Performance

Report

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| Name: | Coppin Centre |
| Commission ID: | 3376 |
| Address: | 45 Moubray Street, MELBOURNE, Victoria, 3004 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 23 July 2024 to 24 July 2024 |
| Performance report date: | 14 August 2024 |
| Service included in this assessment: | Provider: 839 Royal Freemasons Ltd  Service: 2134 Coppin Centre |

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 Coppin Centre (**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 Assessment contact (performance assessment) – site 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 3 Personal care and clinical care | Not applicable as not all requirements assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements assessed** |

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 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

A Food, Nutrition and Dining Targeted Assessment Contact was conducted on 21 February 2024. Evidence collected at the time of the Assessment Contact indicated that the service was not effectively minimising high impact high prevalence risks associated with swallowing difficulties and choking risk.

Since the Assessment Contact on 21 February 2024 there is evidence to support improvements have been implemented in the service’s management of high impact or high prevalence risks. The service now has effective systems to manage swallowing difficulties, choking, weight loss, falls, and changed behaviours. There is a contingency plan in place to ensure timely attendance of allied health professionals where delays may be experienced in access to primary providers.

Consumers and representatives were satisfied with how clinical risks are managed and the service described changes to care interventions and referrals for specialist assessment following incidents. Protocols are in place to guide clinical staff and ensure consumers are appropriately reviewed following incidents or changes to health or wellbeing. Staff demonstrated knowledge of consumer needs equipping them to reduce risks while providing care.

Consumer care documentation reflected review by allied health and medical professionals occurs in a timely manner. The service now has a contingency plan in place involving the use of an alternative allied health provider if the contracted provider cannot respond without delay. Consumer examples included in the Assessment Team report demonstrated timely changes to care with speech pathology review following choking incidents and with a high level of representative satisfaction.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 3(3)(b).

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

The Assessment Team report indicated most consumers are satisfied with the meals provided at the service. The Assessment Team noted an example of dissatisfaction with dietary requirements, although there was evidence to support appropriate dietary modification with consumer needs assessed and met. There was evidence that the service works with consumers and representatives when dissatisfaction is voiced, and consumer feedback is considered in meal suggestions.

Staff were aware of consumer dietary and hydration needs and preferences, which are documented and communicated adequately within the service. Overall, there were sufficient staff to assist consumers requiring assistance with meals. Training in food and nutrition is available to staff and the service’s menu has been assessed by a dietitian.

Resources to assist staff to prepare modified foods were available, and quality control tests completed to ensure food items meet the ‘spoon and fork tilt’ test, prior to moulding the pureed and minced food items.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 4(3)(f).

# 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)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

The Assessment Team report indicated staffing is sufficient to deliver safe and quality care. Consumers receive prompt responses when they use their call bells and feel there are sufficient staff to meet their needs. Positive consumer feedback was received regarding the administration of time critical medications.

The service uses permanent staff before seeking agency staff for leave cover. There is evidence to consideration of staff skill mix through the staff roster and allocations and staff confirmed they have time to provide the care and services required by each consumer.

Consumers and representatives were confident staff are trained and equipped to meet their needs. The Assessment Team report indicated staff understand consumer care needs and are aware of consumer preferences and routines. The Assessment Team noted sharing of information between staff to inform safe and effective care as well as identifying specific care needs such as dietary modifications.

Staff training records reflected monitoring and completion of mandatory training as well as supported orientation shifts for new staff. Training records also reflected that staff have attended training related to food and nutrition including improving consumer dining experience and understanding the International Dysphagia Diet Standardisation Initiative and dietary texture modification.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirements 7(3)(a) and 7(3)(d).

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

There is an effective risk and incident management system in place with supporting policies and protocols to ensure risks and incidents are managed and reviewed. Incidents and trends are considered at clinical meetings, through working groups, and governance committees. Staff undertake training in the Serious Incident Response Scheme (SIRS) and elder abuse and also understand how to document and report incidents. There was evidence that incidents are reported in a timely manner with root cause analysis conducted to inform improvements. The Assessment Team report included information to support thorough incident review takes place leading to changes in care strategies and specialist referral.

Consumers are supported to live the best lives possible through consideration of risks, and support to engage in chosen risks in a fully informed manner.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 8(3)(d).

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)