Performance

Report

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| Name of service: | Performance report date: |
| Coffs Haven Residential Care Service | 20 June 2022 |
| Commission ID: | Activity type: |
| 0545 | Site audit |
| Approved provider: | Activity date: |
| The Churches of Christ Property Trust | 17 May 2022 to 19 May 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 Coffs Haven Residential Care Service (the service) has been considered by Gill Jones, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 which took place 17 May 2022 to 19 May 2022; 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.
* the provider’s response to the assessment team’s report received 9 June 2022.
* the following information given to the Commission, or to the assessment team for the site audit of the service: The Assessment Team interviewed 17 consumers and 8 representatives about care and services provided.
* the following information received from the Secretary of the Department of Health (the Secretary): Exceptional Circumstances determination dated 24 January 2022.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-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.

**Requirement 2(3)(e)**

* Identify the consumers where restrictive devices are being used and review and update each consumer’s assessment and care plan.

**Requirement 3(3)(a)**

* Ensure care planning documents describe how a restrictive device is being used in a therapeutic capacity and how the device supports the individualised personal and/or clinical care for the consumer to optimise their health and well-being.
* Ensure staff deliver care that is best practice and meets the legislative requirement in relation to the use of restrictive practices.

**Requirement 4(3)(a)**

* Ensure consumers receiving safe and effective services and supports for daily living that meet their goals and preferences and enhances their quality of life.

**Requirement 7(3)(a)**

* Ensure sufficient numbers of appropriately trained staff to enable the delivery and management of safe and quality care and services.

**Requirement 8(3)(c)**

* Ensure the use of restrictive practices meets the legislative requirements under the Quality of Care Principles 2014.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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

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

The Assessment Team found the service is:

* Able to demonstrate that consumer are treated with dignity and respect, with their identity, culture and diversity valued.
* Able to demonstrate care and services are culturally safe.
* Able to demonstrate each consumer is supported to exercise choice and independence, including two make decisions about their own care and the way care and services are delivered, make decisions about when family, friends, carers or others should be involved in their care, communicate their decisions and make connections with others and maintain relationships of choice, including intimate relationships.
* Able to demonstrate each consumer is supported to take risks to enable them to live the best life they can.
* Able to demonstrate that 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.
* Able to demonstrate each consumer’s privacy is respected and personal information kept confidential.

# Standard 2

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| Ongoing assessment and planning with consumers | | Non-compliant |
| 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. | Non-compliant |

## Findings

The Quality Standard is assessed as Non-compliant one of the five specific requirements has been assessed as Non-Compliant.

The Assessment Team found the service is:

* Able to demonstrate initial assessment and planning for care and services is undertaken in partnership with consumers/representatives. Assessment and planning identify consumers’ needs, goals and preferences, including advance care planning and end of life planning.

However, the service is not:

* Able to demonstrate that care planning documents are reviewed regularly in relation to the use of mechanical restrictive practices.

**Requirement 2(3)(e)**

The Assessment Team found a review of consumer files demonstrated assessments for the use of mechanical restrictive practices have not been completed for all consumers and care planning documents are not reviewed regularly in relation to the use of mechanical restrictive practices.

Staff acknowledged care plans are not up to date and restrictive practices have not been consistently reviewed since December 2021 following the resignation of the physiotherapist/occupational therapist.

The Approved Provider responded on 3 June 2022 and did not refute the Assessment Team’s findings. The Approved Provider acknowledged the gaps and stated in the Plan for Continuous Improvement submitted they have undertaken a review to identify the consumers where restrictive devices are being used and they plan to review and update each consumer’s assessment and care plan.

I acknowledge the Approved Provider’s response. As these actions require time to demonstrate suitability and effectiveness, I consider at the time of the site audit, the service did not demonstrate 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.

Therefore, I find Requirement this Requirement is Non-compliant.

# Standard 3

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| Personal care and clinical care | | Non-compliant |
| 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. | Non-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

The Quality Standard is assessed as Non-compliant one of the seven specific requirements has been assessed as Non-Compliant.

The Assessment Team found the service is:

* Able to demonstrate consumers clinical care needs, including pain management and wound management are supported by the service. The workforce described high impact and high prevalence risks for consumers at the service, and how these are monitored and managed for individual consumers.

