Performance

Report

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| Name: | Cohuna Village |
| Commission ID: | 3032 |
| Address: | 38 Augustine Street, COHUNA, Victoria, 3568 |
| Activity type: | Site Audit |
| Activity date: | 15 April 2024 to 17 April 2024 |
| Performance report date: | 14 May 2024 |
| Service included in this assessment: | Provider: 3069 Respect Group Limited  Service: 1791 Cohuna Village |

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 Denise McDonald, 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 was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* other information and intelligence held by the Commission in relation to the performance of the service

# 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 and representatives said consumers were treated with dignity, respect and their identity, culture, and diversity, was valued. Staff described consumers’ backgrounds and explained how this influenced their care. Care documentation demonstrated respectful language and reflected consumers’ identity and diversity. Staff were observed interacting with consumers in a respectful way.

Consumers and representatives said staff valued their culture and respected consumers’ individual background. Staff described how the consumer’s identity influenced how they deliver day-to-day care and services. Care documentation reflected information about the cultural background of consumers, and their preferences.

Consumers and representatives said they were supported to maintain relationships of choice, and their decisions were respected by staff. Staff described how they supported consumers to make choices, maintain their independence and engage in relationships. Policies and procedures guided staff practices regarding fostering consumer choice and independence.

Consumers advised they were able to mobilise without their mobility aid, as an example of how they were supported to take risks. Staff demonstrated awareness of the risks taken by consumers, and said they supported each consumer’s wishes to live the way they chose. Care documentation generally evidenced risks to consumer safety were assessed and discussed to ensure informed decisions were made by the consumer or their representative when taking risks, however management confirmed, consent had not been documented for all risk activities as some consumers had given their verbal consent.

Consumers and representatives confirmed they were kept informed through written information and verbal communication. Staff described the ways in which information was provided to consumers in line with their sensory needs and communication preferences. Menus, and lifestyle calendars were displayed in communal areas to enable consumer choice.

Consumers said they felt their privacy was respected as staff always knock on their door prior to entering. Staff described the practical ways they respect the personal privacy of consumers by closing doors during care provision and keeping consumer documentation secured. Nurse’s stations were observed to be locked and computers were password protected.

# 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

Staff described, when a consumer enters care, a checklist was used, to ensure a full suite of assessments were undertaken to identify any risks to the consumer, with an interim and comprehensive care plan developed to inform immediate and ongoing care. Care documentation evidenced assessments were completed as scheduled with risks associated with consumer’s skin integrity, diagnosis, nutrition and mobility identified. Policies and procedures guided staff practice in assessment and care planning processes.

Staff described how assessment and planning reflected each consumer’s current preferences and how they approach conversations around end of life (EOL) care planning. Care documentation evidenced the inclusion of consumer’s current needs and preferences, including for advance care. Policies and procedures guided staff in when to approach consumers about advance care and end of life planning.

Consumers and representatives stated staff included them in care consultations when consumer’s care is reviewed. Staff explained and care documentation evidenced consumers, their representatives, their nominated medical officer, allied health professionals and specialists contribute to the assessment of consumers and recommend care strategies. Policies and procedures guided staff to partner with consumers and a multi-disciplinary approach to care planning.

Consumers and representatives said changes relating to care and services were regularly discussed with them and confirmed copies of care plans were offered to them. Staff described communicating the outcomes of assessment and planning with consumers and representatives through regular phone, email or face to face interactions. Care plans were observed to be readily available through the ECMS.

Care documentation evidenced care plans were reviewed on both a regular basis and in response to deterioration or incidents. Staff described consumer’s care was reviewed monthly. Consumers confirmed they were reviewed by allied health professionals following a fall and care documentation supported additional falls prevention strategies were recommended as current planned strategies were deemed ineffective.

# 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 advised consumers received safe and effective personal and clinical care which met their needs and optimised their well-being. Staff demonstrated knowledge on the delivery of best practice principles in relation to the management of restrictive practices, skin integrity and pain. Care documentation supported the delivery of individualised care and tailored to the specific needs and preferences of each consumer.

Staff described high-impact and high-prevalence risks to consumers as being falls and supporting responsive behaviours. Consumers who were at high risk of falls, said some falls prevention equipment recommended was in use, with other strategies were declined by the consumer. Care documentation evidenced and observations confirmed, directives to minimise high impact risks were being followed by staff.

