Performance

Report

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| Name of service: | Performance report date: |
| Cooinda Nursing Home | 31 August 2022 |
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| 2700 | Site audit |
| Approved provider: | Activity date: |
| Cooinda Coonabarabran Ltd | 26 July 2022 to 27 July 2022 |

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 Nursing Home (**the service**) has been considered by E Woodley, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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, undertaken 26 July 2022 to 27 July 2022. 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 | | Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

## Findings

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

The service demonstrated it has systems in place to ensure that staff treat consumers with dignity and respect, and consider their identity, culture and diversity when delivering care and services. Staff interviewed were familiar with the individual needs and preferences of consumers within the service and demonstrated they value consumers culture and diversity. Staff spoke about consumers respectfully and were observed throughout the Site Audit interacting with consumers respectfully.

Staff were aware of consumer’s preferences and the support they require to exercise choice and independence. Documentation reviewed by the Assessment Team confirmed the service actively implements strategies to mitigate risk for consumers who exercise choice and dignity of risk in the activities they engage in.

Consumers and representatives interviewed confirmed that the service respects consumers and their diversity, and care and services are culturally safe. One consumer said their care and services are aligned with their religious affiliation and staff have ensured the consumer has access to religious music and broadcasts.

Consumers and representatives consistently provided feedback that the consumer can exercise choice about how they wish day-to-day care and services are delivered. Consumers and representatives said they are satisfied with the information they receive to enable them to exercise choice. For example, menus, lifestyle program calendars, and COVID-19 updates and visitor restrictions at the service.

Consumers and representatives interviewed indicated consumer’s personal privacy is respected and were confident their personal information is kept confidential. Consumers said staff always knock on closed doors and that staff close the door when assisting consumers with their personal care. The organisation incorporates information about maintaining privacy and confidentiality in policies, handbooks and other information for staff and consumers. All computers were observed to be password locked and consumer files kept secured.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

## Findings

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Overall, consumers and representatives interviewed by the Assessment Team considered that they feel like partners in the ongoing assessment and planning of their care and services, and that case conferences occur when required. Consumers and representatives interviewed confirmed that they are informed about the outcomes of assessment and planning, and that copies of care plans are provided and readily available to them. Some consumers and representatives interviewed said the registered nurses or management had spoken with them about advance care and end of life planning.

The service demonstrated that assessment and planning includes consideration of risks to consumer’s health and well-being and informs the delivery of safe and effective care and services. Care planning and assessments are reflective of consumer’s current needs, goals, and preferences. Care plans reviewed by the Assessment Team indicated there are regular routine reviews of care and services for consumers. Review of consumer care is also conducted when changes occur in their needs following incidents such as falls or behaviours. Care documentation indicates incidents such as transfer to hospital trigger reassessment for consumers and appropriate changes to care and services.

# Standard 3

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| Personal care and clinical care | | Compliant |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

## Findings

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Consumers and representatives interviewed provided positive feedback about clinical and personal care consumers receive. The service demonstrated that consumers receive safe and effective personal care and clinical care that is best practice, tailored to their needs, and optimises their health and well-being. For example, care documentation reviewed by the Assessment Team demonstrated effective diabetes monitoring and management, and management of skin integrity and pressure injuries. The monitoring of a consumer’s behaviour is occurring, and interventions employed by staff is consistent with tailoring behaviour management to the consumer’s care needs.

The service demonstrated the effective management of high impact and high prevalence risks associated with the care of consumers. The service has a process of identifying consumers who are deemed high risk based on clinical needs or outcomes such as at risk of pressure injuries, infections, restrictive practice, behaviours of risk, and falls. The consumers at high risk are identified by management who monitor consumer clinical incidents.

For the consumers sampled who are nearing the end of their lives, documentation indicates the consumer’s care needs and preferences are being attended to by staff. Their end of life wishes and directives are incorporated into the consumer’s care plan and associated documents and staff ensure a substitute decision-maker is noted. Consultation occurs with the consumer and/or representative when referral to palliative care is required or when a consumer commences the palliative pathway or is nearing end stage care.

Review of care documentation for sampled consumers who experienced deterioration demonstrated that processes for the escalation and response to deterioration in a timely manner have been effective. Documentation reviewed, and consumers and staff interviewed by the Assessment Team demonstrated that consumers are referred to appropriate services and specialists in a timely manner and in response to consumer needs.

The Assessment Team found information about the consumer’s condition, needs and preferences is communicated in an electronic information management system. Information is available to those who share responsibility for the consumer’s care and staff demonstrated an awareness of consumer’s care needs and preferences.

The service demonstrated effective implementation of standard and transmission-based precautions to prevent and control infection and practices to promote appropriate antibiotic use. Policies and procedures are available relating to antimicrobial stewardship including the process to minimise the use of antibiotics. Staff demonstrated knowledge of how this is managed in their day-to-day practice and could describe practices and procedures to minimise transmission of infections.

