Cohuna District Nursing Home

Performance Report

144-158 King George Street
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**Commission ID:** 4371

**Provider name:** Cohuna District Hospital

**Site Audit date:** 5 July 2022 to 8 July 2022

**Date of Performance Report:** 17 August 2022

# Performance report prepared by

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# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Overall, consumers considered that they are treated with dignity and respect, can maintain their identity and make informed choices about their care and services and live the life they choose. For example:

* Consumers said staff treat them well and they feel safe and respected.
* Consumers and representatives said consumers receive individualised care and staff take time to understand the consumer and their needs.
* Consumers and representatives described how they are provided information to make choices about their care and services and supported to maintain relationships and involve the people important to them in their care.

Staff demonstrated knowledge of consumers’ significant life history, culture and identity and were able to describe what is culturally safe care for individual consumers. Staff described how they support consumers to make choices involving risk. Staff said they complete risk assessments, discuss risk minimisation strategies and benefits to wellbeing to enable consumers to make an informed decision.

Consumer care files included detailed information about their culture, identity and background and aligned with information provided by consumers, representatives and staff. Care files provided detail of consumers’ choices, the associated risks to wellbeing that might relate to these choices and information on how these are managed.

Staff were able to provide examples of how they protect consumer’s private information and respect consumer privacy, and observations of care and staff interactions were dignified and respectful.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Overall, consumers confirmed they feel like partners in the ongoing assessment and planning of their care and services. For example:

* Consumers and representatives said they are partners in ongoing assessment and planning of consumers’ care and services, and that care meets their needs, goals and preferences.
* Consumers and representatives said spoke positively about the frequency and communication from staff regarding assessment and care planning, and said they are able to access their care plan if they wish to.
* Consumers and representative were satisfied reviews of care are completed regularly and in response to reassessment and incidents, and said they are kept well informed.

Staff described the types of assessments undertaken and how the outcomes of these informs care planning. Staff consider risks associated with clinical and personal care and risk management strategies are implemented, and the individual consumers’ goals and preferences are considered. Staff provided information which reflected feedback from consumers and representatives about what is important in their care. Staff were able to describe clinical incidents or changes to a consumer’s condition which would prompt reassessment and care plan review and evidence of regular review of consumer care was demonstrated in the care file.

Care files reviewed by the Assessment Team demonstrated the use of validated tools for the assessment of risks associated with care such as falls risk or the risk of pressure injury. Care planning documentation demonstrates consideration of these risks and provides individualised strategies to deliver of care and service’s which optimises consumer wellbeing. Care files provide evidence of regular and timely reassessment of care in response to a change in consumers’ condition or an incident.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Consumers and representatives said consumers receive personal care and clinical care that is safe and right for them and staff provide information about the risks and benefits of interventions to inform their choice. For example:

* Representatives spoke positively of the consultation that occurs in relation to restrictive practices. Representatives said the service discussed the practice with them, the risks and benefits and sought their signed consent.
* Consumers and representatives provided positive feedback regarding the management of pain and skin care, and the way the service manages the use of restrictive practices.
* Representatives said they are informed of incidents and were satisfied with the way they service manages risks to consumer care.
* Consumers and representatives said they are confident staff identify changes in consumers’ condition and they have access to medical practitioners and other providers or care when they need.

Staff interviewed described best practice approaches to care in relation to pain management, restrictive practices and skin care and pressure injury management. Staff described high-impact and high-prevalence risks associated with individual consumer’s care and how these are assessed, documented and minimised.

Staff explained how they identify and respond to deterioration in a consumer’s condition and how they involve other medical and health care and service providers to optimise consumer outcomes. Staff said they have timely access to medical practitioners to respond to clinical deterioration in consumers’ condition

The service demonstrated that consumers at the end of life are supported in care which meets their comfort and wishes. Staff said they have knowledge and resources, including the support of specialist palliative service, to provide care to consumers at the end of life.

Care planning documentation demonstrated safe and effective care which aligns with best practice principles and is tailored to the consumer’s individual needs and optimises their health and wellbeing. Care planning documentation demonstrated the service has effective systems of monitoring and minimising the use of restrictive practice and all consumers had evidence consent of the substitute-decision maker, detailed assessment of the consumer and individualised care planning. Care planning documentation demonstrated that high impact and high prevalence consumers’ risks are identified, documented and managed effectively.

The service demonstrated information about consumers personal and clinical care needs, goals and preferences is effectively communicated with others sharing care and decision-making.

