Performance

Report

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| Name of service: | Coolibah Care |
| Service address: | 30 Third Avenue MANDURAH WA 6210 |
| Commission ID: | 7071 |
| Approved provider: | Mandurah Retirement Village |
| Activity type: | Site Audit |
| Activity date: | 24 April 2023 to 27 April 2023 |
| Performance report date: | 05 June 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 Coolibah Care (**the service**) has been prepared by G-M. Cain 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.
* other information and intelligence held by the Commission in relation to the service.Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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

Findings

Consumers said that staff treated them respectfully and kindly and valued their identity, culture and diversity. Staff knew consumers' backgrounds, needs and preferences and provided examples of how they treated consumers with dignity and respect. Care documentation contained information about consumers' identities and cultural backgrounds. The service provided training to staff on the service's 'code of conduct', which included providing staff with a copy of its 'Code of Conduct for Aged Care' document.

Consumers said staff understood their needs and preferences and what was important to them. Care planning documents contained information about consumers' history and emotional, spiritual and cultural preferences. Staff understood consumers' interests, backgrounds and cultural identities. The service had policies on diversity and inclusivity, and it delivered onboarding diversity and inclusion training modules to staff.

Consumers said the service supported them in choosing how it delivered their care and encouraged them to be independent. They said staff supported them to connect with others and maintain their relationships. Care planning documents contained evidence showing that consumers made decisions about their care, including who was involved in it and what relationships they maintained. The service had policies, procedures and induction training modules to guide staff in supporting consumers to make informed choices.

Consumers said management supported them to live the best life possible, including taking risks they wanted to take. Consumer care files contained signed risk assessments and mitigation strategies for consumers' chosen risks. The service had the policy to guide staff in supporting consumers to take risks to enable them to live their best lives. The service provided training to staff on the dignity of risk principles.

Consumers said the service regularly communicated with them about their care and provided current, accurate and timely information. Staff considered consumers' communication preferences when providing information and adjusted their style to the individual consumer's needs, such as when communicating with a consumer living with cognitive impairment. Care planning documents showed consumers' communication preferences. Staff used multiple channels to communicate with consumers, including noticeboards, face-to-face delivery, meetings, and others.

Consumers said staff protected their privacy and personal information. The service had policies and procedures to guide staff in protecting consumers' information; the service used an electronic care management system with password protection to manage consumers' information. Observations showed staff respecting consumers' privacy and dignity, including knocking on doors and awaiting permission before entering, closing doors when delivering personal care, and turning off computer screens when not in use to ensure the privacy of consumers' personal information.

# 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 said the service involved them in care planning and were happy with their care. Registered nurses are guided by pathways and checklists in the assessment process and use validated risk assessment tools to identify risks and inform consumers care planning. Consumers said the service involved them in discussions about their end-of-life needs, goals and preferences on entry to the service. Staff explained that if there is significant health deterioration with the consumer, end-of-life care planning is reviewed in collaboration with consumers, representatives, and medical officers.

Consumers said they were involved in their care planning on entry to the service and ongoing; one consumer spoke of 'being happy to have a say in his care". They said staff communicated with them about the outcomes of the service's assessment and care planning processes. Consumers said they had been provide a copy of their care plan and knew they could request another copy from staff. The service notified consumers, representatives, and the medical officer of changes in the consumers' condition, such as skin tears, falls, pressure injuries or changed behaviours. Staff said information relating to consumers’ care and services is shared with them during shift handover. Consumers said the service delivered high-quality care and that staff reviewed their care when they experienced a change of circumstances or condition. The service's procedures involved conducting various care plan reviews, including 6 weeks after entry to the service, every 3 months, and annually.

