Performance

Report

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| Name of service: | Cooinda Lodge Nursing Home |
| Service address: | 41 Landsborough Street WARRAGUL VIC 3820 |
| Commission ID: | 3473 |
| Approved provider: | West Gippsland Healthcare Group |
| Activity type: | Site Audit |
| Activity date: | 29 May 2023 to 1 June 2023 |
| Performance report date: | 10 July 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 Lodge Nursing Home (**the service**) has been prepared by D.Fekonja, 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

The majority of consumers and their representatives are satisfied they are treated with dignity and respect and feel the service values their identity and diversity. Consumers are encouraged to personalise their rooms with things that interest them and make them feel at home.

The Assessment Team observed respectful interactions between consumers and staff. Staff explained they respect consumers when communicating with them by getting on their level, giving them undivided attention, getting to know them as much or as little as they would like, and using consumers’ preferred names when talking to them. Staff seek permission before entering consumers’ rooms. One consumer’s representative felt their consumer was not always treated with respect and the service at the time of the site audit said they will investigate the matter and reach out to the family.

Consumers and representatives are satisfied that the care and services they receive are culturally safe. Leisure and lifestyle staff explained how they plan and provide a range of activities that are culturally inclusive and cater to consumers with diverse cultural backgrounds. These activities include cooking foods from a variety of cultures, organising ANZAC day services and armchair travels. The service enlists the use of interpreters when providing care to ensure clear communication and understanding can be achieved between staff and consumers.

Consumers and representatives are supported to exercise choice and independence, make decisions about their care, and maintain relationships of their choice, including those of an intimate nature. Staff demonstrated an understanding of consumers’ choices and how they can support consumers to maintain relationships and exercise independence. For example, consumers are able to choose when care is provided to them and whether they require assistance. Care documentation includes details of consumers’ care decisions and preferences.

Consumers and representatives sampled expressed satisfaction they are supported to take risks where they choose. Staff explained how they support consumers to exercise choice and take risks for instance, they have one consumer who chooses not to comply with their fluid restriction or dietary requirements. Care documentation includes details of consumers’ choices and dignity of risk.

Consumers and representatives are satisfied they are provided with information that is accurate and timely. The service provides consumers with information both in writing and verbally in a way they can understand which enables them to exercise choice. The menu and activity calendars were observed to be displayed around the service. Food services staff verbally communicate the meal choices to consumers and leisure and lifestyle staff provide consumers with a copy of the activity calendar which is displayed on the wall in their room.

Consumers and representatives said they felt their privacy was respected. Staff explained strategies to maintain consumers’ personal privacy while providing care such as using the privacy curtain. Personal information is kept confidential and printed information used by staff is destroyed after use. Electronic consumer files are password protected and staff stated they ensure discussions about consumer’s personal information is held in private. Staff are required to sign privacy and confidentiality agreements upon commencement of employment.

Based on the information provided I find the service compliant with this Quality Standard.

# 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

Consumers and representatives are satisfied the assessment and care planning process considers the risks to consumers’ health and well-being. Care planning documents reviewed for each consumer, including those receiving respite care, contained comprehensive assessment and care planning information including strategies to minimise risks to each individual consumer’s safety. Staff were able to demonstrate knowledge of consumers’ risks and the strategies used to provide safe and effective care. The service uses a range of validated risk assessment tools to guide the delivery of safe and effective care and services.

Assessment and care planning information were reflective of consumers’ current care needs and preferences including end-of-life care. Clinical care staff confirmed they regularly review assessments and care plans, and they ensure advanced care directives are in place to influence end-of-life planning when the need arises. The service has a documented palliative care approach to ensure consumers receive end-of-life care in line with their wishes and current best practice.

Consumers and representatives described participation in assessment and care planning processes. They provide feedback on care interventions and can nominate others whom they wish to be involved in the planning and review of their care. The service collaborates with other professionals, external health services, and consumers and representatives to deliver safe and individualised care. The Assessment Team reviewed one consumer’s file which showed input from a range of allied health providers.

A review of care planning documentation shows the service has a schedule for the regular review and evaluation of assessments and care plans. Consumers and representatives described how staff regularly communicate relevant information and any changes in the consumer’s care. They said they were offered a copy of the consumer’s care and services plan at the family care planning meetings; they were also frequently offered a copy during the monthly ‘resident of the day’ (ROD) conversation. Consumer care planning documentation reflects the communication of relevant and timely information with consumers and representatives. Care and services plans reflected the current needs, goals, and preferences of the consumer.

Based on the information provided I find the service compliant with this Quality Standard.

# 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 is providing safe and effective personal and clinical care to consumers that is tailored to their needs and optimises their health and well-being. Consumers and representatives were satisfied the personal and clinical care they received was safe, effective, and met their needs and preferences. This included the management of consumers’ wounds, pain, and restrictive practices. Interviews with staff reflect best practice principles are implemented and followed in relation to skin integrity, pain, and restrictive practices to optimise health and well-being.

