Performance

Report

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| Name of service: | Performance report date: |
| Kirrak House | 30 June 2022 |
| Commission ID: | Activity type: |
| 3491 | Site Audit |
| Approved provider: | Activity date: |
| Bass Coast Health | 16 May 2022 to 18 May 2022 |

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 Kirrak House (**the service**) has been considered by Daniela Fekonja, 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 08 June 2022.

# 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** | | **Compliant** |
| 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

The service was able to demonstrate that consumers are treated with dignity and respect and that individually, their identity, culture and diversity are valued. Consumers’ privacy and the confidentiality of their personal information are respected by staff.

Consumers felt comfortable and safe at the service. The care plans of the consumers reviewed by the Assessment Team identified their cultural needs. Staff interviewed were able to describe the care needs, personal preferences, cultural needs and backgrounds of those consumers

Consumers and representatives expressed satisfaction with the respect shown for consumers’ choices for independence, care and services. Consumers and representatives are satisfied that consumers are supported by staff to take risks and live the best life they can.

The information consumers receive from the service is current, accurate, timely and clearly articulated to them by staff. Consumers and representatives said that they are apprised of any updates to their care and services, including feedback requests and changes to the food menu, cleaning and laundry schedules, and any repairs and renovations at the service.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

# Standard 2

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| **Ongoing assessment and planning with consumers** | | **Compliant** |
| 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 able to demonstrate that consumers are engaged and partner with the service with regard to initial and ongoing assessment and care planning. Generally the review of incidents, care and services occurs to ensure the ongoing needs, goals and preferences of consumers are identified, shared and documented for the safe and effective delivery of care and services.

Consumer documentation reflected initial and ongoing assessments are conducted which identify risks to consumers, and actions and interventions are documented and communicated to relevant parties.

Documentation and interviews with staff and consumers/representatives confirm current needs, goals and preferences of consumers are identified. End-of-life goals and preferences are documented in consultation with the consumers.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

# Standard 3

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| **Personal care and clinical care** | | **Compliant** |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:  is best practice; and  is tailored to their needs; and  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 demonstrated that clinical and personal care provided to the consumers is in line with best practice, is tailored to consumers’ individual needs and supports and optimises their health and well-being.

Best practice links are included in clinical policies and practised by staff including in wound care, restrictive practices and pain management. The service demonstrated that risks associated with consumers are identified with interventions documented and staff are able to discuss individual risks for consumers.

The needs, goals and preferences of consumers at end of life are identified and documented. The consumer files the Assessment Team reviewed reflected end-of-life care is discussed and wishes documented.

The service demonstrated that deterioration of consumers’ mental health, cognitive and physical function or condition is identified and timely interventions initiated. Recommendations from specialists, allied health staff and general practitioners are incorporated into care plans and communicated through handover and referral processes.

The service demonstrated that referrals to a range of health providers occur in a timely manner and in consultation with the consumer or their representative as appropriate.

The service has a range of policies and procedures in place to guide staff in identifying infections, minimising risks and managing outbreaks. The service has an antimicrobial policy in place to assist to minimise the use of antibiotics.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

# Standard 4

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| **Services and supports for daily living** | | **Compliant** |
| 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 are supported to participate in their community, participate in activities that interest them, and develop personal and social relationships. Consumers’ activity care plans are personalised to match their skills and interests.

Consumers stated that they are supported by staff to make independent decisions about the activities they choose to participate in at the service and within their community.

Consumers and their representatives indicated that consumers are supported by the service to maintain their emotional, spiritual, and psychological wellbeing. Consumers’ activity care plans reflect their interests and level of participation in activities offered at the service.

Consumers are supported by the service to participate in community activities and staff work closely with external providers to ensure the social, psychological and spiritual well-being of consumers is maintained.

Consumers and their representatives have access to timely and appropriate referrals to external service providers, including allied health professionals, activity volunteers, optometrists, and dentists.

Overall, consumers and their representatives said the food was nutritious, yet lacked flavour or appetising presentation. Consumers stated that they were given a choice of two meals each day, and access to an “ad-hoc menu” if they had a particular meal preference that was not offered on the menu. The service is implementing a periodic takeaway menu that reflects consumers’ preferred meals and has plans to trial a between-meal snack cart to meet the dietary requests and needs of consumers.

Consumers and their representatives stated that consumers have access to safe, clean and well-maintained equipment, and that appropriate assessments are conducted prior to their use to determine their suitability for the consumer’s needs.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

# Standard 5

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| **Organisation’s service environment** | | **Compliant** |
| 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, representatives and staff stated that the service environment was welcoming and homely. Consumers are encouraged to personalise their rooms by displaying family photographs, books and posters that reflect their personal interests and preferences. The communal areas are well utilised by consumers and there is easy access to and from the outdoor area at the service.

Consumers and their representatives said the service is safe, clean and well maintained. Maintenance documentation indicated that cyclical maintenance and cleaning schedules are in place,

Consumers and their representatives expressed their satisfaction with the equipment in use at the service, and that it was clean and safe to use. The Assessment Team observed consumers utilising a range of equipment, including wheelchairs, four-wheel walkers and comfort chairs.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

**Standard 6**

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| **Feedback and complaints** | | **Compliant** |
| 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 are encouraged and supported to give feedback and make complaints, and that appropriate action is taken in a timely manner when complaints or feedback occurs.

Consumers and representatives said they are informed of ways to make both internal and external complaints and are encouraged and supported to provide feedback. The service has processes and procedures to support consumers to provide feedback and make complaints.

Information on advocacy and language services is available in the foyer of the service to consumers and representatives. Staff demonstrated an understanding of how to support consumers who experience cognitive impairment and/or language barriers, and what to do in the event a consumer needs to provide feedback.

The service demonstrated an open disclosure approach to enable the submission and resolution of complaints. Complaints documentation reviewed by the Assessment Team identified management taking appropriate action to resolve complaints.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

**Standard 7**

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| **Human resources** | | **Compliant** |
| 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 considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Interactions between staff and consumers were kind, caring and respectful.

Consumers and representatives are satisfied there are sufficient staff and requests for assistance are answered in a reasonable period of time. Staff, across different roles in the service, said they are satisfied there are sufficient numbers of staff to enable them to perform their duties.

The service has policies and procedures to promote and support consumers’ individual cultural and diverse aspects of their lives.

Consumers and representatives expressed satisfaction with how staff delivered care and services in a competent and confident manner. The service demonstrated the workforce is recruited to specific roles, trained and equipped to undertake these roles and supported to deliver outcomes for consumers.

The service has formalised procedures to monitor and review staff performance through the appraisal process for each staff member.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

**Standard 8**

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| **Organisational governance** | | **Compliant** |
| 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 is able to demonstrate that the organisation is accountable, well run and that consumers are partners in delivery of care and services. The service demonstrated they involve consumers and representatives in the planning, delivery and evaluation of care, lifestyle and services such as having them take part in the food tasting committee.

The governing body has developed, implemented and documented clear expectations for the service and individuals to follow to promote safe, inclusive and quality care and services. This is evidenced through vision and mission statements, organisational structure, policy and procedures and code of conduct.

The service demonstrated effective governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The service has a range of policies and procedures to address elder abuse and the management and prevention of risks to consumers.

The service has an overarching clinical governance framework that monitors clinical care and addresses antimicrobial stewardship and open disclosure.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

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)