Accreditation Decision and Report

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Koonambil Aged Care |
| **RACS ID:** | 0436 |
| **Name of approved provider:** | Koonambil Aged Care Ltd |
| **Address details:** | 140-148 Castlereagh Street COONAMBLE NSW 2829 |
| **Date of site audit:** | 27 August 2019 to 29 August 2019 |

**Summary of decision**

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| **Decision made on:** | 26 September 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 24 October 2019 to 24 October 2022 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Not Met |
| Requirement 2(3)(a) | | Not Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Met |
| Requirement 3(3)(a) | | Met |
| Requirement 3(3)(b) | | Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Met |
| Requirement 7(3)(a) | | Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Met |
| Requirement 7(3)(d) | | Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Met |
| Requirement 8(3)(d) | | Met |
| Requirement 8(3)(e) | | Met |
| **Timetable for making improvements:** | By 26 November 2019 | |
| **Revised plan for continuous improvement due:** | By 11 October 2019 | |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance   
Assessment Report

The Commission makes the decision taking into account this site audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this site audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Koonambil Aged Care (the Service) conducted from 27 August 2019 to 29 August 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report details the findings of this performance assessment and contains a detailed report about the performance of the Service against each Quality Standard assessed and the requirements within each Quality Standard assessed rated as either, Met or Not Met.

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 17 |
| Consumer representatives | 1 |
| Management | 4 |
| Registered nurse | 1 |
| Care staff | 6 |
| Hospitality and environmental services staff | 4 |
| Lifestyle staff | 1 |
| Volunteer | 1 |
| Medical officer | 1 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

#### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found the service demonstrated that all requirements in relation to Standard 1 were met.

Consumer experience interviews show that 100% of consumers agreed that staff always treat them with respect. The service uses consumer surveys and feedback systems to ensure that consumers are satisfied that staff treat them with respect, support them to maintain their identity and live the life they choose. The service demonstrated that consumers are treated with dignity and respect, and that the service actively promotes a culture of inclusion.

Staff were observed to interact with consumers respectfully and could readily identify consumer’s individual preferences and interests. Consumers described the ways their social connections are supported both inside and outside the service. The service promotes the value of culture and diversity through staff training, in the range of activities it offers for consumers and choices offered to consumers with diverse backgrounds including Aboriginal and Torres Strait Islander people. The community has a large cohort of consumers with backgrounds in farming and remote living. Person centred care is a focus for all the service’s consumers including those living with dementia.

Staff could provide meaningful examples of how they help consumers make choices, including by giving consumers clear and accurate information and options to inform their choice. Consumers said they feel heard when they tell staff what matters to them and that they are able to make decisions about their life, even when it involves an element of risk.

Consumers said the service protects the privacy and confidentiality of their information, and they are satisfied that care and services, including personal care, are undertaken in a way that respects their privacy. Staff gave examples of how they maintain the privacy of consumers. They could demonstrate their understanding that consumers receiving personal care can feel vulnerable and what they do to ensure consumers are made to feel respected and comfortable. The organisation demonstrated how electronic and hard copy filing systems support the protection of confidential information including consumer information, consistent with documented policies and procedures.

#### Requirements:

Standard 1 Requirement 3(a) Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### **Standard 1 Requirement 3(b) Met**

The organisation demonstrates that care and services are culturally safe.

Standard 1 Requirement 3(c) Met

The organisation demonstrates that 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.

Standard 1 Requirement 3(d) Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

Standard 1 Requirement 3(e) Met

The organisation demonstrates that 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.

Standard 1 Requirement 3(f) Met

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Not Met

#### Consumer outcome:

1. I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

#### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

#### Summary of Assessment of Standard 2:

The assessment team found that four of the five requirements under Standard 2 were met.

Consumer experience interviews show that 100% of consumers agreed they get the care they need always and have a say in their daily activities most of the time or always. Consumers provided varied examples of how staff ensured the care provided was right for them including asking them about their care and the way it is delivered and including them in planning their care.

The Assessment Team noted the consumers care plans are regularly reviewed and show consultation with the consumer and or their representative. The care plans are consistent with the consumers assessed needs and preferences and as per consumer interview feedback. The Assessment Team noted advance care planning and end of life plans have been completed for consumers and are kept in the consumers clinical care file for staff reference as needed.

However, the organisation does not demonstrate that assessment and planning, informs the delivery of safe and effective care and services for consumers who are residing in the service for respite. This was evidenced by the lack of documentation for two consumers who are in the service for respite. The registered nurse was unaware of all of the assessments required for completion and assessments pertinent to the consumers clinical condition had not been completed. Interim care plans for the consumers were not adequately completed to direct the consumers care and record the consumers goals, needs and preferences.

