Performance

Report

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| Name of service: | Cooinda Court Hostel |
| Service address: | 24-28 Commins Street JUNEE NSW 2663 |
| Commission ID: | 0315 |
| Approved provider: | Cooinda Court Aged Care Limited |
| Activity type: | Site Audit |
| Activity date: | 7 March 2023 to 9 March 2023 |
| Performance report date: | 10 April 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 Court Hostel (**the service**) has been prepared by   
M. Nassif 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; 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.

# 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 staff treated consumers with dignity and respect and understood consumers’ identity, culture, and diversity. Care planning documents captured consumers’ background, personal preferences, identity, and cultural practices. Personnel records confirmed all staff had completed training regarding dignified and respectful practices.

Consumers and representatives said care and services aligned with consumers’ needs and preferences. Staff knew consumers’ experiences and values, and religious representatives routinely visited to conduct services. Care planning documents confirmed cultural, emotional, and spiritual needs and preferences are captured.

Consumers and representatives said consumers were supported to make decisions regarding care and services, including who was involved, and this information was captured in care planning documents. Staff described activities designed to support consumer interaction including a walking challenge and communal dining. Staff further described supporting visitors to the service to assist consumers to maintain external relationships.

Consumers said they were supported to take risks to live the best life they could. Care planning documents reflected staff undertook risks assessments in collaboration with consumers and relevant allied health professionals and involved consumers in mitigation strategies. The service had policies and procedures to guide staff on risk management.

Consumers and representatives said they received current information regarding activities, catering, events, and infection control measures. Staff confirmed consumers were informed verbally, through a routine newsletter, activity calendar, menu and on whiteboards. This was consistent with observations.

Consumers said their privacy was respected, and personal information kept confidential. Staff described discussing consumer information only with those involved in their care and were observed knocking on consumers’ doors prior to entry. Consumer information was observed to be safeguarded within the password protected electronic care management system.

# 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

The service was found non-compliant in Standard 2 in relation to Requirements 2(3)(a), 2(3)(b), and 2(3)(d) following a Site Audit conducted 29 March to 1 April 2021. Evidence in this site audit report dated 7 to 9 March 2023 supports that the service had implemented improvements to address the non-compliances and is now compliant with these Requirements.

Staff described undertaking consumer assessment and care planning upon entry and reviewing plans within three months or in response to changes. The service introduced a dedicated assessor role to assist the assessment and planning processes and care planning documents evidenced assessments of consumers’ needs, goals, preferences, including consideration to risks and risk mitigation strategies.

Consumers and representatives confirmed opportunity to discuss end of life care plans was provided at the time of entry, and during care plan reviews, if required. Care planning documents evidenced current end of life needs, goals, and preferences of consumers. Management and staff said they initiate the end of life care planning conversation during pre-admission and they routinely follow-up when applicable.

Consumers and representatives said staff consistently involved them in care assessment, planning and review. Staff confirmed collaboration with a network of allied health professionals and discussed assessment outcomes with relevant colleagues. Care planning documents evidenced care needs were assessed and planned in partnership with consumers, representatives, and allied health professionals.

Consumers and representatives said they were informed of care and service assessment and review outcomes and offered copies of care plans. Staff confirmed offering care and service plans to consumers and representatives following plan development or review and this was reflected in the electronic care management system.

Management advised all care planning documents had been recently reviewed when incorporated into the new electronic care management system. Care planning documents evidenced reviews undertaken routinely or in response to incidents which included consultation with allied health professionals. Staff were guided by policies and procedures to review plans every three months or following incidents.

# 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

The service was found non-compliant in Standard 3 in relation to Requirements 3(3)(a) and 3(3)(b) following a Site Audit conducted 29 March to 1 April 2021. Evidence in this site audit report dated 7 to 9 March 2023 supports that the service had implemented improvements to address the non-compliance and is now compliant with these Requirements.