Care documentation showed consumers' individual risks had been assessed, including falls, pain, and pressure injuries and changed behaviours and strategies to minimise these risks were documented in care plans. The service records consumers’ assessment and care planning information in an electronic care management system, with appropriate alerts to inform staff delivering care of individual consumers' care and service requirements. Care documentation demonstrated the partnering with consumers, representatives, medical officers, allied health professionals, and other services in the assessment and care planning process. A review of consumers' care plans evidence that they had been reviewed in line with the service's policies and procedures. Staff monitored consumers' care plans and had a system to alert each other if a review was overdue.

# 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

Consumers and representatives provided positive feedback regarding providing consumers with personal and/or clinical care. They spoke of being happy with the care provided to consumers and shared positive comments about staff having skills to manage consumers' care and services. Staff demonstrated a shared understanding of individual consumers' care needs and the processes to support care delivery. Care planning documents reflect information to guide staff in delivering individualised care specific to the needs and preferences of each consumer. For consumers subject to restrictive practice, documentation reflects appropriate authorisations, behaviour support plans, monitoring and review.

Care documentation identified effective strategies to guide staff in managing high-impact and high-prevalence risks to consumers, including but not limited to falls, skin integrity, pain and choosing to undertake activities of risk. Staff received training in high-impact, high-prevalence risks, including fall prevention, wound care and pressure area care. Management described how high risks and high-prevalence incidents are recorded, analysed and discussed at clinical indicator meetings.

Consumers expressed confidence in the service's ability to meet their end-of-life needs and preferences. Staff described how care delivery changes for consumers nearing end-of-life and strategies to ensure dignity and maximise comfort. Consumers provided positive feedback about the responsiveness of the service when there is a deterioration in the condition, health, or ability of the consumer. Care planning documents evidence timely identification and response to deterioration or changes in consumers' health and condition. Staff have access to a deterioration policy and a suite of clinical pathways to assist them in recognising and responding to consumer deterioration.

Consumers stated they were confident the service collects the required information to provide care in line with their preferences or needs. Staff described how information about consumers' conditions, needs and preferences is documented and communicated among staff and others, where responsibility for care is shared to ensure safe and effective care. Methods include but are not limited to shift handover, care plans, alerts and progress notes in the service's electronic care management system. Consumers confirmed that the service refers them to appropriate individuals and providers as required to meet their changing personal and clinical care needs. Review of care planning documentation demonstrates timely referrals to medical officers, physiotherapists, speech pathologists, optometry, dental, psychiatry and other providers of care and services.

Consumers said they were satisfied with the service's infection control measures. Staff demonstrated knowledge of infection prevention and control protocol and described ways to minimise the use of antibiotics. The service had policies and procedures on infection control, antimicrobial stewardship and outbreak management. The service implements a staff and consumer vaccination program for influenza and COVID-19, and records are maintained. Observations showed staff adhering to appropriate infection control practices at the service.

# 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

Overall, consumers said the service provided safe and effective support for daily living that met their needs, goals and preferences. Staff understood what was important to consumers and how to support them to maintain their independence, health, well-being and quality of life. Care documentation contained information about consumers' interests, activities, and relationships. Observations showed that the service had an on-site hairdresser, an in-house streaming service and Wi-Fi access in each consumer's room.

Consumers said the service supported their spiritual and emotional needs. Staff assisted consumers in attending church services, participating in activities and spending time with their loved ones. Care documentation included a 'key to me' assessment, which is used to identify consumers' backgrounds, interests, goals, preferences, relationships and spirituality. Care plans reflected consumers' emotional support requirements and strategies to support these.

Consumers said the service supported them to join in on activities, be independent, and stay connected with family and friends. They said the staff provided a range of assistance to support their day-to-day lives, including assisting them to mobilise around the service and supporting them in using their hearing aids, glasses and other assistive equipment. Care documentation contained information about consumers' relationships, activity preferences and goals. Observations showed consumers socialising, attending activities of interest, and utilising various communal spaces within the service.

Consumers consider information about their needs and preferences to be adequately communicated between staff and others where responsibility for care is shared. Staff described various ways they communicate information and updates about consumers, including during shift handover processes, multidisciplinary meetings, and through care planning documents.

