**Performance**

**Report**

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| Name: | Cooinda Village Care Packages |
| Commission ID: | 300077 |
| Address: | 1-35 Kilfeera Road, BENALLA, Victoria, 3672 |
| Activity type: | Quality Audit |
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| Performance report date: | 7 February 2024 |

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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 1468 Cooinda Village Inc  
Service: 18774 Cooinda Village Care Packages  
  
Short Term Restorative Care (**STRC**) included.

**This performance report**

This performance report for Cooinda Village Care Packages (**the service**) has been prepared by Nicola Eastwood, 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 Quality 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 for Home Care Packages (HCP) and Short-term Restorative Care Programme (STRC)

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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 | **Not Assessed** |
| **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 | | HCP |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumer and representatives confirmed their cultures and identities are valued. Staff outlined how they support consumer dignity and care documentation reflected planning considers the individual needs and preferences of each consumer, capturing their background, culture and diversity including what is important to them. This was supported by a representative account reflecting care support workers as highly respectful of consumer space and choices.

Management demonstrated the service’s consideration of consumer cultural background and preferences which are embedded in the assessments and care plans. Consumers described the initial care consultation meeting as comprehensive and care documentation reflected evidence consultation with each consumer about their relationships of significance as well as needs and preferences related to their care. There was evidence of information available to consumers related to the Charter of Aged Care Rights which supports the choices of consumers in planning their Home Care Package (HCP) and access to the Office of Public Advocate in the consumer welcome pack to guide advanced care planning, advocacy and other services.

Risks were discussed with consumers and representatives with alternatives offered as appropriate. Staff described the support and assistance measures provided to ensure consumers are as safe as possible. Care documentation demonstrated risks are identified and strategies to mitigate individual risk are developed. Accessibility to care managers who are also clinicians ensures consumers receive care according to their choices and understanding. This was supported by a consumer account confirming case managers explained issues upfront in a way they understood including budget discussions. Information was also made available related to inclusions and exclusions of HCP levels enabling consumers to choose care and services.

Care support workers described being aware and respectful of privacy when in a consumer's home. Consumer information is shared electronically and in hard copy with authorised employees and external health after obtaining consumer consent. Consumers confirmed being asked for consent or permission to share information.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Initial consultation and assessments were conducted by care coordinators who are registered nurses. Information obtained at the initial assessment includes medical history, physical functioning, cognition, psychological and social supports, home environment and mobility. Management described comprehensive assessment and care planning processes which included the use of validated assessment tools to assess falls, risk and cognition. Allied health services are outsourced to assess the home environment in relation to safety, home modifications and equipment when required. STRC consumers are assessed by the care coordinator, consumers agree on goals and what they want to prioritise during the program, with progress monitored and weekly check ins.

Clinical staff confirmed consumer needs and goals are discussed during the initial meeting which included advance care planning discussion. The Assessment Team reviewed brochures on advance care planning included with the services welcome pack and consumers confirmed ongoing discussions regarding needs, goals, preferences. There was evidence of documentation which reflected individual end-of-life preference and access to palliative services.

Consumers and representatives confirmed they were involved in the assessment and care planning process. Choices about personal and clinical care provision and home care support were discussed and documented in the care plan. Where STRC is provided, the care manager explains the achievement of the agreed therapy, support, and goals are time-limited, therefore more frequent evaluations of consumer progress and reassessments are conducted. The involvement of others in the consumer assessments and ongoing evaluation includes employed and brokered allied health professionals and medical practitioners.

Care support workers explained they access consumer care plans through hard-copy consumer folders stored at the services office and through the electronic health information system. Consumers and representatives confirmed they receive a hard copy of the care plan following the initial assessment and updated copies by mail or email when changes or reassessment occur.

Consumers and representatives confirmed the service contacts and visits them regularly with services reviewed as needs or conditions change.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

The Assessment Team reviewed progress notes for home care and STRC consumers from brokered allied health providers acknowledging referrals, reports outlining assessments undertaken and recommendations and notification when approved equipment or modifications have been provided. Care support workers described how they tailor care to the needs of individual consumers and management confirmed they review progress notes and encourage phone calls to report any concerns or identified change. Consumers confirmed they were satisfied they receive safe and effective care.

Interventions to manage and mitigate risks to consumers are developed and evident in consumer care plans and home care assessments. Staff explained how they mitigate and minimise risks, including consistent use of mobility aids for consumers with mobility associated risks. Management discussed how consumer falls are reported if occurring during the delivery of care and consumers are encouraged to report incidents that occur outside of the provision of care and service. This was supported by a consumer example where compromised skin integrity had been identified and escalation of care for clinical review.

Clinical staff detailed strategies for consumers nearing the end of life including increasing contact from the service and providing additional support for the family. Management explained they liaise with the local palliative care team and cultural preferences are considered before end-of-life discussions.