Consumers who are subject to restrictive practices have comprehensive behaviour support plans in place and authorised consent for the restrictive practice has been obtained. The need for restrictive practice is reflected in individual consumer care planning documents and is reviewed regularly.

Consumers with high impact and high prevalent risks such as falls, weight loss, and skin integrity issues have been managed effectively and consumers and representatives are satisfied with the care provided by the service. There are processes to guide staff to provide the care consumers at risk require, including a clearer process for managing falls.

The service uses a range of processes to guide the delivery of palliative care. The review of documentation by the Assessment Team of a consumer who had recently passed away evidenced that appropriate care and support were provided to the consumer and their family. The representative confirmed that the service provided excellent end-of-life care for their loved one.

Appropriate actions are taken in response to the identification of deterioration or changes in consumers’ health and well-being. Representatives are informed in a timely manner and staff monitor and support the consumer and refer them to health professionals as required. Documentation reviewed by the Assessment Team reflects timely referrals to individuals, other organisations and providers of other care and services are made.

Consumers and representatives were satisfied staff at the service are knowledgeable about consumers’ care needs and preferences and shared this with others as appropriate. Consumer care documentation and handover sheets reflect current information about a consumer’s needs, preferences and interventions.

Staff demonstrated a good understanding of infection prevention and control practices and the service has an Infection Prevention and Control (IPC) Lead to ensure standards are maintained. Staff demonstrated knowledge of the role hydration, nutrition and good skin care plays in preventing infection; and receive regular training on infection prevention and control.

The service practices good antimicrobial stewardship. Staff worked with general practitioners to ensure antibiotic prescriptions had stop dates recorded and antibiotic use was audited weekly across both the service and the hospital by an infectious disease physician.

Based on the information provided I find the service compliant with this Quality Standard.

# 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 and representatives were satisfied that consumers receive services and support that optimise their independence and quality of life. Care planning documentation includes consumers’ goals and preferences as well as ways in which they would like staff to support them to optimise their independence. Consumer care assessments include ‘cultural, religious, spiritual and pastoral care’ and ‘leisure, lifestyle and wellbeing’ sections which note consumers’ needs and preferences. Staff were able to describe ways in which they support consumers and their understanding of individuals’ needs, goals, and preferences.

Leisure and lifestyle staff described how services and activities are planned to support and optimise consumers’ emotional, spiritual, and psychological well-being. For example, church services are held each fortnight and religious and cultural occasions are celebrated.

Consumers and representatives said they feel the services and supports they receive at the service assist them to participate in the community, have social and personal relationships, and do things that interest them. Consumers are supported to leave the service to go into the community and maintain their friendships and do things of interest. The service also provides a café and happy hour for the consumers and incorporates a range of different activities in the monthly calendar to ensure inclusivity and to ensure consumers with different interests, and physical and cognitive abilities can participate.

Information about consumers’ conditions, needs, and preferences is shared within the organisation as well as with others where care responsibility is shared. The Assessment Team reviewed communications which showed information being shared between parties that share in the care of consumers. Dietary changes are communicated to the food services team both verbally and in writing and the electronic system is updated as well.

Consumers and representatives are satisfied with the variety, quality, and quantity of meals provided. The menu is developed in consultation with a dietitian and speech therapist as well as from consumer feedback and is prepared onsite. The Assessment Team observed the consumers enjoying their meals and noted there was a good range of choices for them. One consumer was not happy with the temperature of their meals and the service responded to this feedback immediately and will work through some solution strategies to prevent this from occurring in the future.

Consumers and representatives said the equipment provided at the service is safe, suitable, clean, and well-maintained. Leisure and lifestyle staff are satisfied there is sufficient and suitable mobility equipment available for them to access when assisting consumers to participate in activities. The equipment is stored in a shared equipment cupboard, is well-maintained, and is cleaned after use with sanitiser cloths. The service has plans to obtain new equipment for leisure and lifestyle activities and bariatric-sized wheelchairs and lifting equipment.

Based on the information provided I find the service compliant with this Quality Standard.

# Standard 5

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

Findings

Consumers and representatives said the service environment is welcoming and they are encouraged to personalise their rooms. One consumer explained how the service assisted them to personalise the display outside of their room that highlights all of their interests. One consumer was moved into the same room as another consumer to increase their sense of belonging and interaction at the service which worked quite well for both consumers. While the service has signage for wayfinding, the service is planning to further improve this for better ease of navigation for the consumers.

The service was observed by the Assessment Team to be clean and well-maintained and this was confirmed by the consumers. Consumers were observed to be moving freely throughout the service on the days of the Site Audit. One consumer assists to tend to the service’s garden and feed the service’s cat.

Maintenance services include preventative/scheduled and reactive maintenance. Cleaning records show that cleaning is completed regularly and in accordance with the organisation’s policies. The service has a maintenance system that is checked regularly by management at the service to have oversight of the maintenance issues which have been logged and will follow up with maintenance where required.

