation demonstrated involvement of consumers and representatives and a diverse range of allied health providers.

The Service was found non-compliant in Standard 2 in relation to Requirement 2(3)(d) following a site audit in February 2021. Evidence in the site audit report dated 29 November to 1 December supports that the Service has implemented improvements to address the non-compliance and is now compliant with this Requirement.

Consumers and representatives confirmed they had been offered a copy of their care and services plan and described effective communication from staff through telephone calls and participation in case conferences. Care planning documentation demonstrated outcomes of assessments and care planning were communicated to consumers and representatives in a timely and appropriate manner. Staff described outcomes of assessments which are documented in case conference records and in care plans for consumers in the electronic care management system. Care planning documentation demonstrated that outcomes of assessment and care planning are communicated to consumers and representatives in a timely and appropriate way.

Staff described the services’ process for regular four monthly reviews of care and services, and reviews when circumstances change. Care planning documentation confirmed care and services plans were evaluated for effectiveness within the last four months, and when needs, goals or preferences of consumers had changed.

# 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

The Service was found non-compliant in Standard 3 in relation to Requirement 3(3)(a) following a site audit in February 2021. Evidence in the site audit report dated 29 November to 1 December supports that the Service has implemented improvements to address the non-compliance and is now compliant with this Requirement.

The service had reviewed and updated mobility and dexterity, wound, and diabetes care plans and implemented new policies and procedures related to falls, wounds, and diabetes management. Consumers, management, and staff described how cares and interventions were based on individual consumers’ needs which were safe and effective and promoted consumer health and well-being.

Consumers and representatives confirmed the care and services they received was appropriate to their needs and said their risks are managed. Care documentation reflected the identification of high impact or high prevalence risks. The service had a suite of clinical policies and procedures which supported and guided staff practice in the management of high impact and high prevalence risks.

The service demonstrated consumers were assessed and identified when nearing the end of life to have their dignity preserved and care provided in line with their needs and preferences. Consumers expressed confidence that the service would support them with end-of-life care when it is required. All staff confirmed palliative care forms part of their annual mandatory training.

Consumers and representatives said the service recognised and responded to changes in condition in a suitable and timely manner. Care planning documentation demonstrated appropriate identification and response to deterioration or changes in consumers’ condition. Staff described their roles in recognising and escalating changes in consumers’ condition.

Consumers and representatives confirmed care was consistent and reliable and staff were well informed about the consumers’ cares and when changes occurred. Care planning documentation contained adequate information to support the effective and safe sharing of consumers’ information. Staff described how information was documented in progress notes and shared with staff, representatives and other health professionals as required.

Consumers and representatives reported that the service had a network of allied health professionals who attend the service when needed, and referrals were always timely and appropriate. Staff described the referral process and the various external providers utilised. Care planning documentation demonstrated appropriate referrals were made to medical officers and other health providers.

The service demonstrated preparedness in the event of an infections outbreak and antibiotic best practice in line with antimicrobial stewardship guidelines. The service had current infection control policies and procedures which supported the minimisation of infection-related risk through the promotion of infection control principles and antimicrobial stewardship.

# 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 said they received services and supports for daily living that met their needs, goals, and preferences. Staff demonstrated an understanding of what was important to consumers and what they liked to do. Care planning documentation included information about the services and supports required for consumers to optimise their quality of life, health, well-being, and independence.

Consumers and representatives considered they received emotional, spiritual, and psychological supports which promoted, maintained, and sustained their mental well-being. Management and staff described various programs available at the service which supported consumers’ emotional and spiritual well-being. Care planning documentation reflected consumers’ emotional, spiritual, and psychological needs and preferences.

Consumers confirmed they could participate in activities of interest to them and had social and personal relationships. Care planning documentation included information about how consumers participate in the community, do things of interest to them, and stay connected with family and friends.

Consumers confirmed changes in their needs, preferences and condition are communicated within the service and with others where responsibility is shared. Staff described they handover process and how they were kept informed of changes to consumers’ condition, needs, or preferences. Care planning documentation provided adequate information to support the delivery of effective and safe care and services.

Care planning documentation confirmed the service collaborated with external providers to support the diverse needs of consumers and consumers confirmed referrals to external providers were timely and appropriate. The service was supported by policies and procedures related to referrals to external providers.

Consumers reported satisfaction with the quality, quantity and variety of the meals provided at the service and consumers had input into the menu through monthly food focus groups. The Assessment Team observed meals to be well-presented, tables were set with tablecloths and consumers were assisted in a caring manner.

Equipment which supported consumers to engage in activities for daily living were observed to be safe, clean, suitable, and well-maintained. The service followed a preventative maintenance schedule which aligned to the organisations’ policy.

# 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

Consumers and representatives said they felt at home and welcome at the service and most consumers had personalised their rooms with personal photos and mementos. The Assessment Team observed consumers moving freely between parts of the service.

Consumers and representatives reported the service environment was clean, well-maintained, and comfortable, and said they could freely access both indoor and outdoor areas. The Assessment Team observed consumers moving freely in both indoor and outdoor areas. The service had cleaning policies, procedures, and schedules which guided staff.

Consumers and representatives said furniture, fittings and equipment were safe, clean, and well-maintained. Staff described how share equipment was cleaned after each use. Maintenance documentation evidenced regular maintenance of the service environment.

# 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

Consumers and representatives felt comfortable raising concerns and providing feedback using the service’s complaints forms or verbally at consumer and representative meetings. Management advised the various ways consumers and representatives could provide feedback and complaints and that a member of the organisation’s board attends each consumer and representative meeting. The service had a feedback and complaints policy and process which was linked to the organisation’s open disclosure policy.

