Performance

Report

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| Name of service: | Cobden District Health Services |
| Service address: | 5 Victoria Street COBDEN VIC 3266 |
| Commission ID: | 3221 |
| Approved provider: | Cobden District Health Services Inc |
| Activity type: | Site Audit |
| Activity date: | 17 January 2023 to 19 January 2023 |
| Performance report date: | 1 March 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 Cobden District Health Services (**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 are treated with dignity and respect. Staff described how they respect consumers and were observed assisting and interacting with consumers in a caring and respectful way. Care planning documents demonstrated information captured reflected consumers' identity, backgrounds, and cultural diversity.

Consumers felt the service recognised and respected their cultural background and provided care consistent with their cultural traditions and preferences. Staff described how they tailor care that meets the specific cultural needs and preferences of consumers. Care planning documents demonstrated the service collaborates with consumers to accurately reflect their cultural preferences and ensure care and services are delivered to meet their needs.

Consumers confirmed that they are supported to maintain connections and relationships with others. Care planning documents identified who consumers choose to involve in their care and how they would like their care delivered. Staff described details of how consumers wish to have their care delivered and had awareness of who consumers wish to have involved in their care and who they choose to maintain relationships with.

Care planning documents demonstrated that risks are assessed, and consumers are provided with information to make informed decisions. Risk mitigation strategies are implemented to ensure consumers continued support in risk taking activities. Staff were aware of consumers who take risks and support required to enhance their independence and well-being.

Consumers and representatives explained how they receive information that allows them to make informed choices. Management reported consumers received current and timely information via communication channels such as newsletters and emails. Menus and activities calendar, as well as other communications, were observed displayed throughout the service.

Consumers said staff respected their privacy by always knocking on doors before entering to provide personal care. Staff described the practical ways they respect and maintain consumers privacy and confidentiality. Staff were observed being respectful to the consumers and knocking on doors before entering their rooms.

# 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 were satisfied with the care they receive, and risks are identified and managed to promote their independence and safe care. Care planning documents evidenced effective, comprehensive assessment and care planning that identified the needs, goals and preferences of consumers, including identified risks.

Management reported consumers are provided with advance care directive paperwork in the admission pack and are encouraged to discuss their preferences on entry to the service if they wish to. Care planning documents reflected end of life care wishes and advance care directives are documented.

Consumers and representatives said they are involved in assessments and development of their care plan. Care planning documents demonstrated consumers and their representatives are consulted in assessments and care planning and include input from other multidisciplinary team members, such as medical practitioners, physiotherapists, dieticians, and podiatry services. Staff described the process of referring consumers to relevant allied health professionals.

Consumers and representatives said the outcomes of assessments and planning are communicated to them and said they have a current copy of their care plan evaluation or know where to access one if they chose to. Care planning documents demonstrated they were frequently updated to reflect outcomes of assessment and planning.

Consumers and representatives said they are notified when circumstances change or when incidents occur. Management advised that clinical incidents are reviewed monthly to identify strategies to minimise risk of reoccurrence and identify improvements to be implemented. Care planning documents evidenced that reviews are conducted after an incident or 3 monthly or when there is a significant change in consumers’ care.

# 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 they receive safe and effective care which reflects their needs and preferences. Staff demonstrated understanding of the individualised personal and clinical needs of consumers. Care planning documents reflected individualised personal care is safe, effective, and tailored to their needs and optimises consumers health and well-being. Consumers subject to restrictive practices have appropriate consents and behaviour support plans in place.

Consumers and representatives expressed satisfaction with the service’s management of high impact and high prevalence risks to consumers. Care planning documents identified key risks to consumers and included strategies to mitigate high impact and high prevalence risks.

Consumers and representatives confirmed that staff had spoken to them about advance care planning and end of life preferences. Staff explained processes to support end of life care, including the involvement of family and other health professionals. Care planning documents included end of life wishes including choices and end of life preferences.

Consumers and representatives were satisfied with the recognition of deterioration or changes in consumers’ conditions. Care planning documents demonstrated deterioration in a consumer’s health, capacity and function is recognised and responded to appropriately. Staff explained how changes are recognised and responded to and provided examples.

Staff described how consumer information is accessed and shared during handover and in care planning documents. Care planning documents identified adequate and accurate information to support effective and safe sharing of consumers’ care.

Care planning documents demonstrated referrals to a range of allied health professionals occur. Consumers and representatives said they get the care they need including referrals to allied health providers and staff described the referral process. Staff described the process for referring consumers to health professionals and allied health services.

Consumers and representatives were satisfied with the service’s management of COVID-19 outbreak and infection control practices. Staff demonstrated an understanding of how to minimise the need for antibiotics and ensure they are used appropriately. Staff were observed adhering to infection control practices and the service had policies to guide infection control practices.

# 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 were satisfied with the services and supports for daily living. Staff understood what is important to consumers and what they like to do. Care planning documents evidenced consumers' needs, goals and preferences are identified and documented.

