Performance

Report

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| Name of service: | Kirkbrae Kilsyth Nursing Home |
| Service address: | 794 Mt Dandenong Road KILSYTH VIC 3137 |
| Commission ID: | 4375 |
| Approved provider: | Presbyterian Church of Victoria Trusts Corporation |
| Activity type: | Site Audit |
| Activity date: | 14 March 2023 to 16 March 2023 |
| Performance report date: | 17 April 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 Kirkbrae Kilsyth Nursing Home (**the service**) has been prepared by G. Hope-Simpson, 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 29 March 2023
* 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 stated they receive safe and effective services that maintain their independence, well-being, and quality of life. Staff knew consumers’ needs and preferred activities. Care documentation captures the consumers’ choices, lifestyle likes and dislikes, and spiritual/religious needs, and provides information about the support consumers require to do the things they want to do.

Consumers said their culture was respected, they could express their identity and interests and gave examples of how staff supported their cultural preferences. Staff described how they ensure consumers' cultural identity and spiritual needs are respected. Documented policy provides guidance for staff on cultural safety and where to access information in different languages as well as interpreter service resources.

Consumers and representatives said they are supported to exercise choice and independence and to maintain relationships. Staff described supporting consumers to maintain relationships of choice. Next of Kin and Power of Attorney were recorded in care documentation. Policy on dignity, choice, and independence guides staff in providing choices for consumers and promoting independence.

Consumers and representatives said the service enables them to take risks and encourages consumers to live their best life. Staff said risks are generally identified through the completion of assessments carried out by the appropriate health professional and discussed further with the consumer and their representative to provide opportunity for choice and informed decision-making.

Consumers and representatives advised information was provided to assist them in making choices about their lifestyle and care. Staff described several ways they provide information to consumers and established different strategies for communicating with some consumers to enable their decision-making. The activity planner and menu were observed to be displayed in all units and common areas.

Staff described practical ways they respect the personal privacy of consumers and this information aligned with the feedback received from consumers and representatives. Policies and procedures regarding privacy and the protection of personal information guide staff practice for maintaining consumer privacy, and the collection, disclosure, security, storage, and use of information relating to consumers.

# 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

Care documentation indicated sufficient information was available about individual consumer care, goals, and interventions. Care plans reviewed included consideration of risks to the consumer’s health and well-being. Staff provided information about consumers’ care consistent with care plans and consumer feedback. Policies and procedures to guide staff practice during assessment and planning were available on the service’s intranet portal.

Representatives stated they are consulted frequently by staff and are aware of all the palliative care procedures including all medications. Staff said they discuss end of life wishes with consumers and representatives adding some consumers and the representatives find this conversation difficult. Policy and procedure were available to guide staff practice in assessment and planning, including palliative care and end of life planning.

Consumers reported being involved in assessment and planning on an ongoing basis. Staff described the assessment and care planning process involving partnerships with the consumer and representatives, gathering information about the consumer’s life history, needs, goals, and preferences. Procedures outline ongoing assessment and planning, using a person-centred approach, and working collectively with others involved in the care of the consumer.

Consumers and representatives said staff involve them in care planning, explain information about their care and services, and their care plan is available to them. Staff explained they undertake a Resident of the Day review for each consumer in consultation with the consumer and representative to ensure aspects of care are monitored, and feedback is obtained. Changes in consumers' needs, goals, and preferences were observed to be well communicated between staff members and external health providers.

Staff are guided by policies and procedures for recording and reporting incidents. Care plans are updated when circumstances change such as a change in health or when incidents occur. Management advised clinical incidents are reviewed monthly at a service and organisational level to identify strategies to minimise the risk of reoccurrence of incidents and to identify improvements that can be implemented to improve outcomes for consumers.

# 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

Staff described how they know care is safe and effective, for example, the monitoring of weight, pain assessments, pressure care observations, a reduction in challenging behaviours, and improvement in mobility. Staff also described strategies used to help manage behaviour such as providing space, music, walks, drinks, and lifestyle activities tailored to individual consumer needs. Care plans for consumers with complex conditions were reviewed and found to align with best practice.

