Performance

Report

**1800 951 822**

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| Name of service: | Coates |
| Service address: | 1 James Street ST ARNAUD VIC 3478 |
| Commission ID: | 3124 |
| Approved provider: | Respect Group Limited |
| Activity type: | Site Audit |
| Activity date: | 18 October 2022 to 20 October 2022 |
| Performance report date: | 28 November 2022 |

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 Coates (**the service**) has been prepared by M. Nassif, 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 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.

# 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 said they were treated with dignity and respect and staff knew and valued their identity and cultural background and encouraged their diversity. Staff described how they respected consumers, for example, avoiding topics when talking to certain consumers, using their preferred names, and embracing consumers' identity and culture. Care planning documents included details on consumers' identity, backgrounds, and cultural diversity.

Consumers and representatives confirmed the service recognised and respected their cultural backgrounds and provided care that was consistent with their cultural traditions and preferences. Staff identified consumers from culturally diverse backgrounds and were able to describe how they tailored care to meet their specific cultural needs and preferences. Care planning documents showed the service collaborated with consumers and representatives to accurately capture their cultural needs and preferences.

Consumers said they were supported to choose who they wished to involve in their care and how they would like their care and services delivered. This was reflected in their care planning documents. Consumers said they were encouraged to make connections with others and were supported to maintain important relationships. Staff were aware of consumers’ important relationships and who else they wished to involve in their care and decision making.

Consumers and representatives said the service supported them to make informed decisions and take risks, so they could live their best lives. Staff were aware of the consumers who chose to take risks and supported their right to make choices that enhanced their independence and well-being. Care planning documents showed risk assessments were completed in consultation with consumers and appropriate risk management measures were adopted.

Consumers and representatives said they were provided with current information that was clear, easy to understand and enabled them to exercise choice. Representatives said they were kept informed about what was happening at the service through regular emails and phone calls. Information to assist choice, such as menus and an activity schedule, was observed around the service.

Consumers said their privacy was respected and personal information was kept confidential. Staff explained the various ways consumers’ personal information is kept confidential. The service had documented protocols in place to guide staff in protecting consumers’ privacy and personal information.

# 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 risks were identified and managed to promote consumers’ independence and safety. Care planning documents showed that assessment and care planning considered risks to consumers’ health and well-being and informed the delivery of safe and effective care and services. Staff said the admission process guided staff through the assessment of consumers on entry to the service.

Consumers and representatives said they had been provided with the opportunity to discuss their current care needs, goals and preferences and their advance care plans and end of life care. Care planning documents included consumers’ end-of-life care wishes. Staff described consumers’ needs, goals and preferences for care. Management advised consumers were provided with advance care directive paperwork in the admission pack and were encouraged to discuss their preferences on entry to the service, if they wished to.

Consumers and representatives said the assessment and planning process was based on a partnership with them and included any others they chose to involve in their care. Staff described the process of referring consumers to relevant allied health professionals such as; physiotherapists and occupational therapists. Care planning documents showed consumers and their representatives were consulted, along with other multidisciplinary team members such as medical officers and physiotherapists.

Consumers and representatives said the outcomes of assessments and planning were communicated to them, and they either had a current copy of their care plan, or knew how to access one, if they wanted. Staff explained the process of accessing care plan documents on the electronic system and said they communicated outcomes of assessments to consumers and allowed time for them to ask questions.

Consumers and representatives said their care was regularly reviewed and they were notified when circumstances changed or when incidents occurred. Staff explained how care and services were regularly reviewed for effectiveness and demonstrated familiarity with reporting changes in condition or incidents. The service had written policies and procedures for updating care plans when circumstances changed or when incidents occurred.

# 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 said the care delivered was tailored to consumers’ needs and optimised their health and well-being. Staff demonstrated they understood the personal and clinical needs of individual consumers. Care planning documents reflected individualised care that was safe, effective, and tailored to the specific needs and preferences of consumers. The service had written policies and procedures in place to support the delivery of care in areas such as wound management, restraint practices, falls prevention, skin integrity, and pressure injury prevention.