Consumers said they received services and support from external providers as and when they needed them. Staff confirmed they actively collaborate with and have access to a wide range of external providers and services. Care planning documents evidence of timely referrals to various providers and services based on consumers' needs.

Overall, consumers said the service's meals were varied, high-quality and sufficient. Staff knew consumers' individual meal preferences and dietary requirements, and consumers could provide feedback about the service's dining experience through meetings, directly to staff, and through feedback forms. The service's electronic care management system provides information on individual consumers' dietary requirements and preferences.

Consumers said the service's equipment was easy to access and suitable and confirmed they knew how to raise maintenance requests which were attended to promptly. Equipment was observed to be safe, clean, well-maintained and suitable to consumer needs. Staff said the service had enough equipment and that they had access to it to support consumers' social and lifestyle activities.

# 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 said they felt at home and safe at the service and had access to various amenities within the service environment. The service environment featured modern, comfortable furniture and light-filled living areas, and consumer rooms were personalised with ensuites and smart televisions. There were railings and signage to enable consumers to navigate the service, and consumers could also access the garden courtyard areas during daylight periods, which were secured at night for consumer safety.

Consumers said they felt comfortable at the service and could move freely around the service; one consumer spoke of feeling supported to 'come and go' as he pleases. Observations showed that the service environment was comfortable, safe, clean, and well-maintained. Staff described the process for raising maintenance requests and confirmed these are attended to promptly. A review of preventative maintenance records identifies that regular maintenance occurs as per schedule. Cleaning schedules are in place to guide staff in the regular cleaning of consumer rooms and communal areas.

Consumers said they felt safe using the service's equipment, which is clean and well-maintained. The service had a preventative maintenance schedule, and the service employed external contractors for specialist work such as carpet cleaning, air conditioning cleaning, gardening services and kitchen equipment maintenance. Observations showed that furniture, fittings, and equipment were safe, clean, and well-maintained.

# Standard 6

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

Findings

Consumers and representatives said they had been provided information on how to submit feedback or raise a complaint and feel comfortable and supported. Staff described the avenues for consumers and representatives to make a complaint or provide feedback and how they supported them in raising any issues. Observations showed feedback forms, instructions, and collection boxes were available for consumers and representatives to access whilst ensuring anonymity.

Consumers and representatives were aware of the various options for raising a complaint, including through the Aged Care Quality and Safety Commission, advocacy services or with the help of a family member or friend. Staff understood the internal and external mechanisms for providing feedback and making complaints and had been provided training at induction. The service provided staff and consumers with information about advocacy services and language and translator services. Information is provided to consumers in languages other than English to accommodate consumers from various cultural backgrounds.

Consumers and representatives said the service promptly addresses and resolves their concerns and complaints, including apologising when things go wrong. Staff and management described the process followed when feedback or a complaint is received and demonstrated knowledge and application of open disclosure principles. The service has policies and procedures to guide staff in complaints management and resolution.

Consumers and representatives could describe how their feedback and complaints are reviewed and used to improve the quality of care and services. Management described how trending and analysing consumers/representatives’ feedback and complaints have resulted in improvements. Management trended and analysed feedback and complaints and used them to inform the service’s continuous improvement process. The service had a ‘Complaint and Feedback policy’, which guided staff to evaluate and handle feedback and complaints. Review of service documentation, including the complaints and compliments register, consumer meeting minutes, surveys and the plan for continuous improvement evidenced feedback, and complaints inform improvements at the service.

# 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 said there were enough staff at the service and did not have to wait long to receive care and services. Staff confirmed there were enough staff at the service to enable them to perform their roles effectively. The roster for the fortnight before the Site Audit confirmed that, where there were absentees, the service had quickly found replacement staff. The service used a range of initiatives to attract and retain staff, including employing staff on scholarships, a reward and recognition program, and using a bonus structure to reward staff performance.

