Performance

Report

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| Name of service: | Braemar Cooinda |
| Service address: | 31 Moorhouse Street WILLAGEE WA 6156 |
| Commission ID: | 7450 |
| Approved provider: | The Commissioners of the Presbyterian Church in WA |
| Activity type: | Site Audit |
| Activity date: | 13 March 2023 to 15 March 2023 |
| Performance report date: | 19 April 2023 |

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 Braemar Cooinda (**the service**) has been prepared by K Richards, 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.

# 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 consumers, representatives, staff, management, and others; and
* the provider’s email dated 22 March 2023 acknowledging and accepting the Assessment Team’s report.

# 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 | |  |
| 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

Consumers and representatives said staff treat consumers with dignity and respect, using preferred names, and understanding and supporting consumer choices. Staff could describe actions taken to demonstrate respect for consumers, such as acknowledging consumer preferences. Training records demonstrated staff receive education on dignity, respect, consumer choices and cultural diversity, in line with policies and procedures. Staff were observed interacting with consumers with familiarity and in a respectful manner.

Consumers said staff were aware of their cultural preferences, and receive care in line with this. Staff could describe consumer cultural needs and care, and the service had connected consumers to culturally appropriate groups within the community. Care plans included information on consumer backgrounds and cultural needs. Information brochures were available in several languages, and staff and representatives confirmed actions taken to communicate with consumers who struggled with English.

Consumers said the service supports their input into daily choices, decisions on care, and family involvement. Staff could explain how they support consumers to maintain relationships of choice. Care planning documentation identified consumers who make decisions for themselves, or where others were involved in the process.

Consumers said they can make choices about how they live their lives, including the choice to take risk. Where risk is identified, a dignity of risk assessment is undertaken and includes strategies to mitigate risk. Clinical staff could describe the assessment process, including consideration of consumer choice and strategies to assist consumers maintain their well-being.

Consumers said information is available to them to help make choices about clinical and personal care, food options, and lifestyle activities and staff regularly confirm their choices within daily conversation. Consumers said written information was available through monthly newsletters, weekly activity planners, and they can attend Consumer engagement meetings or access minutes. Daily menus were observed on television screens around the service, and activity schedules were seen in consumer rooms with daily activities promoted in large font with pictorial signs on noticeboards.

Consumers provided examples of how their privacy is maintained by staff. Staff were observed ensuring they knocked before entering rooms and attended to consumer needs in private areas. Consumer information is stored in a password protected electronic care management system, and nurses’ stations are secured requiring use of swipe card to enter. Staff sign a pledge of confidentiality when commencing employment and receive training in consumer dignity, privacy, and confidentiality.

For the reasons outlined above I find Standard 1 Consumer dignity and choice Compliant.

# 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. | 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

Consumers and representatives said staff consult with them to identify and plan for areas of personal risk. Management and staff described processes used to identify risks, including assessment tools and interviews with consumers and representatives, with outcomes used to inform care planning. Care plans identified known risks for consumers and mitigating strategies.

Care planning documentation reviewed included consumers’ preferences and current care needs, including the things and the people important to them to maintain their health and well-being. Staff were aware of consumer needs and preferences in line with consumer feedback and care documentation. Consumers were supported and encouraged to share their end of life and palliative care wishes with the service staff.

Assessment documents, care plans, progress notes and interviews with consumers, show staff work with consumers and representatives in assessment, planning and review of care and services. Management, clinical and care staff were able to describe how they refer to other providers, including Allied health staff and specialist services. Documentation showed how other organisations and providers of care are involved in the planning and assessment process to meet consumers’ requirements.

Consumers and representatives said the service keeps them informed of the outcome of assessments and changes to care. Staff confirmed they could access care planning documents online, and paper copies were available in consumer rooms for ease of reference. Documentation included summaries of regular case conferences and communication with Medical officers.

Staff described instances triggering care review, including physical or psychological changes, or following incidents or return from hospital. Management explained reviews are regularly undertaken every six months to identify the changing needs of consumers. A Resident of the Day process is utilised to identify changes to personal and clinical care requirements, and trigger further assessment or care plan updates where change is found. Documentation reviewed demonstrated reviews and updates to care plans following incidents or notable change.

For the reasons outlined above I find Standard 2 Ongoing assessment and planning with consumers Compliant.

# 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)(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

Consumers and representatives expressed satisfaction with the clinical and personal care provided. Consumers described how care was tailored to their needs, with staff demonstrating awareness of preferences in line with care planning documentation. Documentation demonstrated consumers received safe and effective care, and referrals or escalation of concerns are made to the Medical officer or external outreach services to ensure best practices are observed for clinical care.

Consumers and representatives said staff provide care which is safe and right for consumers. Staff were able to describe the main risks for consumers, which are identified through using validated assessment tools, and mitigating strategies. Care documentation included risk identification, escalation, and management strategies. Management maintains records of consumers with identified risks associated with their care, and these consumers are reviewed and discussed at regular clinical meetings.

