Performance

Report

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| Name of service: | Cooinda |
| Service address: | 38 Maple Crescent LITHGOW NSW 2790 |
| Commission ID: | 2771 |
| Approved provider: | Respect Group Limited |
| Activity type: | Site Audit |
| Activity date: | 4 April 2023 to 6 April 2023 |
| Performance report date: | 29 May 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 Cooinda (**the service**) has been prepared by J. Howard, 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 conducted from 4 April 2023 to 6 April 2023; 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.
* Other information and intelligence held by the Commission in relation to 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 | | 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

Following a site audit in May 2021, the service was found non-compliant with Requirement 1(3)(f). Evidence in the site audit report for the site audit conducted from 4 April 2023 to 6 April 2023 showed the service had implemented improvements which addressed the previous non-compliance and is now compliant with Requirement 1(3)(f).

Consumers said staff treated them with dignity and respect and they felt valued. Consumers said staff used consumers’ preferred names, listened to them, were aware of their preferences and individual backgrounds and spoke to them respectfully. The Assessment Team reviewed care planning documents which captured consumers’ personal preferences, their wishes, what was important to them, and strategies and interventions to support dignified, respectful care with considerations of background and diversity. Staff were observed engaging respectfully with consumers, knocking on doors, and closing doors during personal or clinical care.

Consumers and representatives said the service respected their spiritual and cultural backgrounds and provided care consistent with their traditions and preferences. Staff said some consumers had culturally diverse backgrounds and described how they adapted care and services to suit. Information regarding consumer life histories and lifestyle assessments, including their cultural and spiritual needs, were viewed by the Assessment Team in care planning documents.

Consumers and representatives said consumers were supported to make choices about their care, including who was involved in their care, and activities they wished to participate in. Care planning documentation reflected a consultative approach with consumers and those they chose to include. The Assessment Team observed staff supporting consumers to attend activities and supporting them with personal attendance as required.

Consumers said they were supported to take risks to live the best lives possible, and staff supported what was important to them. Care planning documents showed staff undertook risk assessments in collaboration with consumers, and these were reviewed every three months. Staff said they were aware of consumer risks and supported those wishes, whilst ensuring risk management strategies were in place.

Consumers and representatives said they received information which was timely, clear, easy to understand and which enabled them to make choices. Management and staff described a range of communication methods. Activity calendars and menus were displayed to provide current information and options. Management said, and staff confirmed, changes were communicated in newsletters and at Resident Meetings.

Consumers and representatives said consumer privacy was respected and personal information kept confidential. Computers and electronic care management system were observed to be password protected and locked when unattended. Staff told the Assessment Team conversations regarding consumers were held in private, and consumer files were held in a secure location.

# Standard 2

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| Ongoing assessment and planning with consumers | | 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. | Compliant |

Findings

Following a site audit in May 2021, the service was found non-compliant with Requirement 2(3)(e). Evidence in the site audit report for the site audit conducted from 4 April 2023 to 6 April 2023 showed the service had implemented improvements which addressed the previous non-compliance and is now compliant with Requirement 2(3)(e).

Consumers and representatives said consumers received the care and services they needed and were able to make choices in the delivery of care. Staff described risk assessments and referrals to allied health services which enabled independence, choice, and wellbeing of consumers. Care planning documents reflected identification of risks, risk management strategies and assessments, and planning to meet consumers’ needs, goals and preferences.

Consumers and representatives confirmed care and services, including end-of-life planning, were discussed. Management and staff said they initiated assessments and end-of-life care planning conversations during admission with consumers and representatives. Documentation included current care planning, end of life needs, goals, and preferences of consumers.

Consumers and representatives said they were involved and had a say in the care planning process, and staff communicated changes affecting their care. Staff described assessment and planning of care, and the involvement of consumers, representatives, and allied health professionals. Care planning documents detailed integrated and coordinated assessments and planning involved relevant organisations, individuals and service providers.

Consumers and representatives said they were regularly updated regarding consumer care, staff communicated in a manner they could understand, and consumer care plans were readily available. Staff described communicating outcomes of care planning and assessment with consumers and representatives, the review process, and the documentation of changes in consumer care.

Care planning documents identified regular reviews and care consistent with consumer feedback. Staff said reviews were scheduled every 3 months, with an alert in the electronic care system, or in response to incidents or changes. A resident of the day program was an additional prompt to monitor consumer records and care needs. Consumers and representatives confirmed staff regularly inform of consumer care needs and changes.

# Standard 3

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| Personal care and clinical care | | 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. | 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

Following a site audit in May 2021, the service was found non-compliant with Requirements 3(3)(a), 3(3)(b), and 3(3)(g). Evidence in the site audit report for the site audit conducted from 4 April 2023 to 6 April 2023 showed the service had implemented improvements which addressed the previous non-compliance and is now compliant with Requirements 3(3)(a), 3(3)(b), and 3(3)(g).

Consumers and representatives said consumers received care that was safe, tailored to their needs and preferences, and supported their health and well-being. Care planning documents reflected the delivery of safe and effective personal and clinical care, including for consumers with complex care needs. Care aligned with best practice guidelines regarding restrictive practices, skin integrity, diabetes, complex care and pain management.