However, the service is not:

* Able to demonstrate that the use of restrictive practices is best practice or meets the legislative requirements with regard to assessment, consent and review. The workforce does not demonstrate a shared understanding of restrictive practices.

**Requirement 3(3)(a)**

The Assessment Team found the workforce does not demonstrate a shared understanding of restrictive practices, for example, devices that could be considered as a restrictive practice are used at the service for the comfort and safety of the consumers. A review of care planning documentation demonstrates devices such as low to the floor beds have not been considered as a mechanical restrictive practice and are not reviewed regularly. There are no care planning documents that describe how a restrictive device is being used in a therapeutic capacity and how the device supports the individualised personal and/or clinical care of the consumer to optimise their health and well-being.

The Approved Provider responded on 3 June 2022 and did not refute the Assessment Team’s findings. The Approved Provider acknowledged the gaps and stated in the Plan for Continuous Improvement submitted they have developed a teaching tool to assist staff in having a shared understanding of restrictive practice and will deliver training sessions by end of June 2022.

I acknowledge the Approved Provider’s response. As these actions require time to demonstrate suitability and effectiveness, I consider at the time of the site audit, the service did not demonstrate each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that: is best practice; and is tailored to their needs; and optimises their health and well-being.

Therefore, I find this Requirement is Non-compliant.

# Standard 4

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| Services and supports for daily living | | Non-compliant |
| 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. | Non-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

The Quality Standard is assessed as Non-compliant one of the seven specific requirements has been assessed as Non-Compliant.

The Assessment Team found the service is:

* Able to demonstrate services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.
* Able to demonstrate services and supports for daily living assist each consumer to participate in their community, within and outside the organisation’s service environment, have social and personal relationships; and do the things of interest to them.
* Able to demonstrate information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others, where responsibility for care is shared.
* Able to demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services.
* Able to demonstrate where meals are provided, they are varied and of suitable quality and quantity.
* Able to demonstrate where equipment is provided, it is safe, suitable, clean and well maintained.

However, the service is not:

* Able to demonstrate each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life*.*

**Requirement 4(3)(a)**

The Assessment team found not all consumers are receiving safe and effective services and supports for daily living that meet their goals and preferences, supporting their health, wellbeing and quality of life. Some consumers/representatives provided feedback about not enough activities and a lack of consumer engagement. There are no lifestyle staff currently working at the service and the lifestyle hours have been allocated to the care staff who are required to facilitate activities for the consumers. Care staff provided feedback that they do not have enough time to properly facilitate activities for all consumers. Observations by the Assessment Team and a review of the care documentation shows limited activities or consumer engagement is occurring.

The Approved Provider responded on 3 June 2022 and did not refute the Assessment Team’s findings. The Approved Provider acknowledged the gaps and stated in the Plan for Continuous Improvement submitted they have recruited a Well-Being Facilitator who will work with the Leisure and Lifestyle Co-ordinator who has recently returned from leave to ensure consumers receive supports for daily living that meet their needs and enhance their quality of life.

I acknowledge the Approved Provider’s response. As these actions require time to demonstrate suitability and effectiveness, I consider at the time of the site audit, the service did not demonstrate 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.

Therefore, I find this Requirement is Non-compliant.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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

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

The Assessment Team found the service is:

* Able to demonstrate the service environment is welcoming, safe, clean and well maintained and visitors are encouraged to enter the service.
* Able to demonstrate consumers and visitors can access different areas of the service and enjoy the gardens and outdoors areas.
* Able to provide an environment in which consumers feel safe, and which promotes consumer mobility and independence.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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

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

The Assessment Team found the service is:

* Able to demonstrate consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.
* Able to demonstrate consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.
* Able to demonstrate appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.
* Able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services.

**Standard 7**

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| Human resources | | Non- compliant |
| 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. | Non-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

The Quality Standard is assessed as Non-Compliant as one of the five specific requirements has been assessed as Non-Compliant.

