Performance

Report

**1800 951 822**

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| Name: | Cooee Lodge |
| Commission ID: | 0216 |
| Address: | Townsend Drive, GILGANDRA, New South Wales, 2827 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 26 March 2024 |
| Performance report date: | 20 April 2024 |
| Service included in this assessment: | Provider: 1779 Gilgandra Council  Service: 232 Cooee Lodge |

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 Cooee Lodge (**the service**) has been prepared by G-M. Cain, 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 (performance assessment) – 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 8 Organisational governance | 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 8

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| Organisational governance | |  |
| 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 performance report dated 13 November 2023 found the service non-compliant in one Requirement under Standard 8:

* Requirement 8(3)(e)

Deficiencies related to the lack of effective clinical governance systems and processes in place that support the delivery of safe and quality clinical care including an escalation process for when the service does not have a Registered Nurse rostered on-site and on-duty 24/7.

The Assessment Contact record contained information that the service had taken action to improve performance under this Requirement.

The organisation had a clinical governance framework which includes roles and responsibilities, policies and procedures, consumer involvement and monitoring and reporting processes. The service’s clinical governance includes reporting to the Clinical Advisory Body which forms part of the Board. The clinical governance framework is supported through reporting from various meetings such as the Clinical risk meeting and Medication Advisory meeting. Review of meeting minutes evidenced the analysis of clinical information including incidents, consumers’ clinical risks, call bell response times, restrictive practices, and care conferences.

The organisation had policies and procedures to guide staff in the delivery of clinical care including policies and procedures for antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure. Staff demonstrated a shared understanding describing how they applied the procedures relevant to their role.

The service had reviewed and updated its escalation protocol in March 2024, which in conjunction with the incident management procedure provides guidance to staff on the on-call arrangement and actions to be taken in the different situations, including when the Registered Nurse is not on site and on duty. Staff, including a new labour hire Registered Nurse, described the service’s escalation protocol and the alternative clinical and on-call arrangements, with information relating to these observed in the staff workstation.

Management advised that the service has established a roster that includes a Registered Nurse on site and on duty, 7 days a week during the day. The service has established an ‘on call’ roster, with a Registered Nurse rostered on call overnight to ensure clinical support and oversight is provided to staff at the service.

The services plan for continuous improvement identified the following improvements have been actioned by the service:

* The service demonstrated ongoing recruitment to meet its responsibilities for a Registered Nurse 24/7, including recruiting overseas qualified Registered Nurses and providing upskilling to support overseas staff to become Registered Nurses in Australia.
* The service has reviewed their management strategies, and as a result, appointed 3 Registered Nurse consultants with one of them acting as the interim Facility Manager to provide additional clinical oversight to staff.

It is my decision that the service is compliant in the assessed Requirement 8(3)(e).

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