Management and staff demonstrated an understanding of consumers’ care needs and what they do to support them, which was in line with care planning documents including consumers requiring complex health care needs. Care planning documents showed safe and effective personal and clinical care is delivered to each consumer. Best practice policies and procedures were accessible to all staff through internal web services and staff underwent training regarding restrictive practices.

Staff demonstrated an understanding of high impact and high prevalence risks relevant to consumers and the use of risk assessment tools to manage risks. Care planning documents reflected identification of risks and mitigation strategies such as for restrictive practices and falls. Staff were guided by policies and procedures to identify, mitigate, review and report risks.

Staff confirmed the service collaborated with a palliative care provider to ensure consumers received appropriate end of life support and monitored consumers to ensure timely referral. Documents evidenced consumers’ needs and preferences had been met when palliating including pain management and optimising comfort. Staff underwent training regarding end of life care and were guided by policies and procedures.

Consumers and representatives confirmed staff recognised changes to consumers’ condition and responded in a timely manner. Staff described identifying signs and symptoms of deterioration and responding through escalation to senior staff or hospital transfer. Documents evidenced changes to consumers’ condition were identified, managed and discussed amongst those involved in the consumers’ care.

Consumers and representatives said staff were aware of consumers’ needs and preferences and provided consistent care. Management confirmed consumer care information was documented in the electronic care management system and shared amongst staff, representatives, and relevant allied health professionals, and during shift handovers. Care planning documents evidenced consistent communication between those involved in consumers’ care.

Consumers and representatives said referrals to other care providers were timely and appropriate. Staff described collaborating with a community health service to access a network of allied health professionals and assessed referral outcomes to ensure timely resolution. Care planning documents reflected referrals to, and input by, appropriate specialists.

Consumers and representatives said the service’s infection control practices made them feel safe. Staff had completed training for antimicrobial stewardship, hand hygiene and appropriate use of personal protective equipment, which staff were observed wearing. The service offered Influenza and COVID-19 vaccinations and all staff and visitors were screened for infection upon entry.

# 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 were supported to participate in activities of their choosing which optimised their quality of life. Staff described celebrating multicultural events, facilitating religious services and tailoring activities based on consumer interests and feedback. Care planning documents summarised consumer preferences and strategies put in place to support consumers to do the things they want to.

Consumers said they were provided emotional, psychological, and spiritual support when needed. Staff described individualised support and attention provided to consumers if their mood deteriorated and welcomed religious representatives and support volunteers to the service. Care planning documents reflected consumers’ spiritual preferences and psychological needs.

Consumers said they were supported to undertake activities within the service and community. Staff provided examples of hobbies and interests they supported consumers to undertake, both inside and outside of the service. Consumers were observed going into the community with family and receiving visitors.

Consumers were confident information regarding their needs and preferences was communicated with those involved in their care. Staff described exchanging relevant information during shift handover or through the electronic care management system. Care planning documents included adequate information on consumers’ condition, needs and preferences.

Consumers were confident the service would refer them to other care and service providers when needed. Care planning documents reflected collaboration with other organisations and staff described the service’s partnership with community schemes to support consumer interests and provided examples of visits from community leaders.

Consumers provided positive feedback regarding the variety, quality, and quantity of meals. Staff said alternative meals were available if consumer preferences differed from the menu and staff were observed assisting consumers to make meal choices. Catering staff were aware of consumers’ preferences and dietary requirements which were also reflected in care planning documents.

Equipment provided by the service was observed to be safe, suitable, clean, and well-maintained and consumers were aware of the processes to report any maintenance issues. Staff said they cleaned shared equipment after each use and followed cleaning and preventative maintenance schedules, which were observed to be up to date.

# 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 was welcoming, easy to navigate and felt like home. The service included wide corridors, large windows, rooms with ensuites, gardens and communal spaces to encourage social activities. Consumer rooms were observed to be personalised with photographs and staff described encouraging consumers to invite visitors to the service.

