Performance

Report

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| Name: | Cooinda House |
| Commission ID: | 5430 |
| Address: | 60 George Street, KIPPA-RING, Queensland, 4021 |
| Activity type: | Site Audit |
| Activity date: | 17 July 2024 to 19 July 2024 |
| Performance report date: | 22 August 2024 |
| Service included in this assessment: | Provider: 1132 Queensland Health  Service: 3722 Cooinda House |

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 House (**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
* the provider’s response to the Site Audit received 20 August 2024
* other information and intelligence held by the Commission relating 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers confirmed staff treated them with dignity and respect and gave practical examples of how their cultures and identities were accepted and valued, such as being addressed by their preferred name. Staff explained, and documentation confirmed, they were trained in providing culturally safe care which was inclusive and respected individuals’ diversity. Care documentation evidenced consumers’ backgrounds, personal preferences, identity and cultural practices they wished to maintain.

Consumers confirmed they received culturally safe care and gave practical examples of staff arranging access to online weekly religious services, particularly for those whose faith formed part of their cultural identity. Staff were knowledgeable of consumers’ cultural backgrounds and identities and explained how care was tailored to meet cultural needs. Care documentation evidenced consumers’ cultural and spiritual needs.

Consumers confirmed they were supported to be their own decision maker, had choice in how their care was delivered and how they wanted to make connections or maintain relationships with people of importance to them. Staff gave practical examples of how they supported consumers to make connections and maintain important relationships, such as ensuring friends were seated together during activities and meals, as per their preferences. Care documentation evidenced consumers’ personal preferences and the strategies in place to meet their needs.

Consumers and representatives gave practical examples of consumers smoking cigarettes, though this may adversely affect their medications, as how they were supported to live life as they chose. Staff described how consumers were supported to take risks and explained the strategies in place to promote their safety. Care documentation evidenced consumers were supported to take risks, strategies were in place to minimise harm and the risks taken were understood by the consumer and their representative.

Consumers confirmed they received timely information about food options, activities and care planning outcomes, in ways which met their communication needs, and were encouraged by staff to ask clarifying questions. Staff described means of communication with consumers, such as meetings and newsletters, whereby the individual’s sensory impairments influenced how information was provided. Menus, the lifestyle calendar and consumer meeting minutes were displayed in communal areas and observed to be current, which supported consumers to exercise choice about their care and services.

Consumers gave practical examples of how their privacy was respected, such as staff closed doors and curtains when providing care. Staff explained consumers’ privacy was respected by seeking consent prior to entering their rooms, confidential information was secured in locked nurse’s stations and care discussions were held in private areas. Staff were observed respecting consumers’ privacy by seeking consent prior to entering their rooms.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Staff described how risks to consumers were identified, and used to develop the care plan, which informed how they delivered care. Staff explained a comprehensive risk assessment process guided their practice in methodically assessing consumers for risks, such as mobility, and developing their care plan, with medical officers involved in assessing consumers’ medications and medical history. Care documentation evidenced risks to consumers were identified during the assessment process and responsive strategies informed the delivery of safe and effective care.

Consumers and representatives confirmed they had discussed consumers’ care needs, goals and preferences, which included advance care and end of life planning, if they wished. Staff confirmed discussing end of life wishes with consumers during the entry process and revisited these discussions during scheduled care reviews or when requested. Care documentation contained consumers’ current needs, goals and preferences, as well as an advance care directive for consumers who had chosen to have one in place.

Consumers and representatives confirmed they and others, such as medical officers, participated in the assessment, planning and review of consumers’ care and services. Staff explained input from consumers, representatives and specialist services was sought in the assessment and planning of consumers’ care. Care documentation evidenced the assessment and planning of consumers’ care was coordinated with other organisations and providers of care, with specialists’ reviews included in planning processes.

Consumers and representatives said staff explained outcomes of the assessment and planning of consumers’ care, and they had access to a copy of the consumer’s care plan. Staff explained the outcomes of assessment and planning were shared with consumers and representatives and they were offered a copy of the care plan. Care documentation evidenced the outcomes of assessment and planning were shared with consumers and representatives.

Consumers and representatives confirmed consumers’ care and services were reviewed regularly and in response to incidents, following which their changed needs were reassessed. Staff explained registered nurses (RNs) had oversight of the assessment and planning process, which included a quarterly review of consumers’ needs, and in response to incidents and changed circumstances. Care documentation evidenced consumers’ needs were reviewed regularly and reassessment occurred when their health status or circumstances changed.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives confirmed the personal and clinical care consumers received was individualised, addressed their needs and optimised their well-being. Staff were knowledgeable about consumers’ individual personal and clinical care needs and explained how risks specific to each consumer influenced care delivery. Care documentation evidenced consumers received safe, individualised care in line with their assessed needs and preferences.

