Performance

Report

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| Name: | Adina Care Cootamundra |
| Commission ID: | 2743 |
| Address: | 121 Mackay Street, COOTAMUNDRA, New South Wales, 2590 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 12 December 2023 |
| Performance report date: | 31 January 2024 |
| Service included in this assessment: | Provider: 1121 Cootamundra Health Care Co-operative Limited  Service: 1099 Adina Care Cootamundra |

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 Adina Care Cootamundra (**the service**) has been prepared by M.Wyborn, 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, and
* the provider’s response to the assessment team’s report received 24 January 2024.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements were assessed. |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

# Other relevant matters:

The service was previously found Non-compliant in the below Requirements following a Site Audit undertaken from 10 – 12 January 2023. Not all Requirements were assessed for the purpose of the Assessment Contact conducted on 12 December 2023. The below Requirements remain Non-compliant.

* Standard 1 Requirements (3)(c) and (3)(d)
* Standard 2 Requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(e)
* Standard 3 Requirements (3)(a), (3)(b) and (3)(f)
* Standard 4 Requirements (3)(a), 3(b) and (3)(f)
* Standard 7 Requirements (3)(c), (3)(d) and (3)(e)
* Standard 8 Requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(e)

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(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 demonstrated, and consumers and representatives advised, that consumers are treated with respect and dignity, and their identity, culture and diversity is valued. The service administers appropriate policies including information about treating consumers with respect and maintaining their dignity. The Assessment Team observed staff speaking about and interacting with consumers in a respectful manner. The service has implemented training and education for staff, undertook consumer file reviews and adopted relevant service level changes to ensure that consumers are routinely treated with dignity and respect and that their identity, culture and diversity is valued. With these considerations, I find the service compliant in Requirement 1(3)(a).

The service demonstrated effective communication that is current, accurate and timely. The service has ensured that consumers have access to information related to advocacy services as well as internal and external feedback mechanisms. An electronic newsletter is available for all consumers and representatives and a register for consumers who wish to receive meeting minutes was developed. The service supplies relevant material to support consumers who have vision or hearing impairment. Consumers advised they are satisfied with information they receive to enable them to exercise choice in relation to meals, menu options and lifestyle programs. With these considerations, I find the service compliant in Requirement 1(3)(e).

The service demonstrated practical ways they respect consumer personal privacy, including knocking and waiting for a response before entering consumer rooms and conducting handover discussions in a private space. The service administers an appropriate organisational policy related to protection of personal consumer information, and the Assessment Team observed staff respecting consumers’ privacy and dignity when delivering care and services. Staff were aware of the service’s policy on privacy and confidentiality. Consumers advised that their privacy is respected and personal information is kept confidential and staff have received education on privacy and dignity and were able to demonstrate a sound understanding of how to respect consumer privacy. With these considerations, I find the service compliant in Requirement 1(3)(f).

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Not Compliant |

Findings

The service was unable to demonstrate effective routine consumer assessment and planning with appropriate consideration to consumer risk. Deficiencies were identified in relation to lack of comprehensive assessment and planning on entry to the service, when individual consumer circumstances change and following the introduction of a new electronic management system. Deficiencies identified included assessment and planning of risks related to pressure injuries, pain, diabetes, oxygen therapy, behaviour management and weight loss. In their response to the Assessment Contact Report, the Approved Provider highlighted their clinical risk register as well as the service’s efforts to remediate previous non-compliance detailing their continuous improvement outcomes. The Commission acknowledge ongoing efforts at the service to ensure compliance, however at this time I find the Assessment Team’s findings to be more compelling in relation to ongoing consumer assessment and planning and highlight that remediation efforts must be evaluated and embedded at the service. With these considerations, I find the service non-compliant in Requirement 2(3)(a).

# 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. | Not Compliant |

Findings

Consumers and representatives provided positive feedback in relation to the care consumers receive and advised that staff do the best they can. The Assessment Team reported however that the service does not ensure each consumer gets safe and effective personal and clinical care that is best practice, tailored to individual consumer’s needs and optimises their health and well-being. Deficiencies were identified in care to prevent development of pressure injuries, wound care, pain management, falls, diabetes management, and consumer behaviour management. The Commission acknowledges the efforts taken to remediate previous non-compliance in relation to consumer personal and clinical care management and acknowledge that the service has provided focus on staff education and training, human resources and recruitment and provided financial focus to support an increase in staff qualifications. At this time however, I find the Assessment Team’s findings to be more compelling in relation to ensuring that each consumer receives safe personal and clinical care that this tailored to their needs and optimises their health and well-being and encourage the service to ensure ongoing evaluation of their remediation efforts, ensuring that the service provides evaluation after embedding their actions. With these considerations, I find the service non-compliant in Requirement 3(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)