Management explained how high prevalence and high impact risks such as; falls, weight loss and skin integrity, were effectively managed. Consumers and representatives were satisfied high impact and high prevalence risks to consumers were effectively managed. Care planning documents identified risks and effective management strategies.

Consumers and representatives were confident the service delivered end of life care that would meet their needs, goals and preferences. Consumers and representatives confirmed staff had spoken to them about advance care plans and end of life preferences. Staff explained how they preserved the comfort and dignity of consumers nearing the end of life. Care planning documents detailed consumers’ advance care planning information, including choices and end of life preferences.

Management explained how changes in consumers’ condition and care needs were recognised and responded to in a timely manner. Consumers and representatives were satisfied with the personal and clinical care provided, including the recognition of a deterioration or change in consumers’ condition. Staff provided examples of when a deterioration or change in a consumer’s condition was recognised and responded to promptly. Care planning documents demonstrated a deterioration in a consumer’s health, capacity or function was recognised and responded to.

Consumers and representatives were satisfied with the delivery of care, including the communication of changes to consumers’ condition. Staff described how changes in consumers’ care and services were communicated through verbal handovers, meetings, accessing care plans or accessing daily consumer task reports or electronic notifications. Care planning documents reflected adequate information about the consumer’s condition, needs and preferences is documented to support safe and effective care.

Consumers and representatives were satisfied any referrals to other providers of care and services were timely and appropriate. Staff described the process for referring consumers to other health professionals and health services. Care planning documents reflected referrals to a range of allied health professionals.

Consumers and representatives were satisfied with the service’s infection control practices including the management of COVID-19. The service had documented policies and procedures to guide infection control practices and promote antimicrobial stewardship. Staff said they had received training on infection minimising strategies and demonstrated an understanding of the need to minimise the use of antibiotics.

# 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 and representatives said they receive services and supports for daily living that met consumers’ needs, goals, and preferences, and optimised their independence and quality of life. Staff could explain what was important to individual consumers and how they ensured their services and supports met their needs and preferences and optimised their well-being and quality of life. Documentation showed staff assessed consumers’ lifestyle needs, goals and preferences and supported them to optimise their health and well-being.

Consumers said their emotional, psychological and spiritual well-being was well supported by the service. Care planning documents reflected consumers’ spiritual, psychological and emotional needs and strategies. Staff described how they supported the spiritual and physiological well-being of consumers including actions they took when they noticed consumers appeared unhappy or low.

Consumers and representatives said they were supported to participate in their community within and outside the service, maintain social and personal relationships and do the things of interest to them. Staff described how they supported individual consumers to participate in the wider community and maintain their personal relationships. Care planning documents identified the activities consumers enjoyed, their specific interests and who they wished to maintain relationships with.

Consumers said staff from all areas of the service were aware of their conditions, needs and preferences. Staff said they accessed care plans, task lists and handover sheets to ensure care met the current needs and preferences of consumers. Care planning documents provided adequate and current information to ensure the services and supports of daily living met consumers’ needs and preferences.

Care planning documents showed the service provided timely and appropriate referrals to other individuals, organisations and providers of care and services to enhance the lifestyle of consumers. Staff could describe how consumers are referred to other providers of care and services and gave examples. Consumers confirmed staff were prompt in organising activities or travel to events and when they required services from external providers.

Consumers and representatives expressed satisfaction with the quality, quantity, and variety of the food they were served. Consumers said they were provided with a choice for each meal and could request something different if they chose. Management stated the menu was changed seasonally and there was a standing agenda item at the bi-monthly consumer meetings to give consumers an opportunity to discuss the food service.

Consumers, staff and management advised the equipment provided to support consumers was safe, suitable and clean. Staff stated they had access to suitable equipment which was well maintained and they were adequately trained to use it. Equipment available in the service was observed to be safe, suitable and clean.

# 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 said the service was welcoming and optimised their sense of independence, interaction, and function. Consumers said being able to furnish their room and surroundings with personal items made them feel at home. Staff said they enjoyed assisting consumers to personalise their rooms and promote their sense of belonging.