Care support workers demonstrated knowledge of their responsibilities in reporting consumer deterioration or change to a care manager, calling emergency services if required and documenting deterioration in shift notes. Care managers described how they actively respond when deterioration is reported. The service has a documented procedure in place for staff to follow where clinical deterioration or change is identified which reflects the immediate need to report and or escalate concerns. This was supported by a representative account confirming access to mental health supports where a deterioration was identified after a significant personal loss.

Care managers demonstrated an understanding of referral networks and described internal and external referral processes. The service has established brokered service providers in place to ensure the provision of diverse and skilled allied health and clinical care to meet consumer needs, goals, and preferences.

Staff confirmed they have complied with hand hygiene and infection prevention and control training modules and discussed their use of Personal Protective Equipment (PPE). Management discussed the mandatory infection control training staff complete and the infection register which is monitored and reported on.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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

I am satisfied based on the Assessment Team’s observations that recommendations that the service complies with the Requirement as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed they are assisted to participate in the community, go out for coffee, shopping or engage in activities they like. A review of care file documentation included services most suited to each consumer and provided reflected consumer participation in programs and activities to meet their needs, goals, and preferences.

Care support workers described how consumer information was updated when changes in consumer condition, needs and preferences occur. Care documentation demonstrated communication with others responsible for care, including representatives, staff, and other services as appropriate.

Care support workers demonstrated awareness of consumer emotional and psychological well-being. This was supported by a consumer account indicating care support workers take the time to speak and listen to them adjusting their time to ensure appropriate support is provided. Where changes were identified, these were reported to the representative and management as well as documenting in consumer files.

There was evidence of a referral process in place with resources to support occupational therapy assessment and equipment to support independence at home.

Consumers and representatives were satisfied with the choice, quality, and quantity of meals provided. Food allergies and dietary requirements were documented and one representative account indicated the provision of meals had assisted with independence, improved health and enjoyment of meals.

Consumers and representatives indicated the service supports them in purchasing, maintaining, and repairing equipment. There was evidence reflecting consumer needs for equipment were assessed to support access to suitable equipment and evaluation of equipment by allied health professionals. Management indicated consumers communicate their need for new equipment or maintenance verbally.

The service has a fleet of 10 cars and a 19-seater bus to assist with social activities, transport consumers to appointments and care manager attendance at consumer homes for assessment purposes. There was evidence of routine inspection, cleaning and maintenance as well as servicing according to manufacturer guidelines. Staff explained the process to report issues and records reviewed demonstrated that all safety and servicing was current. The Assessment Team noted the fleet did not have wheelchair capability transport.

# Standard 5

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| Organisation’s service environment | | HCP |
| 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. | Not Assessed |
| 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. | Not Assessed |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Assessed |

Findings

This Quality Standard for the Home Care Package service was not assessed as all the specific requirements have been assessed as not applicable.

# Standard 6

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| Feedback and complaints | | HCP |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers spoke of having their queries responded to quickly by the administration staff or care managers preventing the need to register a complaint. Consumers also said they felt safe and free from repercussions when raising a concern with their immediate care support worker. There was evidence of regular phone conversations between consumers and care managers as well as an annual satisfaction survey completed by consumers and representatives.

Consumers confirmed they have received information regarding advocates, language services and alternative complaint mechanisms. Care support workers said they were aware there was advocacy support information included in the welcome packs for consumers to refer to, however, would escalate any feedback initially to management.

Consumers and representatives who submitted complaints were satisfied appropriate action was taken in response to their concerns confirming they had received an apology. Care support workers confirmed they have been instructed in complaint handling and have received training in open disclosure. The Assessment Team noted incomplete information in the complaints register, management explained that the service was in the process of integrating complaints systems and all relevant details was included in consumer files.

Care managers explained they attend weekly team meetings to review complaints and improve consumer care services. The service has a comprehensive policy that recognises barriers to communication and addresses how to navigate these, as well as analysing feedback and complaints to inform areas of improvement. This was confirmed by a consumer account noting strategies to avoid recurrence of a misunderstanding with a care support worker and additional training provided to staff providing domestic assistance following consumer feedback about the quality of cleaning services.

# Standard 7

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| Human resources | | HCP |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

The service promotes initial and ongoing discussions to ensure suitability of care workers to provide safe and quality care. This was supported by consumer accounts reflecting discussions with care managers regarding the assessment of personal care, domestic assistance, and gardening services to ensure care support workers assigned to them were suitable, and timely and effective coordination of allied health staff where STRC (Short Term Restorative Care) was required. Rostering staff described that consumers are allocated up to 3 different staff according to their preferences to promote connection and continuity of care.