Consumers said that staff engaged with them in a respectful, kind and caring manner and that staff were gentle when providing care. Staff demonstrated an understanding of consumers, including their individual needs and preferences and this aligned with information in consumers' care planning documents. Observations showed staff respectfully engaging with consumers. Staff are guided by a 'Diversity and Inclusion Action Plan' that aligns with services values, including a commitment to being 'caring, collaborative and conscientious' in delivering care which is 'respectful, inclusive and culturally safe.

Consumers said staff were skilled in their roles and that they could meet the consumers' care needs. Staff said management supported them by providing a range of training, including induction and orientation training upon commencement and ongoing training. On recruitment to the service, staff must meet the minimum qualification and registration criteria for their roles; for example, care staff must hold a Certificate III in Aged Care as a minimum requirement. The organisation's human resource team oversees and assists management to ensure the workforce has the qualifications and knowledge to effectively perform their roles by checking relevant professional registrations and national criminal history checks. All staff complete training in the Quality Standards as part of their induction and annual refreshers.

Consumers said they were confident the service recruited, trained and equipped its staff to deliver high-quality outcomes. Staff had access to regular training, including 'toolbox' sessions, and they could access additional training as needed. The service identified staff training needs based on feedback, complaints and incidents data. Management provided examples of how staff are supported to undertake further training or refresher training to ensure their work practices align with the service's values and to meet the Quality Standards. A review of the services training calendar and training materials identified that staff had completed mandatory training, including on the Serious Incident Response Scheme and the Code of Conduct for aged care.

The service managed staff performance through ongoing monitoring, educational competency checks and the annual performance appraisal process. At the time of the site audit, a review of service documentation identified that staff had either recently completed a performance appraisal or had a review meeting scheduled. The service had a suite of policies and procedures to guide senior staff in monitoring staff performance.

# 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 said the service was well-run and that it engaged them to help design, deliver and evaluate their care. The service had policies and procedures to guide staff in effective consumer engagement. It demonstrated it engaged consumers through various avenues, including ongoing face-to-face feedback, consumer ‘pulse’ meetings, annual satisfaction surveys and feedback and complaints channels. Staff knew how to support consumers to contribute to the design and delivery of their care and services.

Management described how the organisation’s governing body promotes a safe, inclusive, quality care and services culture. Reporting submitted to the Board captures information, including but not limited to clinical indicators, internal and external audits, and incidents. The organisations use this information to identify the service’s compliance with the Quality Standards, including trending data and benchmarking against state and national indicators to identify and address wider trends and improvements. Consumers said the service handled the COVID-19 pandemic well, including the management of outbreaks effectively, and that the service had organised vaccinations efficiently. Staff confirmed the service fostered a culture of safe, inclusive care by routinely monitoring clinical and quality indicators, including discussing these at meetings with the service’s management and Board. The service had policies and procedures to govern its delivery of safe and effective care and services.

The service demonstrated organisation-wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints management. For example, opportunities for continuous improvement at the service are drawn from various sources, including consumer and representative feedback and complaints mechanisms, consumer experience survey results, regular clinical and incident data analysis, and internal and external audits.

The service has a risk management framework and policies to guide staff in managing high-impact and high-prevalence risks and managing and preventing incidents. Staff could describe their responsibilities in recording and reporting incidents and changes in a consumer’s condition, including making timely and appropriate referrals. They described the process for reporting incidents to registered staff and management, for example, for falls, skin-related injuries, behavioural incidents and notifications under the Serious Incident Response Scheme. The service had workflows to guide staff in this process, and clinical management utilises a decision-making tool to guide reporting, investigation and management of incidents, including strategies to reduce reoccurrence.

The service has a clinical governance framework and supporting policies that address antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff demonstrated a shared understanding of these policies and could describe how they apply these as relevant to their roles.

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)