The service demonstrated and consumers and representatives confirmed they were made aware of and had access to advocates and external complaint mechanisms. Staff reported access to translation and interpreting services where required and the Assessment Team observed information related to advocacy and translation services, and external complaints mechanisms displayed in the service.

The Service was found non-compliant in Standard 6 in relation to Requirement 6(3)(c) following a site audit in February 2021. Evidence in the site audit report dated 29 November to 1 December supports that the Service has implemented improvements to address the non-compliance and is now compliant with this Requirement.

Documentation demonstrated complaints were investigated and action was taken, and an open disclosure process was implemented when things went wrong. Consumers and representatives felt appropriate action was taken in response to their complaints. Staff confirmed they received training related to open disclosure as part of their annual mandatory training.

The Service was found non-compliant in Standard 6 in relation to Requirement 6(3)(d) following a site audit in February 2021. Evidence in the site audit report dated 29 November to 1 December supports that the Service has implemented improvements to address the non-compliance and is now compliant with this Requirement.

Consumers and representatives said their feedback was used to improve the quality of care and services. Staff and management described how trending and analysis of feedback and complaints had resulted in care and service improvements. Management said food is a trending complaint and a food focus committee has now commenced as a result of this, allowing consumers input into the meals served at the service. Improvement actions are evaluated in consultation with consumers and representatives at meetings and through surveys. The Assessment team reviewed the continuous improvement plan (CIP) and noted that consultation and evaluation had occurred.

# 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

The Service was found non-compliant in Standard 7 in relation to Requirement 7(3)(a) following a site audit in February 2021. Evidence in the site audit report dated 29 November to 1 December supports that the Service has implemented improvements to address the non-compliance and is now compliant with this Requirement.

Consumers, representatives, and staff reported some staff shortages at times, however there had been no impact on consumer care, and health and well-being needs were consistently met. Management explained strategies that have been implemented to address unplanned leave, including management providing cares, and the utilisation of agency and casual staff. The service has created a casual pool of eight care staff who are used to fill unplanned leave and vacant shifts.

Consumers and representatives considered staff interactions to be respectful, kind and caring, and said staff were gentle when providing care. Staff demonstrated a strong understanding of consumers, including their care needs and preferences. Staff were observed to interact with consumers in a respectful and personable manner.

Management described processes which ensured staff meet the minimum qualification and registration requirements for their roles and hold a criminal history check. Staff felt supported by management to undertake initial and ongoing training. The service had a suite of training and education resources available to consumers.

Consumers and representatives felt staff had the appropriate skills and knowledge to deliver safe and quality care and services. Staff reported they received comprehensive orientation and ongoing mandatory training, core competency assessments and additional training requested. The Approved Provider in their response dated 15 December 2022, advised performance management meetings had commenced for staff who had not completed their annual mandatory training, and completion rates had subsequently increased.

Management described the performance appraisal process and provided the Assessment Team with completed performance appraisals. Staff confirmed they had completed or were completing their annual appraisals. The service was supported by documented performance appraisal policies and procedures.

# 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 was found non-compliant in Standard 8 in relation to Requirement 8(3)(a) following a site audit in February 2021. Evidence in the site audit report dated 29 November to 1 December supports that the Service has implemented improvements to address the non-compliance and is now compliant with this Requirement.

Consumers and representatives considered the organisation to be well run and confirmed they were aware of opportunities to inform the design, delivery, and evaluation of services, including through the advisory committee. Management explained the service has now established a new advisory committee, that includes consumer representatives, and the entire Board attended the most recent Resident Meeting to engage directly with consumer and capture feedback.

The Assessment Team reviewed the minutes of meetings and food focus groups and confirmed that consumers and representatives attended these meetings regularly to provide feedback and discuss issues with management.

Management described how the organisation’s governing body promoted a culture of safe, inclusive and quality care and services and its involvement in delivery. Management and staff described how clinical indicators, quality initiatives, and incidents are discussed at relevant meetings and the organisation structure resulted in the direct feeding of information to the board.

The Service was found non-compliant in Standard 8 in relation to Requirement 8(3)(c) following a site audit in February 2021. Evidence in the site audit report dated 29 November to 1 December supports that the Service has implemented improvements to address the non-compliance and is now compliant with this Requirement.

The organisation had governance systems in place, including a board elected to govern and oversee key systems at the service. The service demonstrated effective organisation wide systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

Results from surveys, audits, incident reporting, data and trending analysis and feedback from consumers and representatives are captured in the continuous improvement log evaluated and with actions formed. The service now completes monthly internal audits to monitor and review and evaluate the performance against the quality standards.

Critical incidents are investigated to identify any procedural issues or gaps in staff knowledge. Regulatory compliance is managed centrally by the executive management team who receives updates to legislation changes. The executive care manager and the executive risk and compliance manager review all industry changes monitoring reports and forward them as relevant.

The Service was found non-compliant in Standard 8 in relation to Requirement 8(3)(d) following a site audit in February 2021. Evidence in the site audit report dated 29 November to 1 December supports that the Service has implemented improvements to address the non-compliance and is now compliant with this Requirement.

The service had implemented risk management systems to monitor and assess high-impact and high-prevalence risks associated with the care of consumers, which included the identification, reporting, escalation, and review of incidents by the board. Management confirmed they analysed incidents, identified issues and trends, and reported these to relevant committees, the Board reviews final risk and incident data to identify areas for improvement to care and services for consumers.

Management and staff described how policies and procedures were followed in clinical care for antimicrobial stewardship, restrictive practices, and open disclosure. Staff described strategies to minimise the risk and transmission of infections, and care planning documentation confirmed compliance with the service’s antimicrobial stewardship policy.

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)