Management and staff described how they identified, assessed and managed high impact and high prevalence risks through an electronic tool, which allowed the monitoring of conditions and informed continuous improvement. Care planning documents reflected appropriate management of risks including, most commonly, falls and skin integrity, actions taken, and collaboration with allied health professionals. Consumers and representatives said care was tailored to their needs and strategies were employed to manage risk.

Care planning documents showed consumers’ needs, preferences and wishes were met when palliating, including pain management and comfort support. Consumers and representatives said pain and condition deterioration were well managed, and their wishes were known. Staff could access end-of-life guidelines, support staff and clinical protocols to direct care responsiveness and ensure comfort and dignity of consumers.

Staff described, and care planning documents showed, changes to consumer conditions were identified and responded to. Staff were guided by procedures to identify and respond to changes in consumers’ conditions, including intervention and escalation processes. Consumers and representatives said the service was responsive to changes in consumers’ health.

Consumers and representatives said staff were constant and reliable and information was effectively communicated. Staff confirmed consumer care information was documented and changes were regularly communicated to those involved in their care, medical officers, and consumer representatives. Care planning documents evidenced consistent communication between those involved in consumers’ care and staff advised access levels to consumer information was role specific.

Consumers and representatives said referrals to care providers were timely, appropriate and met their needs. Documentation reviewed by the Assessment Team confirmed the input of others and referrals when required. Staff detailed allied health contacts and the referral process for appropriate and timely action.

The service had an infection control lead and a vaccination program with online documentation and policies supporting compliance with this requirement. Consumers and representatives confirmed they were confident in the infection control practices the service had in place. Staff described the use of non-pharmacological approaches to minimise antibiotic use, and staff training in infection control. The Assessment Team observed posters regarding infection mitigation, appropriate use of PPE, and a rapid antigen testing point prior to entry to the service.

# Standard 4

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| Services and supports for daily living | | 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. | 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

Following a site audit in May 2021, the service was found non-compliant with Requirements 4(3)(a) and 4(3)(d). Evidence in the site audit report for the site audit conducted from 4 April 2023 to 6 April 2023 showed the service had implemented improvements which addressed the non-compliance and is now compliant with Requirements 4(3)(a) and 4(3)(d).

Consumers said they were supported to participate in activities of their choosing and could provide ideas to lifestyle staff. Staff described tailoring activities based on consumer interests and an evaluation process to ensure they were meeting consumer needs and preferences. The Assessment Team observed consumers engaging in activities which enriched their lives. Consumer documentation was updated with needs and preferences every 3 months, or when changes occurred.

Consumers described how the service promoted their emotional, psychological, and spiritual well-being. Staff described individualised support and attention provided to consumers if their mood deteriorated, which included religious services and support volunteers. Care planning documents reflected consumers’ emotional, spiritual and psychological needs.

Consumers said they were supported to undertake activities within the service and community, and staff were flexible in their delivery of activities. Staff described how they modified activities in consultation with consumers when required. Documentation indicated individual consumer needs, goals and preferences, and guidance to capture social and cultural needs.

Consumers and representatives said information regarding consumers’ condition, needs and preferences were communicated with those involved in their care. Staff described exchanging relevant information during shift handover, progress notes or through the electronic care management system. Care planning documents included information and referrals supportive of safe and effective care.

Information regarding external services were displayed on posters and leaflets throughout the service. Care planning documents detailed collaboration with other organisations, timely referrals and staff described the service’s partnership with schemes to support specialised consumer care and services.

Consumers and representatives provided positive feedback regarding the variety and quantity of meals, with alternative options available. A weekly menu was displayed on noticeboards and in the dining areas in large, easy-to-read print. Staff described consumer involvement with menu development and the request for feedback on menu options.

Equipment provided by the service was observed to be safe, suitable, clean, and well-maintained. Staff explained the reporting of maintenance issues and actions through a maintenance request system and repaired onsite or by contractors. Staff said shared equipment was cleaned daily.

# 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

Following a site audit in May 2021, the service was found non-compliant with Requirements 5(3)(a) and 5(3)(b). Evidence in the site audit report for the site audit conducted from 4 April 2023 to 6 April 2023 showed the Service had implemented improvements which addressed the previous non-compliance and is now compliant with Requirements 5(3)(a) and 5(3)(b).

Consumers and representatives confirmed the service was welcoming and created a sense of belonging and independence. The service was observed to have directional signage, private and communal spaces, was well lit, and had handrails installed in corridors to assist navigation. The Assessment Team viewed personalised consumer rooms and consumers socialising in communal outdoor areas.

Consumers and representatives said the service environment felt safe, clean, maintained and allowed free movement. Staff described how hazards were identified and how maintenance and cleaning was managed at the service. Consumers were observed moving independently indoors and outside the service, and communal areas were observed to be tidy and free of hazards.

Furniture, fittings, and equipment were observed to be safe, clean and well-maintained and staff confirmed adequate supply to meet consumer needs. Staff explained how to log maintenance issues and maintenance records reflected timely servicing of equipment.