The physiotherapist will complete an assessment and inform the service of what equipment is suitable for individual consumers. All shared equipment is cleaned after use and if staff identify a piece of faulty equipment, a maintenance request is lodged and a ‘do not use’ sign is placed to alert other staff.

Based on the information provided I find the service compliant with this Quality Standard.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives are happy and confident to provide feedback if they have any issues or concerns and the service listens and is responsive. Two consumers attend the ‘resident and relatives’ meetings each month but said they have not spoken up at meetings as they prefer to speak individually to managers. There are a variety of methods available to consumers and representatives for providing feedback including verbal and written feedback, meetings, and satisfaction surveys. Staff will assist consumers to provide written feedback but also escalate verbal feedback to the manager.

Consumers are aware they are able to escalate a complaint externally if they are not happy with the outcome of the complaint by the service. The Assessment Team observed posters displayed, advising consumers’ right to access advocates, interpreters and external complaints bodies.

The service maintains a spreadsheet of all documented feedback instead of an electronic system as they found it ineffective. The spreadsheet enables the service to monitor that complaints are acknowledged, investigated, and responded to within the specified timeframes. Most complaints are handled at the local level, as consumers prefer to raise issues verbally. Staff have received education in open disclosure and understand the process. They have apologised to consumers and representatives if incidents have occurred or if something did not go as planned.

The Assessment Team reviewed the consolidated feedback report for 2022. The report demonstrated a total of 15 complaints were received for the year from phone calls, emails, and verbal conversations and the report documented that all complaints were reviewed, investigated, and feedback was provided. The trends identified from complaints data revealed care needs and communication as the two main areas of concern. A list of actions implemented was included in the report. This included the employment of an allied health assistant to attend to consumers’ nail care and the review of the diabetes management policy and procedure and education provided to staff.

The service is using feedback to improve care and service provision and staff confirmed actions in response to complaints are discussed at staff meetings and during staff huddles.

Based on the information provided I find the service compliant with this Quality Standard.

# 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 are satisfied that the number of staff rostered is usually sufficient to enable safe and timely care to consumers. The service currently only employs registered and enrolled nursing staff to provide care to the consumers but will soon recruit personal care staff to assist with increasing the care minutes provided. The service is currently working with a deficit of 1.4 full-time equivalent clinical staff and has closed 29 of its registered beds. The Assessment Team observed staffing levels sufficient to respond in a timely manner to call bells and to provide assistance to consumers during meals.

Consumers and representatives said the staff are kind and gentle, well-trained and understand the needs of the consumers. This was observed by the Assessment Team throughout the Site Audit. Staff orientation includes mandatory education on the Code of Conduct for Aged Care and the duty of candour.

The service employs a clinical educator who plans education around specific clinical needs on a monthly basis. They also provide education identified through staff requests, incident reports, complaints, audits, and observations, through short sharp toolbox sessions. Staff have all completed mandatory training and are up to date with required competencies. Documented position descriptions are in place and reflect minimum standards of education and skills for each role. The service also provides opportunities for staff to attend external training that will increase their skills.

Although staff appraisals were only 55% completed at the time of the Site Audit this was due to a number of factors and the service has a plan to complete all appraisals by 30 June 2023.

As there is no negative impact in relation to the lack of performance appraisals and the service has the plan to ensure they are completed, I find the service is compliant with all Requirements under this Quality Standard.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and representatives are supported by management to provide feedback through attendance at meetings, completion of a yearly satisfaction survey, and individually through verbal or written feedback. Consumers can provide input via food focus group meetings and resident and relative meetings and they also write and proof content for the ‘resident’ newsletter.

Consumers confirmed they feel safe living at the service and one consumer said they would not live there if they felt otherwise. The Board has oversight of the monthly report which includes key performance indicator results, audit results, trended and analysed incidents including serious incidents, consumer feedback, consumer infections, vaccination updates, and outstanding policies, procedures, and forms due for review.

The organisation demonstrated governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and management of feedback and complaints, are effective. The service maintains a continuous improvement plan with items added following identification through incident analysis, consumer and staff feedback, audits, and external reviews. The service is advised of changes to regulations and legislation through membership with an external company that forwards prompts when changes require a review or updates to a policy.

The service demonstrated a risk governance framework is in place to ensure risks are identified, managed, and responded to appropriately. The framework is supported by a clinical governance team, policies, and procedures, with documented reporting mechanisms to ensure the timeliness of reports. The governance of incidents ensures investigations effectively reflect potential contributing factors.

The service provided a documented clinical governance framework, and policies relating to antimicrobial stewardship, restrictive practices, and open disclosure which were reviewed by the Assessment Team. Although staff demonstrated an understanding of the various types of restrictive practices and could describe non-pharmacological strategies they use to manage consumers demonstrating changed behaviours, there was no guidance for staff on minimising the use of psychotropic medications through the implementation of non-pharmacological strategies for consumers displaying changed behaviours.

As there was no negative impact on consumers identified by the Assessment Team and staff were able to describe strategies utilised by them to manage consumers with changed behaviours, I find the service compliant with this Quality Standard.

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)