The organisation clinical care policy and procedures records clear directions about the assessments and care plans required for consumers who are to permanently reside in the service. However, there is no clear instruction about the information to be obtained for consumers on respite. The care manager said they will review the new admission assessment folder and also review the policy relating to documentation for respite care.

#### Requirements:

Standard 2 Requirement 3(a) Not Met

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(b) Met**

The organisation demonstrates that 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.

Standard 2 Requirement 3(c) Met

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.

Standard 2 Requirement 3(d) Met

The organisation demonstrates that 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.

Standard 2 Requirement 3(e) Met

The organisation demonstrates that 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.

### Standard 3: Personal care and clinical care Met

#### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

#### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

#### Summary of Assessment of Standard 3:

The Assessment Team found all seven of the requirements under Standard 3 were met.

#### Consumer experience interviews show that 100% of consumers agreed they get the care they need always and have a say in their daily activities most of the time or always. Consumers provided varied examples of how staff ensured the care provided was right for them including asking them about their care and the way it is delivered.

Staff could describe high impact or high prevalence risk and risks associated with the care of consumers. Staff were able to explain the care which is tailored to consumers’ needs and how to optimise the consumers health and wellbeing. Staff explained the management of incidents and referral of clinical deterioration to the care manager or registered nurse. The care manager and registered nurse could describe the actions taken to prevent reoccurrence of high impact or high prevalence risk for consumers. Referrals to medical specialist and allied health team was explained and demonstrated by the care manager and registered nurse.

The clinical care files reviewed by the Assessment Team evidenced the delivery of safe and effective care. A clinical care file review for a consumer who had been palliative and has since died also evidenced the needs of this consumer were managed and included consultation with the consumer and families about end of life care.

The organisation demonstrated a suite of policies and procedures underpinning the delivery of care. The organisation is monitoring Personal and clinical care provision through the collection and analysis of clinical indicators which are discussed regularly at staff meetings and the continuous quality improvement meetings which has Board member representation.

#### Requirements:

Standard 3 Requirement 3(a) Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(b) Met

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

Standard 3 Requirement 3(c) Met

The organisation demonstrates that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

Standard 3 Requirement 3(d) Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(e) Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(f) Met

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Standard 3 Requirement 3(g) Met

The organisation demonstrates 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.

### Standard 4: Services and supports for daily living Met

#### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and   
   well-being and that enable me to do the things I want to do.

#### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

#### Summary of Assessment of Standard 4:

The Assessment Team found all seven requirements under Standard 4 were met.

Consumers interviewed confirmed they are generally satisfied with the activities provided and these are of interest to them. Consumers also provided varied examples where they are supported to connect with people inside and outside of the service.

Consumers provided multiple examples of being involved and supported in their choices of food and meals options. Catering staff demonstrated a willingness to assist and accommodate requests from the consumers and ensure that consumers dining experience was pleasant and fulfilling.

The organisation demonstrated that it seeks participation and feedback from consumers and ensures that consumers choices are taken into consideration in the planning of meals and menus. Most consumers interviewed reported to enjoy the food at the service, and the dining environment.

The organisation adequately demonstrated that it makes timely referrals to other organisations and information about consumers’ needs and preferences is communicated within the organisation.

#### Requirements:

Standard 4 Requirement 3(a) Met

The organisation demonstrates that 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.

Standard 4 Requirement 3(b) Met

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

Standard 4 Requirement 3(c) Met

The organisation demonstrates that 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.

Standard 4 Requirement 3(d) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

Standard 4 Requirement 3(e) Met

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Standard 4 Requirement 3(f) Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

Standard 4 Requirement 3(g) Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Met

#### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

#### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

#### Summary of Assessment of Standard 5:

#### The Assessment Team found that the organization has meet all three requirements under Standard 5.

The service was observed to be welcoming, clean and maintained. Consumers’ rooms were observed to be decorated with memorabilia, photographs and other personal items. The layout of the service enables consumers to move around freely, with suitable furniture, fittings and signage to help consumers navigate the service. Consumers have free access to clean outdoor areas with communal areas and benches. There are paths and handrails that enable free movement around the area.

#### Consumers did not raise any concern about the service furnishings, equipment or environment, despite the fact that the ongoing drought has impacted negatively in the maintenance of grass areas and gardens at the service. Consumers confirmed that the service is always clean and there are plenty of communal and private areas for use individually or with family and visitors. Consumers interviewed confirmed that they are satisfied and could not identify any areas for improvement.

#### The service has a system in place for cleaning and maintenance of equipment and furnishings, and how it identifies and manages environmental risks to consumers. Staff interviewed demonstrated and understanding of those systems and processes.