Consumers said the service was clean, well maintained, and comfortable. Consumers said they could move freely inside and outside and used the lift to access the upper and lower levels of the service. Maintenance logs demonstrated all requests are attended to within a timely manner. Consumers were observed moving freely throughout the service.

Consumers said the furniture, fittings and equipment was suitable, clean, well-maintained and safe. Various equipment such as walkers, wheelchairs and personal care equipment was observed to be functional, well maintained, clean and stored appropriately.

# 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 felt encouraged and supported by the service to provide feedback and make complaints. Management and staff described processes in place to encourage and support feedback and complaints. Staff said when they receive a complaint from consumer or a representative, they guide them to the feedback form and the locked suggestion box where they can submit their complaint.

Consumers and representatives were aware advocacy and translation services were available and said they would use these services, if needed. Management said information about accessing language services was available around the service and included in the resident handbook. The resident handbook and posters throughout the facility were observed to provide information and contact details for advocacy services.

Consumers and representatives said the service responded appropriately and quickly when they provided feedback or made a complaint. Management described the processes for addressing feedback and resolving complaints, and explained open disclosure was embedded within the complaints handling procedures. Documented policies, procedures and training guided staff through the complaints management and open disclosure processes.

Management described how feedback and complaints were recorded on the service’s complaints and incident registers and these were used to resolve the issues and inform the Plan for Continuous Improvement (PCI). The complaints register showed complaints or incidents were documented along with the action taken and resolution. The PCI showed how the service used feedback to improve the quality of care and services.

# 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

Consumer and representatives expressed satisfaction with how staff responded to consumers’ requests for assistance and the overall quality of care provided. Management described how the workforce was planned and how unplanned leave was covered and the current recruitment actions to fill vacancies. Staff advised they were short staffed on occasion however they were able to manage by some staff undertaking extra hours, double shifts, or through a reallocation of duties. The staff did not raise concerns that consumer care was compromised.

Consumers and representatives were very satisfied with the care and services provided and said staff were always kind, caring and responsive to their needs. Consumers said staff were respectful of their identity, and diversity and understood their background and cultural needs. Staff were observed interacting with consumers and representatives in a kind and caring manner.

Consumers and representatives were confident staff were sufficiently skilled and knowledgeable to meet their care needs. Management detailed processes for ensuring the workforce were competent and had the necessary qualifications and knowledge to effectively perform their roles. The service had documented recruitment policies and position descriptions set out the key qualifications, registrations and competencies for each role.

Consumers and representatives said staff knew what they were doing. Staff confirmed they received training, equipment, and support to provide the care and services consumers required.

Records showed the service regularly undertook assessment, monitoring, and review of the performance of each member of the workforce. Management said the staff performance appraisals were conducted annually online and staff received a reminder email from the human resources department when their appraisal was due. Management also monitored performance through observation, feedback and supervision of staff practice. Staff described how performance appraisals occurred and confirmed they also discussed their training and development needs during their performance review.

# 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 said they had ongoing input into how their care and services were delivered, and the service encouraged their participation when making decisions. Management described how consumers and representatives were engaged in the development, delivery and evaluation of care and services including through consumer meetings, surveys, care planning and the feedback and complaints process.

Management described the organisational structure and how the Board was accountable for promoting a culture of safe, inclusive and quality care and services. The organisation had a strategic plan and the Board met regularly and received various detailed reports, to ensure it was delivering the strategic plan, meeting the Quality Standards and delivering quality care and services.

Management described how the organisation had effective organisation wide governance systems in relation to; information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints. Compliance with the governance systems was monitored and audited through a variety of mechanisms and performance indicators. Staff were aware of the various policies and procedures supporting the governance systems.

The service had effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Staff confirmed they could access the policies and had received training on these topics. Staff gave examples of how the policies applied in their daily work.

The organisation had a clinical governance framework with documented policies and procedures covering antimicrobial stewardship, minimising the use of restraint, and open disclosure. The clinical governance framework described the organisation’s approach to ensuring the quality and safety of clinical care for each consumer. Staff demonstrated they had been educated about the policies and were able to provide examples of their work.

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)