Care documentation, for a consumer who had recently passed away, evidenced they were kept comfortable through routine comfort measures and as needed, pain medication. Staff described how they cared for consumers nearing end of life, through regular repositioning, oral and mouth care and emotional support for the family. Policies and procedures guided staff on providing palliative and end of life care.

Care documentation evidenced deterioration or changes in condition, such as weightloss were identified quickly and response was prompt. Staff demonstrated knowledge of the signs and symptoms which may indicate deterioration and staff confirmed escalation occurred when these signs were detected. Policies and procedures provided guidance to staff on required responses if deterioration or change in a consumer’s health was observed.

Consumers and representatives said staff communicate well to meet consumer care needs and preferences, and they do not have to repeat themselves when staff change over. Staff described information on consumer needs, conditions, and preferences were documented in the ECMS and discussed at handover. Staff were observed handing over information between shifts.

Representatives said referrals are undertaken in a timely manner, when a need is identified. Care documentation evidenced consumers were quickly referred to allied health professionals when required. Staff demonstrated knowledge of referral processes and confirmed their roles and responsibilities in referring consumers.

Consumers and representatives said staff were always observed to be using the appropriate personal protective equipment (PPE) and practiced hand hygiene. Staff demonstrated an understanding of precautions to prevent and control infection risk and the steps they could take to minimise the need for antibiotics. Policies and procedures guided staff practice to promote antimicrobial stewardship and an outbreak management plan, guided staff in the event of an infectious outbreak.

# 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 said they felt supported to pursue activities of daily living. Staff described assessments were conducted to identify the consumer's likes, dislikes, leisure interests, social, emotional, cultural, or spiritual needs, and any traditions important to them which were reflected in care documentation. Consumers were observed participating in a range of daily activities and the schedule of lifestyle activities was displayed.

Consumers and representatives said consumers were supported when they felt low, and their emotional, spiritual and psychological well-being was promoted. Staff described how changes in consumer well-being were recognised and consumers spiritual and psychological needs were met through religious services and talk therapy. Care documentation included information on consumers' well-being needs, goals and preferences.

Consumers and representatives said consumers were supported to participate within the internal and external community, to keep in touch with people important to them and to do things of interest. Staff said consumers were encouraged to leave the service and socialise with friends, by going shopping or having lunch, with bus outings organised monthly including going fishing. Consumers were observed receiving visits from family and friends.

Consumers and representatives reported changes in consumer’s condition, needs and preferences were effectively communicated between care and hospitality staff. Staff described information was shared via handover and through the ECMS. Care documentation contained detailed information on the services and supports for daily living required for consumers.

Consumers said they were supported to maintain connection with external clubs and attend activities hosted within the internal and external community. Staff described how they engage other organisations and services such as pastoral care, volunteers, and entertainers to enhance supports for consumers. Care documentation identified referrals to a range of services.

Consumers and representatives gave positive feedback regarding the food, confirming more was available and special meal requests could be made. Care documentation reflected consumers dietary needs, allergies and preferences. Staff demonstrated knowledge of consumer’ specific dietary needs and confirmed the menu is reviewed by a dietician. Meals were observed to be served in a timely manner.

Consumers said they have access to safe, clean and well-maintained equipment, including mobility aids. Maintenance documentation evidenced equipment was regularly services and staff confirmed shared equipment was cleaned between uses. Equipment was observed to be clean, suitable and in good condition.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives said the service environment was welcoming, easy to understand and created a sense of belonging. Staff described consumers were taken on a tour when they first started living at the service to familiarise themselves with the layout of the environment and to promote social interaction. Consumer rooms were observed to be personalised, with their own belonging and photographs, directional signage assisted with navigational and were seen interacting warmly with staff and other consumers.

Consumers and representatives said consumer’s rooms and the broader service environment was kept clean and consumers were free to move around, including going into the community, as they pleased. Staff demonstrated knowledge of systems and processes in place to ensure the environment was cleaned regularly and preventive or reactive maintenance was attended to routinely and when required. Consumers were observed moving between their rooms, internal communal areas, external courtyards and leaving to go shopping.