# 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

Consumers and representatives said they were aware of the process to lodge a complaint or provide feedback and felt comfortable doing so. Staff described how they supported consumers to provide feedback. Information regarding how to provide feedback or make a complaint were observed on display within the service, were included in the service’s material for consumers, and a feedback box was located at the entry to the service.

Staff described the feedback and complaints processes, the feedback form, and access to language and advocacy services. Consumers and representatives said they were aware of avenues to address complaints. A review of documentation by the Assessment Team confirmed forms and reference material were available to consumers and representatives, with supplementary posters displayed on noticeboards within the service.

Consumers and representatives said complaints were promptly responded to and resolved. Staff understood the principles of open disclosure and confirmed participating in complaints and open disclosure training. Management outlined the acknowledgement of the issue, apologising, remaining transparent and the resolution, whilst keeping the consumer informed.

Consumers and representatives confirmed their feedback and suggestions were used to improve care and services. Management described using feedback and trending analysis to inform continuous improvement and a review of documentation evidenced recording, monitoring and responses to feedback and complaints.

# Standard 7

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| Human resources | | 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. | 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

Following a site audit in May 2021, the service was found non-compliant with Requirements 7(3)(c), 7(3)(d), and 7(3)(e). Evidence in the site audit report for the site audit conducted from 4 April 2023 to 6 April 2023 showed the service had implemented improvements which addressed the previous non-compliance and is now compliant with Requirements 7(3)(c), 7(3)(d), and 7(3)(e).

Consumers and representatives said there were sufficient staff to meet their care needs. Management described how the service utilised casual and agency staff to fill unplanned leave. Staff rosters demonstrated shifts were mostly filled and consumers confirmed staff responded to call bells in a timely manner.

Consumers and representatives said staff were kind, caring, and gentle when delivering care. Staff were observed interacting with consumers in a kind manner, providing support, knocking on doors and addressing consumers by their preferred names. Staff detailed consumer backgrounds and cultures, and these details were in line with consumer documentation.

Consumers and representatives were confident staff were sufficiently skilled to meet their care needs. Management detailed processes and training to ensure the workforce were competent and had the qualifications to effectively perform in their roles. Records indicated key qualifications and knowledge requirements for each role and staff possessed current registrations, qualifications, competencies, and experience.

Management described the service’s mandatory training suite and yearly education calendar, which was designed to support staff to perform effectively in their roles, with training requirements monitored by the general manager. Staff confirmed mandatory training was provided with additional training scheduled or undertaken in response to needs which were observed or identified. The Assessment Team sighted an education calendar that showed a monthly focus on mandatory training and the delivery of identified education at the service.

Management described the annual performance appraisal cycle and the consideration of consumer feedback and observations in this process. Staff said they completed online performance reviews with options for feedback, personal and professional development. Records showed training formed part of the service’s continuous improvement plan and the general manager advised this was a focus for 2023.

# Standard 8

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| Organisational governance | | 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. | 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

Following a site audit in May 2021, the service was found non-compliant with Requirements 8(3)(b), 8(3)(c), and 8(3)(d). Evidence in the site audit report for the site audit conducted from 4 April 2023 to 6 April 2023 showed the service had implemented improvements which addressed the previous non-compliance and is now compliant with Requirements 8(3)(b), 8(3)(c), and 8(3)(d).

Consumers and representatives said the service was run smoothly, they were involved in care plan reviews and were aware they can access a copy of their care plan. Management confirmed consumer involvement through conversations, meetings, surveys and feedback, and the information provided initiated service improvements. Documentation viewed, explained how the service supported and respected consumers.

Management described how it improved its quality of care by being responsive to data collected by the service. They provided examples of changes driven by consumer feedback, experience and incidents. Management confirmed information was provided to the governing body for review as part of a monthly reporting process, and documentation reflected a suite of policies and procedures which promoted a culture of safe, inclusive and quality care and services.

Management explained the organisation’s governance system, which included an action plan register for improvement activities. Staff said the organisation used a password protected, online care management system to support them in the delivery of safe, quality care and services. The service’s Continuous Improvement Plan identified opportunities for improvement and incorporated feedback from consumers, representatives, staff and stakeholders. The governing body received financial reports at each board meeting, with budgets monitored and reviewed monthly. The workforce was managed and monitored by management and the governing body, with position descriptions and requirements scripted into service guidelines.

The service provided a copy of the organisation’s documented risk management framework. The service had effective risk management systems and practices, which included managing high-impact or high-prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best lives possible and managing and preventing incidents. Organisational meetings were held to improve service compliance and best practice across quality and clinical operations and staff confirmed education was provided in line with these topics. A review of the incident register demonstrated reporting took place.

The service had a clinical governance framework which guided staff in the provision of safe and effective care, best practice policies regarding antimicrobial stewardship, minimisation of restrictive practices and open disclosure. Staff described practical examples to demonstrate their understanding of these concepts. Education records and competencies in relation to infection control showed staff had ongoing training in minimising the risks of infections with the service.

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)