Consumers and representatives gave positive feedback about how the service managed risks associated with consumers’ care and services. Staff understood the high-impact and high-prevalence risks for consumers, such as falls and diabetes management, and explained how these were monitored, managed and prevented. Care documentation evidenced risks to consumers, such as falls, were identified and responsive management strategies were in place.

Care documentation, for a consumer who had recently passed away, evidenced they were supported by their family and kept comfortable through provision of regular comfort care and pain medications, as per the consumer’s wishes. Staff understood how to care for consumers nearing end of life to ensure their comfort, with support from providers of spiritual care available to meet consumers’ emotional needs. Policies and procedures guided staff in the provision of end of life care.

Consumers confirmed staff recognised changes in their conditions and responses were timely. Staff explained consumers were monitored for changes in their appetite, behaviours and mobility, with any changes documented and the consumer escalated to clinical staff or their medical officer for review. Care documentation evidenced deterioration in consumers’ conditions were identified and responded to quickly.

Consumers gave positive feedback about how information was shared relating to their conditions, particularly as staff understood their requirements and preferences, and delivered the care they needed. Staff explained changes in consumers’ care and services were discussed as needed throughout the day, during shift handovers, scheduled meetings and they accessed care documentation. Care documentation evidenced sufficient information about consumers’ conditions was shared between those who had responsibility for their care.

Consumers confirmed they had access to other health care providers and were promptly referred when required. Staff explained the referral process, which ensured consumers received the support they needed. Care documentation evidenced consumers were promptly referred to medical officers and allied health professionals, whose recommendations were included in care plans.

Consumers gave positive feedback about how infection-related risks were managed and said staff practiced hand hygiene before delivering care. Staff understood infection prevention and control and described care strategies used to minimise consumers’ need for antibiotics. Policies and procedures guided staff in antimicrobial stewardship and infection control management, including what to do if there is 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers gave positive feedback about the services for daily living and confirmed they were supported to pursue activities of interest to them, such as playing a game of pool every morning with other consumers, which contributed to their well-being. Staff had knowledge of consumers’ daily living preferences and explained the activities calendar was developed based on consumers’ feedback gathered at scheduled meetings. The activities calendar offered options 6 days of the week and aligned with consumers’ interests, such as baking classes, whilst one-on-one options were available for those who preferred solo pursuits.

Consumers confirmed their emotional, psychological and spiritual needs were supported by staff. Staff gave practical examples of how they supported consumers, such as spending time with them when their mood was low and ensuring they were ready to attend planned religious services. Care documentation evidenced consumers’ spiritual and emotional needs, with strategies to support their well-being.

Consumers and representatives gave practical examples of how consumers were supported to participate in the service and wider communities, and maintain personal connections, such as family being encouraged to visit and spend time together in the garden. Staff had knowledge of people important to consumers and explained how they facilitated communication with family members. Care documentation evidenced consumers’ important relationships and the support needed to enable these connections.

Consumers gave positive feedback about how information was shared relating to their daily living choices, particularly as staff understood their dietary needs and preferences. Staff explained changes in consumers’ care and services were communicated during shift handovers, as needed throughout the day, and they accessed care documentation. Care documentation evidenced sufficient information about consumers’ conditions was shared with others who had responsibility for their care.

Consumers confirmed when additional support was needed, they were promptly referred to other organisations and service providers. Staff explained religious organisations and volunteer programs were engaged to offer a range of activities and to spend meaningful one-on-one time with consumers. Care documentation evidenced timely referrals were made to other organisations and individuals to meet consumers’ diverse needs.

Consumers gave positive feedback about meals, which were varied, portion sizes were sufficient, and aligned with their preferences and dietary requirements. Staff explained the menu was developed and updated based on consumers’ feedback gathered at food focus meetings and in-person discussions, with additional input from a dietician. Meal service was observed as calm and consumers appeared to enjoy their meals, as staff assisted them in a dignified and respectful manner, if needed.

Consumers said they had access to clean equipment, such as mobility aids, and confirmed these were well maintained. Staff explained they were trained in the correct use of consumers’ mobility aids and transfer equipment and understood how to report faulty items in a maintenance system. Mobility aids and lifestyle equipment were observed to be clean, well maintained 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers said the service was welcoming and they felt at home, particularly as rooms were personalised with their own belongings and family members were welcomed to visit. Staff were observed assisting consumers to move into the courtyard, whilst others welcomed visitors to the service. Consumers were observed spending time with each other in their rooms and communal sitting areas.

Consumers gave positive feedback about comfortability and cleanliness of the service, particularly consumers’ personal rooms, which they said were well maintained. Staff described the cleaning and maintenance schedules, which evidenced tasks were completed as required. Consumers were observed moving freely within the service to communal areas and outdoors to courtyards and gardens, and staff provided assistance, if needed.

