Performance

Report

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| Name: | Kolora Aged Care |
| Commission ID: | 0359 |
| Address: | 8 Prisk Street, GUYRA, New South Wales, 2365 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 1 November 2023 |
| Performance report date: | 27 November 2023 |
| Service included in this assessment: | Provider: 2623 McLean Care Ltd  Service: 375 Kolora Aged Care |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Kolora Aged Care (**the service**) has been prepared by MWyborn, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements were assessed |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements were assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements were 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 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)(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)(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 safe and effective personal and clinical care, and consumers advised that they receive personal and clinical care that is safe and appropriate for them. The Assessment Team reported effective management of wounds, pressure injury prevention, pain monitoring, falls, restrictive practices and diabetes management. The service demonstrated appropriate systems and policies that guide effective personal and clinical care with a focus on the individual consumer to ensure that care is safe and right for each consumers’ needs. In relation to restrictive practices, the Assessment Team reported that consumer documentation highlights that psychotropic medications are consistently reviewed by the medical team and where it is no longer required, the medication is ceased. The service routinely applies processes and procedures to monitor restrictive practices including three monthly reviews of consumers on psychotropic medications by their general practitioner in line with the service’s policy, discussion with consumers and representatives to gain informed consent to use restrictive practices, and the service uses a psychotropic monitoring tool to ensure clinical oversight of consumers whose care involves the use of psychotropic medications and to monitor the effectiveness of these medications. Further, the service ensures monthly clinical reviews of each consumer which include monitoring and evaluation of restrictive practices. With these considerations, I find the service compliant in Requirement 3(3)(a).

Consumers and representatives advised the Assessment Team that staff are responsive to their needs and representatives confirmed that they are kept well informed about their loved one’s condition when changes or deterioration is observed. The service demonstrated deterioration or change in a consumer’s health, cognitive function or capacity is recognised and responded to in a timely manner. Care staff and registered nursing staff highlighted appropriate actions they take in response to a change in the condition of their consumers, including escalating to the registered nurse any changes in a consumers’ condition, informing the medical officer, arranging a referral to other health professionals or transferring the consumer to hospital. In addition, registered nurses advised that they consult with the consumer’s representatives (where appropriate) to keep them informed. Consumers and representatives provided positive feedback regarding the service’s response when they experienced deterioration or changes to their health. The Assessment Team reported that consumer care and service documentation reflect effective identification and response to deterioration or changes in condition and management and clinical staff advised that the service applies relevant policies and procedures to guide their practice in the event of the deterioration of a consumer. Care staff demonstrated their approach to best support consumers advising that they report any changes in the consumer’s condition and incidents to the clinical staff who then assesses the consumer and ensures delivery of best practice care. Changes in consumer condition are routinely discussed at clinical handover discussions, and staff appropriately described the required assessments for physical triggers such as delirium, pain, and infection when consumers experience behavioural changes. With these considerations, I find the service complaint in Requirement 3(3)(d).

The service demonstrated effective systems to minimise infection-related risks. Staff demonstrated appropriate knowledge of precautions in relation to preventing and controlling infection and the measures applied to minimise the need for antibiotic usage at the service. The service provides relevant policies and procedures to guide staff in relation to infection control management, management of communicable infectious diseases / outbreak, and antimicrobial stewardship. Staff advised the Assessment Team that they have undertaken relevant training in infection control strategies, as well as antimicrobial stewardship. The service’s infection prevention and control (IPC) lead is appropriately trained and highlighted their responsibilities to monitor, report, and maintain oversight of infections. The IPC lead also oversees the outbreak management plan and outbreak folder. In an effort to remediate past non-compliance, the service has purchased additional waste bins to ensure they have enough capacity to store waste and has constructed a lockable cage for the clinical waste bins, so they are not accessible to the public. The service has increased the number of collections to ensure waste is removed in a timely manner.

Consumers and representatives advised the Assessment Team that the service is kept clean, and that staff are routinely wearing masks and washing their hands. Appropriate hand washing and use of personal protective equipment by staff was observed by the Assessment Team. The Assessment Team also reported that the service demonstrated cleanliness, safety and maintenance of the environment to reduce infection related risks with a focus on high standard waste management practices for general, clinical, cytotoxic and sanitary waste.

The Assessment Team’s review of care and service documentation for consumers who experienced infections highlighted that antibiotics are used as a last resort and with appropriate pathology results. The service’s policies and guidelines in relation to infection control and antimicrobial stewardship help to guide staff best practice. With these considerations, I find the service compliant in Requirement 3(3)(g).

# Standard 5

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| Organisation’s service environment | |  |
| 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 advised that the service environment is safe, clean and well maintained, and they can move freely within the facility and outdoors. The Assessment Team observed the service environment to be safe, clean, well maintained and comfortable, and management and staff demonstrated that the service adopts effective systems for the cleaning and maintenance of the service environment, and for ensuring safety within the environment. Cleaning staff are available each weekday, and each consumer’s room is checked daily and has a detailed clean once a week. High use areas such as the dining room are cleaned daily and management advised that the service engages additional hospitality staff who ensure the dining room is cleaned on weekends.

The service’s electronic maintenance system effectively manages reactive and preventative maintenance programs. The system enables logging maintenance requests and considers the urgency and impact on consumers. Preventative maintenance is appropriately scheduled for the maintenance officer and external contractors.

The Assessment Team observed consumers moving freely throughout the service with free access to indoor and outdoor areas. The Assessment Team observed the outdoor areas to be accessible and well maintained including gardens, paths and outdoor furniture. Service records demonstrate that fire safety systems and equipment are routinely inspected and maintained and the service displays relevant fire safety signage and equipment throughout the service.

The service administers appropriate work health and safety policies and procedures to guide staff, and the service’s work health and safety committee meets regularly to oversee work health and safety responsibilities at the service. This includes regular audits and inspections undertaken by the work health and safety team to ensure the service environment is safe. With these considerations, I find the service compliant in Requirement 5(3)(b).

The Assessment Team reported that the furniture, fittings and equipment available at the service were safe, clean, well maintained and suitable for consumers. Consumers advised they are satisfied that the furniture, fittings and equipment are safe, clean, well maintained, and meeting their needs and were observed using equipment such as mobility aids, and furniture in communal areas that was clean and well maintained. With these considerations, I find the service compliant in Requirement 5(3)(c).

# 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

Consumers advised the Assessment Team that they are satisfied with care provided at the service and explained that staff are meeting their needs. Management advised that the service uses a core roster based on the clinical care needs of consumers. Further, management demonstrated that the service staffing levels and mix of staff are regularly reviewed to ensure the workforce is available to deliver safe and quality care and services.

To ensure the service provides clinical care for consumers at all times, the organisation has adopted a system for virtual registered nurse support. This consists of a mobile computerised workstation that enables a remote registered nurse to view a consumer, take observations and provide care directions to staff. The registered nurse can also access each consumer’s electronic clinical documentation. Management maintain oversight over this system, and explained that staff have received appropriate training in the use of this technology, and advised that this system provides effective clinical oversight and direction of care.

The service also administers a nurse call system that includes pendants, sensor mats, and door sensors, and explained that the system can be adapted to meet individual consumer needs. The system allows for customised reports on consumer call response data.

Staff advised the Assessment Team that unplanned leave is generally replaced and advised that they have suitable time to complete their duties on their shift. Consumers advised that they are well cared for, and reinforced that staff regularly meet their care needs, including when they use the call bell system, staff routinely respond in a reasonable timeframe. With these considerations, I find the service compliant in Requirement 7(3)(a).

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)