Consumers and representatives stated they were satisfied that high impact or high prevalence risks were managed. Care documentation identified effective strategies to manage key risks and was recorded in assessment tools such as the falls risk assessment tool, care plans, and progress notes. Staff demonstrated how the service ensures best practice care is provided to consumers and how high impact or high prevalence risk is effectively monitored and managed.

Care documentation includes advance care planning and the needs goals and preferences of consumers’ end of life care. Consumers and representatives confirmed they had been spoken to about their end-of-life plan and this had been documented accordingly. Staff detailed how consumer dignity and care are preserved following their palliative care plan and family involvement.

Consumers and representatives said they are satisfied with the delivery of care, including the recognition of deterioration or changes in consumers’ conditions. Care documents reflect the identification of, and response to, deterioration or changes in condition. Staff said they are guided by policies and procedures that support staff to recognise and respond to deterioration or changes in a consumer’s condition.

Consumers and representatives are satisfied consumers’ needs, and preferences are effectively communicated between staff, and they receive the care they need. The service utilises an electronic documentation system and a handover process between shifts to ensure consumer information is shared where care is provided. Staff detailed the process for communicating internally at the service and externally to others where responsibility for care is shared such as hospitals and other care providers.

Consumers stated timely and appropriate referrals to individuals, other organisations, and providers of other care and services were made. Staff detailed the process for referring consumers to other individuals and organisations as required. Care documentation reviewed showed referrals to specialists and external services, including referrals to podiatrists, speech pathologists, dieticians, physiotherapists, dentists and wound specialists.

Consumers and representatives described the management and prevention of infection within the service. Policies concerning antimicrobial stewardship, infection control guidelines, and handwashing were available to guide staff practice. Staff detailed the strategies used to ensure the appropriate use of antibiotics and strategies to prevent and control infections, confirming they had received training on infection-minimisation.

# 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 that services and supports for daily living meet their needs, goals, and preferences. Staff demonstrated knowledge of consumers’ needs and preferred activities. Care documentation captures the consumers’ life story and identifies consumers’ choices, lifestyle likes and dislikes, social affiliations, and spiritual and religious needs, and provides information about the support consumers require to do the things they want to do.

Consumers and representatives described the support and services available to them to promote their emotional, spiritual, and psychological well-being. Staff described how they do spend one on one time with consumers who do not wish to participate in group activities. Policies and procedures were available to guide staff practice about supporting consumers' emotional, spiritual, and psychological well-being, and staff described these.

Consumers said they are supported by the service to participate in their community within and outside the service environment as they choose. Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships. Care planning documentation identifies activities of interest for consumers, and how they are supported to participate in these activities and the wider community.

Consumers and representatives said their preferences for services and supports, and their needs and preferences, are known and met by staff and others responsible for their care. Staff described how they effectively communicate consumer care and other needs at handovers. The service has policies to guide staff practice concerning communication within the service and with others where responsibility for care is shared.

Staff described how consumers are referred to other providers of care and services and gave examples, including volunteers. Consumers said the service has referred them to external providers to support their care and service needs. The organisation has a documented policy on referral and partnership that includes guidelines for staff on the referral process.

Consumers said the food was good, there was enough in terms of portion size, and there was a good choice of food. Staff described how they meet individual consumer dietary needs and preferences and how any changes are communicated. Meal services were observed and confirmed options were offered to consumers by care and food services staff.

Consumers said they feel safe using the equipment provided by the service stating it’s suitable for their needs, clean, and well maintained. Staff demonstrated awareness of how to report any maintenance issues, maintenance staff demonstrated how anything reported is attended to promptly. The service has documented policies on the maintenance of equipment, stock management, and cleaning services.

# 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 the service environment is welcoming and the service environment encourages a sense of belonging. The service environment was observed to be welcoming, with environments reflecting dementia enabling principles of design and safety. Consumers were observed mobilising around the service.

Consumers said they can move freely both indoors and outdoors around the service. The service has processes and systems in place for identifying and recording hazards, maintenance issues, and cleaning, with an on-site maintenance team who ensured the environment is safe and well maintained. Documentation demonstrated testing, service, and maintenance are conducted by different contractors for different systems such as fire systems.

