Koorooman House Nursing Home

Performance Report

23 Sloan Avenue
LEONGATHA VIC 3953
Phone number: 03 5667 5555

**Commission ID:** 3419

**Provider name:** Gippsland Southern Health Service

**Site Audit date:** 4 March 2021 to 5 March 2021

**Date of Performance Report:** 8 April 2021

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

The following information has been taken into account in developing this 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
* Infection Control Monitoring Checklist
* the provider’s response to the Site Audit report received on 1 April 2021

# STANDARD 1 COMPLIANT Consumer dignity and choice

### 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.

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Most sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services, and live the life they choose. For example:

* Consumers and representatives expressed satisfaction they are treated with dignity and respect. Feedback included that staff always treat them well, are respectful, and consumers feel very comfortable at the service.
* Consumers and representatives explained how they are supported to exercise choice and independence around care decisions and maintaining relationships of choice, including relationships both within and outside the service.
* Consumers interviewed expressed satisfaction that the information they receive is current and up to date and gave examples of how information provided by the service supports choice.

Staff were able to provide examples of how consumers are supported to make decisions and maintain social relationships. Staff also demonstrated knowledge of consumers’ culture and could describe how it influenced the delivery of care and services.

Care plans documented information about consumer background and preferences, which aligned with consumer information. The service has various policies and procedures to guide and support provision of culturally safe care to consumers. The service has a policy that provides individualised care guidelines, supporting consumers in managing risk, and to engage in activities that supports daily living.

Staff were observed speaking respectfully to consumers when providing care, and could describe individual consumer backgrounds and preferences. Observations also demonstrate how the service respects consumer privacy, including personal information.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### 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.

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Most sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. For example:

* Most consumers and representatives said they are listened to, and their care and services are planned around what is important to them. This includes the involvement of other professionals or organisations.
* Consumers and representatives confirmed that end of life planning was discussed on admission.
* Consumers and representatives said staff explain relevant information about their care.
* Care plans address current needs, goals and preferences, however most consumers or representatives said they have not received a copy of their care plan.

Staff described how consumers and others, including representatives and other health professionals, contribute to consumer care and inform care plans which are tailored to consumer needs. Staff described how monitoring and review occurs in line with consumer preferences. Risks and adverse events are reviewed, and changes are made to prevent re-occurrence.

Documentation review demonstrated plans had been reviewed regularly with changes made. Some documentation supported that care conferences are completed regularly, however quarterly reviews do not always indicate that consultation has been completed with the consumer and/or their representative.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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 COMPLIANTPersonal care and clinical care

### 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.

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Most sampled consumers considered that they receive personal care and clinical care that is safe and right for them. For example:

* Most consumers and representatives said they received the care they need and provided positive feedback about the manner in which staff provide care. Consumers and representatives said staff notice when they are unwell and provide care and support. Most representatives said they were regularly informed of consumer care needs.
* One representative said psychotropic medication was not well managed for their consumer and they had to approach the service to initiate review.
* Consumers and representatives confirmed they are referred to appropriate health professionals, however one representative said they do not speak to their consumer’s medical practitioner often.
* Representatives and consumers confirmed end of life care is discussed and were confident they would be supported through the end of life process.

Staff described how they ensure clinical care is best practice and how information is shared both within and outside the organisation.

Care documentation confirms that high impact and high prevalence risks, in particular falls management, is monitored and reviewed and follow up referrals and nursing practices occurs. High impact and high prevalence risk in relation to chemical restraint requires further investigation and review. Monitoring and trending of infections and staff use of Personal Protective Equipment (PPE) could be strengthened.

Management’s response to the Assessment Team’s report described actions taken by the service which include implementing new arrangements to ensure the psychotropic register is updated and current, monitoring infection control and antibiotic use, and issuing reminders regarding the correct use of PPE.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

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

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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 COMPLIANTServices and support for daily living

### 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.

## Assessment of Standard 4

To understand the consumer's experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall, sampled consumers considered that they get the services and supports for daily living that are important for their health and wellbeing and that enable them to do the things they want to do. For example:

* Consumers and representatives interviewed stated consumers are supported in daily living and their independence is optimised. The Assessment Team observed staff providing consumers with safe and effective services and supports for daily living.
* Most consumers and representatives provided positive feedback about being supported to maintain contact with those important to them and to do things of interest to them.
* Consumers and representatives interviewed indicated satisfaction that consumers' emotional, spiritual and psychological wellbeing was met.
* Overall, consumers and representatives provided positive feedback about meals, however some consumers were not satisfied with meals.