A review of care plans available to care support workers contains suitable information related to each consumer's life story, cultural background, choices, and preferences. The Assessment Team noted an individualised consumer care plan included information about personal care routines and preferences to assist care support workers in respecting consumer identity. This was supported with a consumer account who explained staff are respectful and helpful and provide her with competent care.

The service reviews worker qualifications and references, prior to commencement with the service. Care support workers explained the process of onboarding and described providing the service with their qualifications, police checks, and vaccination requirements before a job was offered to them. A review of documentation identified service agreements and statutory declarations provided by the brokered service stating currency of qualifications, registration, and insurance. Current registration status of registered nurses is monitored by the service’s human resources. There was evidence position descriptions and role expectations are supplied with employment contracts and annual performance reviews.

Care support workers explained they are provided with a staff handbook with Code of Conduct, Serious Incident Response Scheme (SIRS), confidentiality and complaints handling guidelines, and are required to complete a series of mandatory training modules upon commencing employment with the service. The Assessment Team reviewed the training register which demonstrated most staff are up to date with the educational and continuing professional development modules provided by the on-line learning platform. Attendance of face to face ‘Toolbox’ sessions run by registered nurses was also recorded. The service is seeking to offer additional training in cultural safety and diversity via their online learning platform. The service recognises the ongoing challenges of staff recruitment in a regional area; nonetheless, it remains committed to maintaining the quality of staff who need to ‘fit’ with the consumer needs.

Management monitors the performance of most staff formally and informally. This was supported by care support workers who confirmed they have the required buddy shifts, training and performance reviews as set out in the service business model. Ongoing appraisals take place in the second week, as well as at six and twelve months upon commencing at the service. A review of staff appraisal documentation on the second week was comprehensive and contained prompts for staff to add goals and ambitions. The Assessment Team noted some overdue performance appraisals, following feedback management committed to intensifying efforts to complete outstanding appraisals.

# Standard 8

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| Organisational governance | | HCP |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Care managers described how they support consumers to be involved in service planning, development, and evaluation of their care to the extent they wish, as evidenced by documented discussions regarding unspent funds. Management described how the service supports feedback to support broader service improvements with reminders regarding feedback submission provided in the newsletter.

Service delivery is overseen through sub-committees and an executive management framework with information reported up to the Board by risk domains. The service has a senior management team that liaises with the sub-committees and reports to the governing body and Board of Directors. Documentation provided by the service as well as publications reinforce that the service intends to deliver high quality, responsive, inclusive care that is sensitive to ‘culturally, linguistically, religiously and sexually diverse and socially disadvantaged individuals’.

Staff reported having access to detailed information through the electronic health information management system available in the office. This includes access to the consumer care plans and task lists, which help staff understand their roles and key responsibilities, and provide information related to the consumer conditions, needs, and preferences. The service was in the process of migrating to an electronic health information system to combine all information onto a digital platform for ease of access for staff.

The service has a PCI informed by staff observation, incidents, complaints, consumer reviews, business modelling and risk identification. The service provided full financial reports for both the HCP and STRC streams and evidence of robust oversight and governance from the financial sub-committee and Board. There was evidence of appropriate financial information provided to consumers, including available funds, itemised monthly expenditures, fees and contributions.

Management and human resources staff advised they verify the workforce’s qualifications, relevant registrations and conduct competency assessments. The service requires brokered providers to maintain minimum qualifications and capacity to undertake the service request. The Assessment Team reviewed the service's training schedule which demonstrated the workforce completed mandatory training with additional modules that align with the aged care quality and safety standards.

Management receives updates from relevant regulatory bodies including the Department of Health and Aged Care and the Aged Care Quality and Safety Commission, with information distributed to staff and consumers as appropriate. There was evidence to support complaints and feedback are effectively captured, recorded, escalated, and resolved.

The service has processes to identify and manage risks and inform prevention strategies with reviews and evaluations providing the data and information reflected in the key clinical performance indicators. The service conducts bi-weekly ‘Pulse’ meetings with senior management to discuss new business, incidents and clinical issues. Incident reporting by care support workers is followed up by the relevant care manager and/or department if managed by a sub-contracted allied health worker within STRC.

The service demonstrated it operates under a clinical governance framework that informs the organisational and operational policies, processes and systems that ensures the quality and safety of clinical care. The service did not have an antimicrobial stewardship policy; however, it maintains an infection register and data is reported monthly as a key quality indicator. Details of infection risks are obtained through routine risk assessment and staff reporting. Antibiotic use is self-reported by consumers or their representatives and management acknowledged opportunity for improvement to ensure accurate and timely data collection.

The service has a comprehensive restrictive practice policy and procedure. Management said the service reviewed and changed its risk assessment form to incorporate all areas of restrictive practice, and staff undertake mandatory annual restrictive practice training. There was evidence of a comprehensive open disclosure policy and process to document, manage and monitor incidents, complaints and feedback.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)