Consumers and representatives said they feel that furniture, fittings, and equipment are safe, clean, well maintained, and suitable and they feel safe when staff provide care using mobility or transfer equipment with them. Staff demonstrated awareness of how to report any maintenance issues and the preventative maintenance schedule. Maintenance documentation evidenced regular maintenance of the service environment and equipment.

# 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 advised they felt comfortable providing feedback or making a complaint if necessary. Staff described the feedback and complaint mechanisms of the service and how they support consumers and representatives to make complaints. Information was observed throughout the service about providing feedback, feedback forms and lodgement boxes.

Consumers and representatives said they were aware of various methods for raising and resolving complaints. Staff described how they provide information to consumers and representatives about advocacy services and external complaints services, such as through the admission process. The organisation has documented policies on consumer feedback and the use of interpreter services including information about advocacy supports.

The organisation has documented policies on consumer feedback and open disclosure to guide staff practice concerning actions following the raising of a complaint. Consumers who had provided feedback or complaints through the service’s feedback mechanisms were satisfied that appropriate action was taken by the service. Staff detailed actions taken in response to complaints received by consumers and demonstrated an understanding of using an open disclosure process.

Management detailed processes by which the feedback provided is used to improve services and provided examples. Consumers and representatives said they felt their feedback and complaints were used to improve the quality of care and services. The organisation has documented policies about using feedback and complaints information to identify areas for continuous improvement.

# 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

Consumers and representatives said they are satisfied with the quality of staff and care provided. Management described the various ways vacant shifts are filled for both planned and unplanned leave including the use of agency staff if required or redeployment of the management team who are all trained nurses and can step in at any time to assist where necessary. Call bell response report for February recorded an average wait time of under 3 minutes 30 seconds.

Consumers and representatives said staff are kind, caring, and gentle when delivering care and services. Interactions observed appeared kind, caring, and respectful of each consumer’s identity, culture, and diversity. Staff advised the organisation has documented behaviours expected of staff in the code of conduct and staff behaviours sections in the staff handbook.

Consumers and representatives feel confident staff are sufficiently skilled to meet their care needs. Staff expressed satisfaction with the support other staff and management provided to them on commencement and on an ongoing basis. Staff outlined mandatory training and assessments they are required to undertake on an annual basis. Policies were available concerning key qualifications and knowledge requirements of each role employed by the service.

Consumers, representatives, and staff said they did not think there are any areas where staff require more training. Documentation reviewed demonstrated high completion rates of required training completed by staff. Staff described the orientation process and training requirements, both mandatory and those specific to their role including reporting requirements for SIRS, the meaning of open disclosure, and the complaints process.

Policy on staff performance management was reviewed and included guidance on performance review. Staff confirmed yearly appraisals and document review confirmed this.

# 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

Management detailed the process by which consumers are engaged in the development, delivery, and evaluation of care and services provided. Consumers feel they are involved in the development and delivery of care provided. Several strategies were observed to involve consumers in the development of service delivery such as consumer experience surveys, feedback mechanisms, and consumer meetings.

Policies and procedures include information to show how the governing body promotes a culture of safe, inclusive, and quality care and services. Consumers and representatives felt the organisation promotes a culture of safe, inclusive, and quality care and stated they feel safe and respected\, staff always respect their privacy, and support them to make their own choices.

Management described key principles of the organisation wide governance systems about areas including but not limited to, continuous improvement, workforce governance, regulatory compliance, and complaints. Consumers said they felt the service encourages feedback and complaints and uses this information for continuous improvement. The service has policies and procedures that detail processes around each governance system to guide staff practice.

Management advised, and a document review confirmed, the organisation has developed policies to guide management and staff in risk management. A documented risk management framework and a clinical governance framework cover consumer safety, risk management, person-centred care, clinical safety, and the escalation of critical incidents and guide staff in supporting consumers to live the best life they can.

Documented policies reviewed include clinical governance framework, infection control management, antimicrobial stewardship, restrictive practices, diversity and cultural inclusion, and open disclosure. Staff described processes about the clinical governance framework such as minimising restrictive practices, implementing antimicrobial stewardship strategies, and providing open disclosure to consumers and representatives when things go wrong.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)