# Standard 4

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| Services and supports for daily living | | Compliant |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

## Findings

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Consumers interviewed by the Assessment Team said they feel supported to engage in activities that are of interest to them and are provided with supports such as equipment, resources and services to promote their well-being, independence, and quality of life. All consumers and representatives interviewed were satisfied consumers are supported to keep in touch with people who are important to them, and to do the things they like to do both inside and outside the service. Consumers interviewed felt information regarding their daily living, choices and preferences is effectively communicated and staff who provide daily support understand their needs and preferences.

Feedback from most consumers interviewed regarding the meals indicated they are varied and of suitable quantity, however the quality could improve. Management acknowledged they are aware of some issues with meals at the service and are working towards resolving them. The service has processes for ensuring dietary requirements and meal preferences are provided to consumers which is consistent with information contained in care planning documents.

Review of care planning documentation for the consumers sampled identified documented information about what is important to the consumer, and who is important to each consumer to promote their well-being and quality of life. Information on consumer’s preferences is used to inform staff of the services and supports the consumers need to enable them to do the things they want to do. The service demonstrated services and supports for daily living, as provided internally and through referrals to external providers of care and services, promote each consumer’s emotional, spiritual, and psychological well-being.

Lifestyle staff were able to describe how the service works in conjunction with external individuals and organisations to supplement the services and supports for daily living offered to consumers.

The service demonstrated where equipment is provided it is safe, suitable, clean, and well maintained. Maintenance staff described a schedule for proactive and reactive maintenance and tagging and testing with regular integrity checks conducted on equipment used.

# Standard 5

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

## Findings

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

Overall, consumers interviewed by the Assessment Team considered they feel they belong in the service, and feel safe and comfortable in the service environment. Consumers interviewed confirmed they feel at home and visitors are welcome in the service. Consumers sampled confirmed their satisfaction with the service environment, that it is safe, clean, and well maintained. Consumers confirmed they can access indoor and outdoor areas if they wish either independently or with staff assistance.

Although the service is an older building, the Assessment Team observed it is well maintained and provides a safe and clean environment. The service environment is currently undergoing refurbishment that will introduce single rooms with ensuites for all consumers and larger communal areas. The layout of the service environment and the availability of easy access to outdoors promotes the free movement of consumers and visitors both indoors and outdoors. Consumers are free to bring their own furniture and photos to decorate and personalise their rooms to make them familiar promoting a sense of well-being and belonging.

Staff are aware of how to report items requiring maintenance. Documentation reviewed identified reactive maintenance is attended in a timely manner and preventative maintenance is undertaken as scheduled.**Standard 6**

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

## Findings

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

The service demonstrated that consumers, their family, friends, carers, staff and others are encouraged and supported to provide feedback and make complaints. Most consumers said they would any raise any concerns directly with staff, but also felt comfortable talking to the service management.

Consumers and representatives interviewed confirmed if they raised issues or complaints, staff responded to their concerns immediately and provided them with an apology if appropriate. Consumers and representatives interviewed were able to identify changes made at the service in response to their feedback or complaints. This included changes to a consumer’s room for increased privacy, and the meals provided at the service.

The service demonstrated that consumers are made aware of, and have access to, advocates, language services and other methods for raising and resolving complaints.

The service demonstrated appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Staff interviewed had knowledge of what open disclosure involves and understand the importance of following this when things go wrong. The service was able to determine the main areas of complaints and review and actions undertaken to improve these identified areas.

**Standard 7**

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| Human resources | | Compliant |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Consumers interviewed by the Assessment Team considered that they get quality care and services when they need them and from people who are knowledgeable and capable. Consumers and representatives expressed a high level of satisfaction with the kindness and caring interactions of staff, and did not identify any issues with the sufficiency of staff at the service.

Interviews with staff and review of documentation demonstrated that shifts are filled, with management stepping in if required. All care staff at the service have a minimum of a Certificate III in Aged Care or are in the process of achieving this. Staff interviewed advised they complete competencies annually to ensure they are competent to perform their roles. Attendance and education documentation reviewed evidenced most staff have completed mandatory training.

Management advised staff training needs are identified through staff appraisals, consumer and representative feedback, complaints and incidents, staff feedback at meetings, and one-to-one conversations. When training gaps are identified, management arranges additional education sessions.

Care staff interviewed said they are engaged in performance appraisals and can use this to identify opportunities for education and personal development. Management advised the performance of staff is continually monitored and reviewed.

**Standard 8**

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

## Findings

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The service demonstrated that management and the board are engaged with and support consumers to be involved in the development, delivery and evaluation of care and services.

The service is governed by the board of directors and the executive team who are responsible for overseeing the strategic direction and policies to meet the Quality Standards. The service demonstrated the governing body provides regular communication to staff in promoting quality outcomes for consumers through its reports and feedback and consulting with consumers.

The organisation demonstrated it understands and adequately applies effective governance systems and monitors and reviews its performance. This includes in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

The service has a risk and incident management system in place that assists in recording, monitoring and evaluating risks for consumers and ensuring they are enabled to live the best life they can. Review of the incident management register showed management utilises this system effectively to prevent further incidents and identify opportunities for improvement.

The service has a documented clinical framework that includes policies relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff interviewed said they have quick access to these policies, they have been educated about the policies, and were able to provide examples of their relevance to their work.

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-2)