#### Consumers indicated that cleaning, maintenance and laundry services are delivered appropriately.

#### Management regularly secures formal and informal feedback from staff, consumers and representatives, and conducts meetings to discuss it, address concerns and work towards continuous improvement.

#### Requirements:

Standard 5 Requirement 3(a) Met

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

Standard 5 Requirement 3(b) Met

The organisation demonstrates that the service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

Standard 5 Requirement 3(c) Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Met

#### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

#### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

#### Summary of Assessment of Standard 6:

The Assessment Team found the service demonstrated that all requirements in relation to Standard 6 were met.

100% of consumers randomly interviewed said staff always follow up issues they raise. Consumers/representatives confirmed they are given information and opportunities to provide feedback. They know the internal confidential complaints process and about external agencies to contact if they are required.

The service demonstrated consumers and representatives are given information about their rights to complain, access to advocates, and support to provide feedback. There are policies, procedures and systems in place to ensure appropriate action is taken in a timely manner to resolve complaints including an open disclosure process when things go wrong. Feedback and complaints generate organisational risk management and continuous improvement activities to ensure gaps are addressed and systems continue to be effective.

Staff interviewed confirmed complaints practices and processes relevant to their roles. Education is provided in relation to feedback and complaints systems and staff are confident they can assist or refer consumers when required. The organisation has posted the charter of aged care rights at the service which includes the consumers’ rights to complain free of reprisal, and to have their complaints dealt with fairly and promptly, and to have a person of their choice, including an aged care advocate, support them or speak on their behalf. Staff have given the charter to each consumer (or representative if required) and given them the opportunity to sign a copy acknowledging their understanding.

#### Requirements:

##### **Standard 6 Requirement 3(a) Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

Standard 6 Requirement 3(c) Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

Standard 6 Requirement 3(d) Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Met

#### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

#### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

#### Summary of Assessment of Standard 7:

#### The Assessment Team found the organisation met all five requirements under Standard 7.

#### The organisation demonstrated that the service has a workforce that is sufficient and is skilled to provide safe, respectful and quality care and services. Workforce planning processes are in place to ensure that the service always maintains optimal numbers and mix of staff. The service demonstrated that the workforce is recruited to specific roles, trained and equipped to undertake these roles and supported to deliver the best possible outcomes to consumers. The service demonstrated that the workforce is competent, suitably qualified and supported with initial and ongoing training to effectively perform their roles. The skills and capabilities of each member of the workforce is regularly assessed, monitored and reviewed.

#### The Assessment Team observed that staff interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

#### Consumers confirmed that staff treat them with respect, are kind and caring and gave examples of how this happens on a daily basis. All consumers interviewed said that staff know what they are doing.

#### Requirements:

Standard 7 Requirement 3(a) Met

The organisation demonstrates that 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.

Standard 7 Requirement 3(b) Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

Standard 7 Requirement 3(c) Met

The organisation demonstrates that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

Standard 7 Requirement 3(d) Met

The organisation demonstrates that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

Standard 7 Requirement 3(e) Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

### Standard 8: Organisational governance Met

#### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

#### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

#### Summary of Assessment of Standard 8:

The Assessment Team found the organisation demonstrated that all requirements in relation to Standard 8 were met.

The organisation demonstrated they involve consumers in the design, delivery and evaluation of care and services, provided examples of how consumers are involved in the co-design of services and engaged every day to choose their participation in activities of daily living.

100% of consumers interviewed said they get the care they need and have a say in their daily activities most of the time or always. Consumers said they are involved in care planning, delivery and evaluation, providing various examples of how this occurs in practice.

The governing body meets regularly, sets clear expectations for the organisation and regularly reviews risks from an organisational and consumer perspective. The vision, mission and values and strategic plan provide direction for the community and demonstrates commitment from the board and management.

There are governance systems to support effective information management, risk management, human resource management, education and training, continuous improvement and regulatory compliance. There is board representation on the continuous quality improvement committee and the chief executive officer is the coordinator. The clinical governance framework addresses anti-microbial stewardship, open disclosure and minimising the use of restraint. Staff interviewed understood these concepts and could explain how they were applied in practice. The quality improvement program regularly monitors the restraint minimisation, antimicrobial stewardship and open disclosure. The service promotes these initiatives including the quality standards to staff, consumers, representatives and health professionals.

#### Requirements:

Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

Standard 8 Requirement 3(b) Met

The organisation demonstrates that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

Standard 8 Requirement 3(c) Met

The organisation demonstrates 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.

Standard 8 Requirement 3(d) Met

The organisation demonstrates 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.

Standard 8 Requirement 3(e) Met

The organisation demonstrates that 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.