An end of life assessment captures consumers’ needs, goals, and preferences for provision of palliative care, and a sampled care file for a late consumer demonstrated how these were effectively incorporated into care to maximise comfort and support the consumer’s dignity. Clinical staff described a collaborative approach to end of life care with Medical officers and palliative care teams, and regular meetings to identify and discuss consumer needs and preferences.

Staff described how they identify deterioration of consumers’ health and escalation pathways. Clinical documentation demonstrated actions taken following identification of clinical deterioration, including referral to Medical officers, Allied health staff, or external specialist services for further assessment. The service has a clinical deterioration policy with processes to assist with maintaining or restoring a consumer’s health and well-being.

Consumers and representatives interviewed said staff are aware of consumers’ care needs and know how they like the care to be delivered, and can provide additional help when needed. Staff stated they have the information they need to provide care to the consumers, which is provided through verbal and written handover processes, and could describe escalation pathways for any concerns. Information for non-urgent escalation to Medical officers was logged in communication books.

Consumers and their representatives said the service ensures they are supported to access internal and external providers when and as required. Staff were able to describe various referral processes and care files identified involvement of Medical officers, Allied health staff, and external specialist providers.

Staff said they have received training in infection prevention and control and understand precautions to be followed to minimise the risk of infection. Clinical staff stated antibiotic therapy is only initiated for consumers who are symptomatic or have a history of infection related illness. Care documentation demonstrated where infection was suspected, pathology was collected and results used to guide prescribing of antibiotics.

For the reasons outlined above I find Standard 3 Personal care and clinical care Compliant.

# Standard 4

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| Services and supports for daily living | |  |
| 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 said they have been supported with the provision of mobility and adaptive equipment, and exercises, which helped them optimise their independence and well-being. Care plans reflected consumers’ goals needs, preferences, and supports, and staff were able to describe consumers’ needs, goals, preferences, and requirements to maintain their well-being.

Consumers confirmed they received emotional and spiritual support through church services offered, one-on-one visits with the Chaplain, and engaging in activities of importance to them. Care plans captured information about consumers’ emotional, spiritual, and cultural needs to assist staff to support consumers’ well-being. Activity charts demonstrated supports had been provided in line with consumers’ emotional, spiritual, and psychological needs.

Consumers said they could undertake activities of interest, do things within and external to the service, and were supported to maintain important relationships. Staff described development of the wellness and therapy programs in place, as well as group activities, and community visitors who attend to assist consumers do activities of interest. Care plans reflected consumers’ personal history, interests, and relationships of importance, which aligned with consumer feedback. Consumers were observed participating in activities, with adaptive measures available for consumers with mobility needs or cognitive impairment.

Consumers said staff know them well and shared information about them when necessary. Staff accessed information about consumers’ needs and preferences from the care plan and handover processes. Dietary needs and preferences were captured in care planning, dietary sheets, and known by staff.

Care planning and progress notes demonstrated consumers had timely and appropriate referrals to other providers and organisations to meet their physical, psychological, emotional, and spiritual needs.

Most consumers provided positive feedback in relation to meal quality and variety, although some consumers acknowledged the meals were not to their taste. Systems are in place to record consumers’ preferences and dietary requirements, including allergies and intolerances. Feedback is sought directly from consumers and through feedback mechanisms, including food forums and satisfaction surveys. Management advised the service is working with the catering contractor to improve the quality of meals to consumer satisfaction, acknowledging a period of instability in the workforce had impacted on the quality of meals provided. Management said following actions taken, it was expected meal quality and service would improve.

Consumers said their equipment is clean and well-maintained. Care staff described cleaning shared equipment after use by each consumer and were responsible for cleaning personal equipment, including wheelchairs, walking frames, and comfort chairs. Staff advised any maintenance issues for equipment were reported. Observations of consumer equipment demonstrated equipment was clean, well maintained and in good working order.

For the reasons detailed above I find Standard 4 Services and supports for daily living Compliant.

# Standard 5

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| Organisation’s service environment | |  |
| 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 and representatives confirmed they find the service welcoming and easy to navigate. The service maintains a home like environment through use of murals, and consumers are encouraged to personalise their rooms. The environment accommodated consumers with mobility needs to move freely, and communal areas incorporated separate dining and lounge areas.

Consumers and representatives said the service environment was comfortable and clean. Consumers were observed moving freely indoors and outdoors onto secured balcony areas. Staff could describe cleaning and maintenance undertaken, with documentation showing cleaning tasks required signing off upon completion and regular audits were undertaken.

Consumers said equipment provided was suitable for their needs and safe for use, and cleaned and maintained regularly. Staff demonstrated familiarity with processes to report faults and hazards. The service has effective reactive maintenance processes, and all equipment is serviced regularly by external contractors. Currently, the service is transitioning from paper-based maintenance records to an electronic system, and management and staff said both systems are currently being used during this period.

For the reasons outlined above, I find Standard 5 Organisation’s service environment Complaint.