The Assessment Team found the service is:

* Able to demonstrate that workforce interactions with consumers are kind and caring, and that staff are respectful, the workforce is competent and has sufficient qualifications and knowledge, the workforce is recruited, trained, equipped and supported, and management undertake regular assessment, monitoring and review of the performance of members of the workforce.

However, the service is not:

* Able to demonstrate that the number and skill mix of members of the workforce deployed is adequate to meet the care and service delivery needs of consumers.

**Requirement 7(3)(a)**

The Assessment Team found the majority of consumers/representatives and staff interviewed identified the absence of lifestyle support and physiotherapist staff as adversely impacting the service’s ability to provide quality care and services to consumers.

Consumers interviewed stated there was ‘nothing to do’. The Assessment Team observed some consumers sitting for long periods of time without activities and other consumers wandering aimlessly about. The service no longer employs dedicated lifestyle staff which was impacting the provision of meaningful activities for consumers. The hours previously allocated to lifestyle staff have been re-allocated to care staff who are required to facilitate activities for the consumers. Care staff provided feedback that they do not have enough time to properly facilitate activities for all consumers. The absence of a physiotherapist was impacting consumer assessments, particularly with regard to the use of restrictive practices.

The Approved Provider responded on 3 June 2022 and did not refute the Assessment Team’s findings. The Approved Provider acknowledged the gaps and stated in the Plan for Continuous Improvement submitted they have recruited a Well-Being Facilitator who will work with the Leisure and Lifestyle Co-ordinator who has recently returned from leave. The Approved Provider stated they have discussed lifestyle activities at a recent Resident and Representative Meeting and will review each consumer to determine the consumer’s individual needs, goals and preference which will inform the planning of individual and group activities. The Approved Provider also stated that physiotherapy services have been procured to provide physiotherapy services, including the completion of mechanical restrictive practice assessments where required.

I acknowledge the Approved Provider’s response. As these actions require time to demonstrate suitability and effectiveness, I consider at the time of the site audit, the service did not demonstrate 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.

Therefore, I find this Requirement is Non-compliant.

**Standard 8**

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| Organisational governance | | Non-compliant |
| 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. | Non-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

The Quality Standard is assessed as Non-Compliant as one of the five specific requirements has been assessed as Non-Compliant.

The Assessment Team found the service is:

* Able to demonstrate consumers/representatives can choose to be involved in the development and evaluation of changes to the service and the care and services they receive, such as through their participation in consumer meetings, consumer experience surveys, and by utilising feedback and complaints mechanisms.
* Overseen by a governing body which is supported by various governance committees, to promote a culture of safe, inclusive and quality care and the organisation has implemented effective risk and incident management systems and practices to identify, report, prevent and manage risks and incidents, including incidents that must be reported in accordance with legislation.
* Able to demonstrate it has developed a clinical governance framework which promotes and enforces the core elements of clinical governance, and monitors and manages clinical processes.

However, the service is not:

* Able to demonstrate effective regulatory compliance with respect to restrictive practices.

**Requirement 8(3)(c)**

The Assessment Team found the service demonstrated that effective organisation wide governance systems are in place relating to information management, continuous improvement, financial governance, workforce governance (including the assignment of clear responsibilities and accountabilities) and feedback and complaints. However, in relation to restrictive practices, the Assessment Team identified some consumers subject to restrictive practices did not have the required documented assessment, have the necessary consent in place or have had the use of the restrictive practice reviewed regularly. Devices that could be considered as a restrictive practice are used at the service for the comfort and safety of the consumers. Most staff interviewed were unable to correctly describe types of restrictive practices. The service was therefore unable to demonstrate that the use of restrictive practices meets the legislative requirements under the Quality of Care Principles 2014.

The Approved Provider responded on 3 June 2022 and did not refute the Assessment Team’s findings. The Approved Provider acknowledged the gaps and stated in the Plan for Continuous Improvement submitted they are reviewing their Restrictive Practices Policy to determine whether it meets the legislative requirement.

I acknowledge the Approved Provider’s response. As these actions require time to demonstrate suitability and effectiveness, I consider at the time of the site audit, the service did not demonstrate effective organisation wide governance systems in place relating to regulatory compliance and restrictive practices.

Therefore, I find this Requirement is Non-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-2)