Consumers said their emotional, psychological and spiritual well-being is supported. Staff described how they identify changes in consumers’ mood and provide emotional support. Care planning documents reflected consumers’ spiritual, psychological and emotional well-being needs.

Consumers said they felt supported to participate in the outside community and to maintain social and personal connections that are important to them. Staff described how they support consumers to participate in the community or engage in activities of interest to them. Care planning documents aligned with the information provided by consumers, representatives, and staff.

Staff described ways in which they share information and how information is communicated to them. Care planning documents provided adequate information to support safe and effective care as it relates to services and supports for daily living.

Consumers said they are supported by other providers of other care and support services. Care planning documents demonstrated that referrals are made to other services and organisations to support consumers. Staff provided examples of consumers referred to other providers of care and services.

Consumers said they were satisfied with the quantity, quality and variety of meals provided by the service. Staff demonstrated an understanding of consumers’ dietary preferences and requirements, as included in care planning documents. Consumers in the dining room appeared to enjoy the meals.

Staff advised they have access to the equipment and resources they need to support consumers. Observations indicated equipment used to support consumer lifestyle is 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 said they felt the service was welcoming, homely, and they were able to personalise their rooms to their liking. Staff said they respect that the service is the consumers home and enjoy assisting consumers in setting up their rooms.

The service was observed to be adequately lit, had clear signage, and consumers’ rooms were personalised.

Consumers and representatives said the service was clean, well maintained, and comfortable to live in. Documentation demonstrated the maintenance issues were attended to in a timely manner. Consumers were observed walking with family members and staff in the common outdoor areas participating in activities and enjoying morning and afternoon tea.

Furniture, fittings and equipment were observed to be functional, maintained, clean and stored appropriately. Consumers reported equipment used was clean, appropriate for its intended purpose, safe and well maintained.

# 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 comfortable to provide feedback and make complaints and were aware of the process to do so. Staff described processes in place to encourage and support feedback and complaints. The service had feedback forms available for consumers and representatives to access if required.

Consumers said they are aware of advocacy services and would use these if needed. Information on accessing language and advocacy services was observed in consumer handbook and displayed as posters throughout the service.

Consumers stated any concerns raised at the service have been attended to promptly. Staff demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer in the event of something going wrong. The service’s complaints register demonstrated staff response being consistent with the service’s open disclosure policies and procedures, and appropriate action is taken.

Consumers and representatives reported that their feedback is used to improve services and provided example of their input into the redecoration of lounge room. A documentation review evidenced the changes to improve services made in response to feedback and complaints from consumers and representatives.

# 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 expressed satisfaction with the timeliness and the quality of care provided. Staff said they felt supported by management and said they are aware that management is committed to recruiting more staff to meet the needs of consumers. Staff rosters demonstrated no shifts remained vacant or unfilled.

Consumers said staff are kind, gentle and caring when providing care. Staff were observed interacting with consumers in a friendly and encouraging manner. Staff demonstrated that they were familiar with each consumers’ needs and preferences.

Consumers and representatives felt staff were skilled to meet their care needs. Staff explained the service provided extra education programs to improve and extend staff knowledge. The service had position descriptions specifying core competencies and capabilities for each role.

Staff confirmed they received the appropriate training to meet the requirements of their current roles and are trained, equipped, and supported by the service to fulfil their duties. Consumers and representatives said staff know what they are doing. Management discussed onboarding process including orientation programs using mandatory training, buddying new staff and continual assessment of skills prior to staff progressing to work independently.

Management stated that staff performance appraisals were conducted officially at 3 months after onboarding and then annually. Staff confirmed this occurred.

# 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 reported that they feel included in the development, delivery and evaluation of care and services. Documentation evidenced consumer input and involvement in the evaluation and development of services. Management advised that all feedback or suggestions made by the consumers and representatives are included in the service’s improvement register for investigation and actioning.

Management described the organisational structure and hierarchy and how it supports accountability over care and services delivered. The governing body maintains oversight of the service to ensure the service is meeting the Quality Standards and the quality of care delivered is best practice through a clinical governance framework.

The service demonstrated an effective organisation wide governance system in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. For example, a risk management system that records all risk-based indicators such as call bell wait times and incident reports is checked first thing each day to trend and analyse information for continuous improvement.

The service had a documented risk management system and practice that included managing current and emerging risks. Staff were aware of processes for reporting incidents and described identifying and responding to elder abuse forms part of their mandatory yearly training schedule. Documentation demonstrated reportable incidents are actioned and recorded as per legislative requirements.

The service had a clinical governance framework that included antimicrobial policy, minimising the use of restraint and open disclosure. Staff reported being trained in use of open disclosure, antimicrobial stewardship practices and restrictive practices. Management and clinical staff discussed how the clinical governance framework ensured best practice and safety of consumers.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)