Consumers and representatives said the service environment was safe, clean, maintained and allowed free movement. Staff and consumers knew how to request maintenance which was observed to be promptly logged or completed. Consumers were observed moving freely throughout the service, including those accommodated in the memory support unit with assistance from staff, as required.

Furniture, fittings, and equipment were observed to be safe, clean and well-maintained and staff confirmed adequate supply to meet consumer needs. Cleaning schedules confirmed completion of routine cleaning of consumer rooms, equipment and communal areas, and maintenance records were up to date regarding preventative and responsive servicing.

# 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

The service was found non-compliant in Standard 6 in relation to Requirements 6(3)(c) and 6(3)(d) following a Site Audit conducted 29 March to 1 April 2021. Evidence in this site audit report dated 7 to 9 March 2023 supports that the service had implemented improvements to address the non-compliance and is now compliant with these Requirements.

Consumers and representatives said they were aware of the process to lodge a complaint if needed. Staff described encouraging consumers to provide feedback and relevant forms were available at reception to record comments or complaints.

Consumers were aware of advocacy services to support a complaint and management described relevant services available to consumers. Representatives from an advocacy service were observed presenting information to consumers and posters and brochures were displayed throughout the service detailing advocacy organisations.

The service’s complaints register demonstrated the limited number of complaints received from consumers had been responded to and records evidenced all staff had completed mandatory open disclosure training. Consumers and representatives said they had no complaints and were confident apologies would be forthcoming and management would ensure timely and appropriate resolutions.

All complaints and feedback were documented, reviewed by management and the Board and used to improve the quality of care and services for consumers.

# 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 were sufficient staff to provide effective care. Management described the service as low care and when required, could seek support staff from a local hospital, a health service, from medical officers, and allied health professionals. Staff rosters demonstrated all shifts were filled and call bells were answered promptly.

Consumers and representatives said staff were kind, caring and respectful of their identity, culture, and diversity. Staff were observed interacting with consumers in a kind manner and providing assistance to mobilise and participate in activities. Staff training, policies and procedures evidenced the service took a consumer-centred approach to care and services.

Consumers and representatives were confident staff were sufficiently skilled to meet consumers’ care needs. Records evidenced staff held valid registrations and recruitment documentation noted staff held the required qualifications, competencies, and experience.

Staff said they were supported by the service to perform their roles through the provision of training on topics including, but not limited to, serious incidents, restrictive practice, and antimicrobial stewardship. New recruits underwent orientation training and were paired with experienced staff and training records evidenced all staff had completed mandatory training.

Staff said they participated in annual performance appraisals and records evidenced all staff had undertaken an appraisal in 2022. A performance framework guided management of underperformance, processes for grievances, complaints, review and a code of conduct 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

The service was found non-compliant in Standard 8 in relation to Requirements 8(3)(a), 8(3)(c), and 8(3)(e) following a Site Audit conducted 29 March to 1 April 2021. Evidence in this site audit report dated 7 to 9 March 2023 supports that the service had implemented improvements to address the non-compliance and is now compliant with these Requirements.

Consumers and representatives said they were engaged in the development and delivery of care and services. Management described quarterly consumer surveys, monthly feedback meetings and emphasised consumers were welcome to discuss care and services any time. Management confirmed a governance board member routinely visited to discuss the service with consumers and a continuous improvement plan evidenced consumer consultation regarding care and services.

Governing board members described routinely reviewing clinical reports from the service to identify and discuss any issues at weekly and monthly meetings. The board recently reviewed policies and procedures which were streamlined to better target legislative requirements.

The service had effective organisation wide governance systems relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. For example, the governing board advised they ensure compliance with regulatory requirements through subscriptions to peak bodies and government agencies and communicated legislative changes to the service.

The service had effective risk management systems and practices, including 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 life they could and managing and preventing incidents. Records demonstrated all staff had participated in training for reporting serious incidents.

The service had a clinical governance framework to guide staff in the provision of safe and effective care, best practice polices and procedures regarding antimicrobial stewardship and restrictive practices and staff underwent training for open disclosure.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)