Staff demonstrated they know consumers well, and described ways they provide care that supported consumer independence, quality of life and overall wellbeing. Staff described support for consumers which aligned with the consumer’s stated goals and preferences contained in care planning documents.

While consumer documentation detailed information on family history and supports, lifestyle care plans tended to be generic and were not customised. Care documents reviewed, including progress notes, handover documents, and referral processes, reflect the involvement of external stakeholders in providing care and services to consumers.

The Assessment Team observed staff providing consumers with safe and effective services for daily living. The service was also observed to have adequate supplies of clean and well maintained equipment.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANTOrganisation’s service environment

### 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.

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed nursing staff about the suitability and safety of equipment. The team also examined relevant documents.

Overall, sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. For example:

* Consumers and representatives said that the service is welcoming, easy to move around, and the environment helps them feel comfortable and at home.
* Consumers and representatives said visitors are made to feel welcome by staff.
* Consumers and representatives said they find the environment safe, clean and well maintained.
* Consumers reported feeling safe using equipment, including mobility aids and lifting equipment

Staff were able to describe the process by which equipment, furniture and fittings is cleaned and maintained. Maintenance staff indicated that all maintenance at the service is logged for action. Staff expressed satisfaction with the timeliness of maintenance. The reactive maintenance log was reviewed by the Assessment Team, with no long overdue items identified.

The service environment is welcoming and has shared areas for consumers to interact. Equipment on site was observed to be clean and well maintained. Cleaning and sanitising supplies are available. Consumers were observed to be moving freely around the service with support from staff where required.

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

## Assessment of Standard 5 Requirements*.*

### Requirement 5(3)(a) Compliant

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

### Requirement 5(3)(b) Compliant

*The service environment:*

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

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANTFeedback and complaints

### 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.

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register and tested staff understanding and application of the requirements under this Standard.

Consumers and representatives said they are encouraged and supported to give feedback and make complaints. For example:

* Consumers and representatives are satisfied with the feedback and complaints process, and feel encouraged and supported to speak up when they have concerns.
* Consumers provided examples of when they have made complaints and how management were responsive in rectifying matters.

Staff described the complaints process and how they support consumers to provide feedback. Staff also described how they report feedback to management and escalate matters.

Management described complaint and open disclosure processes and how they respond to complaints. Management described how complaints data is reviewed and what actions are taken to improve the quality of care and services.

Complaint documentation reviewed by the Assessment Team identified timely action taken by management, and that complaints and feedback are used to inform continuous improvement.

Brochures for advocacy services are available at the front entrance and posters are displayed throughout the service.

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

## Assessment of Standard 6 Requirements*.*

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANTHuman resources

### 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.

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers and representatives about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Sampled consumers consider that they get quality care and services from people who are caring. For example:

* Consumers said staff are kind and know what they are doing.
* Consumers did not express any concerns with staff numbers or the care they received.

Care staff interviewed generally expressed that they have adequate staff and that shifts are replaced to cover sick leave and other absences. Staff from a range of roles were interviewed, and advised they have the knowledge to perform their roles, and can access additional support if required.

Management provided information and resources to demonstrate that the service recruits and trains new staff to ensure they are equipped and supported to deliver required outcomes.

Documentation indicates staff complete mandatory training modules and staff appraisals are completed annually.

Staff were observed interacting with consumers in a kind, caring and respectful manner.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

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

### Requirement 7(3)(d) Compliant

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

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANTOrganisational governance

### 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.

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management, consumers, representatives and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. For example:

* Consumers and representatives sampled stated the service was well run and staff deliver good quality care.
* Consumers interviewed were aware of monthly consumer and representative meetings.
* Consumers interviewed stated they feel safe.

Staff described what action they would take if they identified abuse or neglect of consumers, and have received education on mandatory reporting. Staff described open disclosure practices.

Management values input from consumers and have actioned improvements suggested by consumers. Management described how consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

Management described how they analyse information and monitor care provided through reporting functions.

Governance and organisational processes include a range of meetings, and the service has a continuous improvement plan.

The organisation has a documented risk management framework, which includes policies describing how high impact or high prevalence risks associated with the care of consumers is managed.

The service holds regular medication committee meetings and antimicrobial stewardship is discussed at these meetings which are attended by key personnel.

The organisation has effective governance systems in relation to information systems, continuous improvement, financial and workforce governance and regulatory compliance.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

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

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.