# Standard 6

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| Feedback and complaints | |  |
| 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 said they were comfortable raising any concerns, were aware of the mechanisms in place to provide their feedback, and felt confident issues would be effectively addressed by the service. Care staff said they get feedback from consumers on an ongoing basis as they are providing care and services and could describe supportive actions to escalate issues. Feedback forms and information are available throughout the service to promote awareness and the service has systems in place to obtain feedback from consumers and representatives.

Most consumers and representatives said they would prefer to provide their feedback internally but knew there are external complaint resolution services, advocacy, and language services. Staff were aware of advocacy and language services available and said they would escalate to management if a consumer or representative wanted to pursue this avenue. Documentation reviewed and observations of the service showed information is available to consumers and representatives about advocacy services, language services and external complaint handling pathways.

Consumers and representatives said they were satisfied with actions taken in response to complaints and described responsive use of open disclosure process. Staff were able to describe open disclosure principles, and management described the process to capture and manage complaints, including timeframes and organisational escalation pathways for severe issues. Complaint documentation included actions taken and use of open disclosure.

Management described how feedback and complaints are trended and analysed on a monthly basis and used to drive continuous improvement. Complaints are reviewed and entered on a centralised system to ensure organisation oversight. The service provided examples of actions taken in response to feedback, with evidence changes are communicated within consumer engagement meetings.

For the reasons outlined above I find Standard 6 Feedback and complaints Compliant.

# 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 |
| 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 confirmed the service had enough staff, and staff confirmed they have sufficient time to undertake their duties. Staffing levels, skill mix, consumer needs and feedback from staff, consumers and representatives are considered within scheduling processes to ensure provision of safe and quality care and services. Management gave examples of responsive rostering changes to meet consumer needs.

Consumers said staff are kind, caring, and always available to help. Staff were able to describe consumers’ needs, preferences and individual identity, and were observed interacting with consumers and aiding them in a dignified way.

Consumers and representatives interviewed indicated they felt safe and confident staff knew what they were doing. Staff said they attend regular training sessions to improve their knowledge and to enable them to effectively perform their roles. Position statements outline competencies for each role, and an orientation program is undertaken by all new staff, with daily monitoring of performance by senior staff. Monitoring of staff registration requirements and police clearances is undertaken at an organisational level.

Consumers and representatives said they were satisfied with the skills and knowledge of staff. Feedback from consumers is used to identify staff training needs. Staff confirmed recruitment and provision of ongoing training. Training records were maintained, including mandatory training, and staff receive ongoing education on other subjects, including best practice clinical care.

Consumers and representatives said they could give feedback on staff, and were confident action is taken in response to poor performance. Staff said they participate in regular performance reviews, and use these to identify areas for further support. Management described monitoring processes for staff performance, demonstrating actions taken in response to poor performance.

For the reasons outlined above I find Standard 7 Human resources Compliant.

# Standard 8

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| Organisational governance | |  |
| 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

Consumers and representatives are engaged in the development, delivery, and evaluation of care and services through consumer engagement meetings, surveys, lifestyle feedback evaluations, complaints, and individually during family care conferences. Staff advised they are always open to consumer and family engagement through these channels, and one-to-one communication. The service demonstrated consumer input has recently resulted in improvements in meals and lifestyle activities.

Consumers and representatives were confident the service provided safe, inclusive and quality care. The Chief executive officer advised they meet regularly with service management and also on an organisational level, and reports are provided on clinical indicators, compliance, incidents, feedback, and operational matters. Meeting minutes, including peer review group, clinical care, and staff meetings, included focus on providing safe care in line with the Quality Standards. The organisation has systems in place, including committees, reporting mechanisms, and policies and procedures to ensure a culture of safe, inclusive quality care and services is provided.

The service demonstrated use of effective organisation wide systems to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation’s systems and processes complied with relevant legislation and the continuous improvement plan was monitored to ensure appropriate action in response to feedback and complaints.

Systems were available for identifying and managing high impact or high prevalence risks using clinical indicator data, review of consumers at risk within regular multidisciplinary meeting, use of a risk register, and oversight by the organisation’s clinical governance, quality, and compliance teams. The service has a policy which guides staff in ensuring consumers are supported to exercise choice to take risk, with level of risk and mitigating strategies regularly reviewed. Staff were able to describe their role in reporting, documenting, actioning, and escalating incidents, and could explain their responsibility for reporting elder abuse through the Serious Incident Reporting Scheme.

Clinical governance is managed through the clinical governance framework with oversight through clinical governance, quality, and compliance committees. Documentation demonstrated actions were taken to minimise the use of restrictive practices. Management gave examples where open disclosure was used in response to negative events. Staff identified antimicrobial stewardship processes and precautions taken to prevent infections. Clinical audits are undertaken in line with scheduled planning, and also as required to identify areas for improvement. Senior clinical staff provide oversight and guidance on clinical care, and staff said they receive ongoing clinical training and can access policies and procedures.

For the reasons outlined above I find Standard 8 Organisational governance 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)