Performance

Report

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| Name of service: | Cohuna Village |
| Service address: | 38 Augustine St Cohuna VIC 3568 |
| Commission ID: | 3032 |
| Approved provider: | Respect Group Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 19 September 2023 to 20 September 2023 |
| Performance report date: | 20 October 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 Cohuna Village (**the service**) has been prepared by D. Fekonja, 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 Assessment Contact - Site; the Assessment Contact - Site 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 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

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 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 |

Findings

Consumers and representatives are satisfied with the service’s delivery of personal and clinical care. Staff demonstrated an in-depth knowledge of consumer care needs, individual choices, and the interventions planned to provide safe and effective care. Care documents reflected individualised strategies to manage skin integrity, wound care, pain, and minimise restrictive practice.

Consumers subject to restrictive practices had informed consent in place and individualised behaviour support plans that detail both pharmacological and non-pharmacological intervention strategies. Monitoring, review, and evaluation of the use of the restrictive practice is completed by the service, in collaboration with the general practitioner, geriatrician, consumer and/or representative and clinical staff.

Pain is effectively assessed and managed with various methods of pain relief being given to consumers. Analgesia is provided prior to attending to wound care and for comfort for consumers receiving end of life care.

Consumers and representatives are satisfied the service is effectively managing high impact high prevalent risks associated with their care. Staff are aware of the risk minimisation strategies for each consumer, and there is regular review and evaluation of the risks for consumers.

Behaviour support plans outline individualised strategies to manage changed behaviours with regular input from specialists and medical practitioners. Staff were observed using intervention strategies on one consumer during the assessment contact which were successful in de-escalating behaviours.

The service has policies and procedures in place to manage consumers who are at risk of falls or who have sustained a fall. Although staff are aware of the policies and procedures these were not consistently followed by staff in the regards to neurological observations. Following this feedback, the service immediately sent a communication to staff to ensure this is done and a prompt has been added to the electronic system. There were no adverse outcomes for the consumer who did not receive neurological observations as per the falls procedure, after sustaining a fall.

Consumers with specialist clinical care needs were provided clinical care in accordance with the instructions outlined in their care plan.

Based on the evidence available I am satisfied that Requirements 3(3)(a) and 3(3)(b) are compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being, and quality of life. | Compliant |

Findings

Consumers and representatives feel encouraged to pursue activities of interest to them and the service supports them to engage in these activities optimising their independence and well-being. Lifestyle staff develop a monthly calendar of group and individual activities based on the preferences and interests of the consumers.

Staff provide one on one support to consumers when they do not want to participate in group activities or have sensory or cognitive impairments, but also encourage consumers to engage socially in smaller group activities.

Care staff ensure consumers are dressed and ready to participate in activities and will also run activities when lifestyle staff are on leave to ensure that consumers are engaged throughout the day.

Based on the evidence available if find Requirement 4(3)(a) compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |

Findings

Consumers and representatives are satisfied with the staffing levels at the service and stated staff are available when they request assistance and feel well-cared for. Staff stated there are times when they are short-staffed but work together to ensure care is provided to the consumers.

The service demonstrates an ongoing process for workforce planning and filling unplanned leave with rostering considerate of staff consistency, skill mix, and current consumer requirements. Most staff will work extra shifts or overtime to cover the roster vacancies. The service has ongoing national and international recruitment strategies due to its regional location and is also other incentives to recruit staff.

Although the service does not have a registered nurse onsite 24 hours of the day, they do have staff on call to provide this coverage and are accommodated close to the service.

Based on the evidence available I find the service has the correct number and skill mix of staff to provide safe and quality care to consumers who are satisfied with the care they are provided.

I find Requirement 7(3)(a) compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)