The service demonstrated it implements infection control practices to minimise the transmission of infection. The service has a COVID-19 outbreak management plan, antimicrobial stewardship and infection control policies to guide staff practice.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANTServices and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Most consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. For example:

* Consumers and representatives said consumer receive support which promotes their independence and participation in activities.
* Some consumers described how they are supported to socialise or maintain friendships.
* Consumers described how staff provide emotional support when they are feeling low and said they feel well supported by care staff and volunteers.
* Consumers said the food is of good quality, there is sufficient quantity and they are offered choice.

Staff were able to describe individual consumers’ interests, important relationships and support needs, and how they provided care which enables consumers to do the things they wish. Staff provided examples of how they support consumers to keep in touch with family and friends and participate within the service and the wider community.

Staff said they use consumer feedback and participation records to plan the activity schedule and were able to describe the activities enjoyed by consumers at the service. Consumer care plans reflect individual consumer’s interests and preferences, the activities they enjoy and the people important to them and provide information to guide staff in providing support.

Consumers and staff said they have the equipment they need to support consumers to participate in the things they wish to do, and equipment is kept clean and in good working order.

The Assessment Team observed consumers participating in group activities, receiving visitors throughout the site audit. Staff were observed to provide physical and emotional support to consumers to support participation and wellbeing.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Overall consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. For example:

* Consumers and representatives described they feel welcome and comfortable at the service. Some consumers described is as ‘home’ and said it is a nice place to live.
* Consumers said their rooms and bathrooms are clean and well-maintained.
* Consumers said that the furniture and equipment in the service are clean and well-maintained and that maintenance staff are responsive to issues.

Staff described how they support consumers who need physical assistance to move around the service environment. Staff described schedules of cleaning and maintenance, and how they report safety or maintenance issues.

The Assessment Team found the service environment welcoming and easy to understand. The service has communal areas and an accessible courtyard and consumers were observed using these areas and moving freely indoors and outdoors.

The service environment, as well as fittings and furniture, were observed to be clean and well-maintained.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Overall consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* Consumers and representatives said they feel comfortable providing feedback and making complaints and some provided examples of a range of staff they could talk to.
* Consumers and representatives said they are aware of how to access an advocate and information regarding advocates and other methods of raising a complaint is accessible at the service.
* Consumers and representatives were satisfied they are informed when something goes wrong

Staff said they assist consumers to provide written and verbal feedback. Staff demonstrated an understanding of open disclosure and incident documentation provided evidence of open disclosure is practiced. Management described how consumer feedback is used to improve care and services and provided examples of renovations made to consumers’ bathrooms following feedback requesting a place to store toiletries.

Consumers are provided with information on how to provide feedback and make complaints at admission and information and feedback forms are available throughout the service.

The service has a range written policies and processes to guide complaints management and maintains a register of complaints and feedback which is monitored by management.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANTHuman resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Overall consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* Consumers and representatives said they are satisfied with the number of staff and they get the help they need in a reasonable time.
* All consumers and representatives said staff are kind and respectful and felt confident in their skills and competence.
* Staff said they are sufficiently resourced to provide safe and effective care and respond to individual consumers’ needs.

Management described how they plan workforce to meet consumers’ needs and monitor staff responsiveness. Management said staff undertake orientation and mandatory training and the service has a system of assessment and monitoring staff competency. Documentation to support staff competency and workforce planning include minimum qualification requirements, position descriptions, competency assessments, observations, performance appraisals and feedback.

Staff said they are supported with training which is relevant to their role. Records of training demonstrate staff participation in a range of training course such as clinical care, occupational health and safety, elder abuse and hand hygiene.

Management described the systems in place to ensure regular staff monitoring and performance review and staff said they receive annual performance reviews to support their development.

The service has a range of policies and procedures related to workforce planning and staff performance reviews.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANTOrganisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Overall consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. For example:

* Consumers and representatives said the service is well run, they are encouraged to provide feedback, be involved in meetings and be engaged in decisions about their care and services.

Management described a range of ways consumer engagement is pursued and provided examples of how this engagement drives improvements in care and service delivery such as improvements made to palliative care referral pathways and a review of the organisation’s policy on voluntary assisted dying arising from learnings made following a consumer’s death The service demonstrated the governing body is informed of serious incidents and investigated and responds to these by implementing prevention strategies, changes to procedures or systems and targeted education.

The organisation has effective governance systems in relation to information systems, continuous improvement, financial and workforce governance and regulatory compliance.

The organisation has a documented risk management framework and a range of policies which guide the management of risks related to consumer care. These risks include high-impact, high-prevalence risk, the risk of abuse and neglect and those which support consumers’ right to choices involving risk. Staff were able to describe what these policies meant to consumer care in a practical way. The service has systems of documenting and reporting clinical data, feedback and incidents which allow effective monitoring, analysis and management of risk.

The service has a clinical government framework which includes antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff were able to describe how they apply these policies in practice.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.