Consumers confirmed fittings and equipment were clean and maintenance was attended to quickly. Staff explained, and maintenance documentation confirmed, maintenance was attended to promptly, with furniture, fittings and equipment assessed prior to purchase to ensure consumers’ personal and clinical needs could be met. Furniture, fittings and equipment were observed to be safe, clean and well maintained.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers and representatives confirmed they were supported to raise concerns and gave practical examples of speaking with staff, by email and completing feedback forms, as ways they could give feedback. Staff explained consumers and representatives could also make complaints and provide feedback at meetings and via surveys. Meeting minutes evidenced consumers and representatives were encouraged to provide feedback and raise issues of concern.

Consumers understood how to access external complaints and advocacy and language services, whose contact details were included in the consumer handbook. Staff understood the complaints, advocacy and language services available to consumers. Information throughout the service promoted access to the Commission, language and advocacy services.

Consumers and representatives gave practical examples of the designated smoking area being relocated from the main entrance, as appropriate action taken in response to their complaints of smoke coming through the doorway. Staff described the complaints management process and confirmed consumers received an apology when complaints were made. Complaints documentation evidenced effective reporting processes and the use of open disclosure in complaints management.

Consumers gave practical examples of how their feedback and complaints were used to improve the quality of care and services, such as installing fridges in communal areas where consumers always had access to snacks. Staff explained feedback and complaints were reviewed to identify trends, which were added to the plan for continuous improvement, with issues discussed during staff meetings where their input was sought when seeking solutions to complaints. Complaints documentation evidenced feedback and complaints were used to improve consumers’ care and services and inform continuous improvement activities.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives gave positive feedback about staffing levels and confirmed consumers’ needs were promptly met. Management explained the roster was developed according to occupancy levels, with staff allocated according to the needs and preferences of consumers, and recruitment for care and clinical staff was ongoing so legislative responsibilities could be met. Rostering documentation evidenced all shifts were filled and a registered nurse was always available.

Consumers confirmed staff were kind, respectful and accepted their individual identities when care was delivered. Management explained consumer and representative feedback was monitored to ensure staff behaviour was meeting the organisation’s expectations, with issues immediately addressed through refresher training. Staff were guided by policies, procedures and training which promoted the Code of Conduct for Aged Care, treating consumers with dignity and showing respect for their identities and cultures.

Consumers confirmed staff were suitably skilled and competent in meeting their care needs. Management explained staff competency was initially determined through the recruitment process and ongoing through observations, performance reviews, training programs, ensuring professional registrations and criminal history checks were current, and an orientation program with new staff supported by experienced staff, to ensure consumers’ care needs and preferences were understood. Personnel records evidenced clinical staff held medication competencies and professional registrations, relevant to their roles.

Consumers and representatives confirmed staff were well trained and gave positive feedback about their skills when providing care. Management explained, and staff confirmed, mandatory training was completed in topics which reflected the Quality Standards, with additional training arranged at the request of staff or in response to identified trends and audit findings. Training records evidenced all staff had completed mandatory training topics, such as consumer protection, hand hygiene, infections control, the Code of Conduct for Aged Care and privacy awareness.

Management advised, and staff confirmed, staff performance was assessed and monitored during the employment probationary period and ongoing through annual performance reviews, analysis of clinical data, feedback processes, observations and discussions with consumers and representatives. Staff confirmed they participated in performance reviews and described it as an opportunity to receive feedback, and they were supported by management. Management explained if issues arose with staff performance, they would be addressed in real time rather than wait for the annual appraisal.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives gave positive feedback about how the service was managed and said they participated in the development, delivery and evaluation of care and services, particularly through regular meetings and surveys, which had resulted in improvements to the menu. Management advised consumers further contributed to service evaluation through scheduled meetings, the feedback process and consumer experience surveys. Meeting minutes and service documentation evidenced consumers were engaged in providing feedback about aspects of their care and were supported in that engagement.

Consumers confirmed they felt safe and lived in an inclusive environment with access to quality care and services. The board of directors (the board) was accountable for service delivery and satisfied itself the Quality Standards were being met through committees focused on clinical governance and quality and risk, and it received regular reports on operational matters. Meeting minutes evidenced the board was accountable and responsible for promoting a culture of safe, inclusive and quality consumer care.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management explained the governance systems, which were underpinned by policies, processes and systems to support compliance with the Quality Standards.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood risks to consumers and described reporting responsibilities under the SIRS. Staff were guided by policies and processes in identifying and managing risks to consumers, whilst supporting them to live life as they choose.

The clinical governance framework included organisational leadership, promoted responsibility and accountability, focused on continuous improvement and promoted consumers as partners in their own care. The framework included policies and procedures on antimicrobial stewardship, restrictive practice and open disclosure. Management and staff understood the need to reduce antimicrobial resistance, use restrictive practice as a last resort and how open disclosure was used when things went wrong.

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)