Consumers said the equipment and furniture with their rooms was kept clean and fittings were in working order. Staff described their role and documentation evidenced equipment, furniture, and fittings was routinely inspected for safety. Furniture was observed to be clean and consumers were using equipment suitable to their needs.

# 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 described how provided feedback or made complaints, and said they felt safe doing so, verbally and in writing. Staff described the mechanisms in place, including feedback forms, care consultations and consumer meetings where consumers and representatives were encouraged to give feedback and raise complaints. Feedback forms and lodgement boxes were observed to be readily accessible.

Consumers said they are aware of and had access to advocates, language services and external complaints mechanisms. Staff advised they did not have any consumers, who required interpreter services but knew where to access these services if required. Pamphlets and posters promoted consumer access to advocacy services and the Commission to raise complaints.

Consumers and representatives said their complaints or concerns were resolved when they were raised. Staff understood and said they applied the principles of open disclosure when responding to complaints or feedback. Complaints documentation showed action was taken quickly and open disclosure was practiced.

Consumers and representatives said their feedback and complaints were used to improve the quality of the meals served. Staff were able to speak to various methods used to continuously review whether meal services were improving based on ongoing feedback from consumers. Continuous improvement documentation contained entries from various sources including consumer meetings and feedback forms to ensure the quality of meals met with consumers expectations.

# 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 said there was enough staff to meet their needs, including when they needed assistance to mobilise. Rostering documentation evidenced unplanned leave was filled through various means including extending shifts and use of consistent agency staff. Registered nursing staff were available either on the floor or through on-call arrangements, with recruitment activities ongoing to ensure continuous on-duty nursing requirements were met. Staff were observed not to be rushed and confirmed they had sufficient time allocated to complete their duties.

Consumers and representatives said staff were kind, caring, respectful and gentle. Staff were observed to greet consumers by their preferred name and demonstrated familiarity with each consumer’s individual needs and identity. Policies and procedures guided staff practice including supporting diversity.

Consumers and representatives sampled said staff knew what they were doing. Management described how they ensured their workforce was competent and qualified through monitoring their performance at orientation, via buddy shifts and currency of registration is upheld. Personnel records evidenced suitability to work in aged care is monitored and all registered staff held current qualifications.

Consumers and representatives felt staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Management explained the mandatory and compulsory trainings and other non-mandatory trainings required to be completed by relevant staff. Staff interviewed said training and toolbox education sessions supported them to provide quality care and understand the Quality Standards.

Management described the performance of staff was monitored through formal annual performance appraisals, informal monitoring and review. While staff confirmed they had completed their annual appraisal, personnel documentation evidenced 68% of staff had a current appraisal, with those who were overdue having been sent a reminder. Policies and procedures informed expected performance and behaviour for staff.

# 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 said they were invited to contribute on the development, delivery and evaluation of care and services, through monthly consumer meetings and giving feedback. Management described an organisation wide consumer advisory body had been established but no consumers from this service had nominated to participate. Meeting minutes, surveys, audits and care consultations evidenced consumers were engaged in designing and evaluating service operations.

Management described the organisational and governance structure with reporting to the Board, inclusive of clinical data, audit results and consumer feedback, ensuring accountability and oversight of care and services. Management described established processes to communicate information to and from the Board through various executive level personnel and committees. Management gave practical examples of the Board being accountable by upgrading internal furnishing and external courtyards based on consumer feedback.

Management and staff described processes and mechanisms in place for effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, feedback and complaints and regulatory compliance. Staff interviews aligned with processes specified in the service’s policies and procedures, demonstrating procedural information was translated into practice.

Policies and procedures supported the effective management of risks and incidents. Management described practices used to monitor and manage risks, identify and respond to abuse and neglect of consumers, and how consumers were supported to live their best life. Staff demonstrated knowledge of how risks were managed, and incidents were reported including for serious incidents.

A clinical governance system had been implemented to ensure the provision of quality and safe clinical care, including promoting antimicrobial stewardship, minimising the use of restrictive practice, and by practicing open disclosure. Management and staff sampled were able to demonstrate how these policies and procedures were applied in the delivery of care and services including monitoring antibiotic usage, using restrictive practices as a last resort and encouraging staff to use open disclosure in response to clinical incidents.

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)