Performance

Report

**1800 951 822**

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| Name of service: | Coppin Centre |
| Service address: | 45 Moubray Street MELBOURNE VIC 3004 |
| Commission ID: | 3376 |
| Approved provider: | Royal Freemasons Ltd |
| Activity type: | Site Audit |
| Activity date: | 23 May 2023 to 26 May 2023 |
| Performance report date: | 3 July 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Coppin Centre (**the service**) has been prepared by A. Douglas, 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 they were treated with dignity and respect. Staff were observed treating consumers with dignity and respect and demonstrated an awareness of consumers’ identities, diversity, and culture. Care documents included information about consumers’ culture and identity.

Consumers provided feedback that their identity, culture, and diversity was valued. Staff were aware of consumers from different cultures and could explain how care and services were tailored to ensure their culture was valued. Care documents captured information regarding consumers’ cultural needs and preferences.

Consumers confirmed they were supported to make decisions about their care and services. Care documents identified consumers’ individual choices regarding when care was delivered, who was involved in their care and how the service supported them in maintaining relationships.

Consumers said they were supported by staff to understand the risks they chose to undertake. Staff provided examples of risks taken by consumers and described how they supported consumers to undertake those risks. Care documents identified risks to consumers and the strategies in place to mitigate those risks.

Consumers and representatives said they were satisfied with the information they received, and felt informed regarding activities, events and allied health services provided at the service. The Assessment Team observed information regarding the service’s lifestyle activities and other information displayed throughout the service.

Staff advised consumers’ personal information was password protected and demonstrated an awareness of consumers’ privacy preferences. The service had a privacy policy which was included in the consumer handbook, and provided to consumers and representatives upon admission to the service.

# Standard 2

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

Findings

Consumers and representatives confirmed their involvement in assessment and planning. Staff described various risks to consumers’ health and well-being and how they delivered safe and effective care for each consumer. Care documents included comprehensive assessments and identified individual risks to consumers.

Consumers and representatives said the service regularly demonstrated an awareness of their care needs and preferences. Consumers confirmed they had discussions regarding end of life (EOL) care and this information was documented. Staff demonstrated an understanding of the needs and preferences of consumers nearing EOL.

Staff said there was ongoing communication with consumers and representatives to ensure a consultative and inclusive partnership in the care planning and review process. Care documents included multiple health disciplines and services in consumer assessment and planning.

Consumers and representatives demonstrated an awareness of what was included in the care and services plan. Care documents showed the outcomes of assessment and planning were communicated with consumers and representatives.

Consumers and representatives said the service regularly communicated with them about changes to their care and services. Staff could describe how and when care plans were reviewed for effectiveness. Care documents confirmed care plans were reviewed on a regular basis, when consumers’ circumstances changed, or when incidents occurred.

# 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 said they were satisfied consumers received care that met their needs and optimised their health and well-being. Staff demonstrated they were familiar with the individual personal and clinical needs of consumers. Care plans contained tailored information that was safe, effective, and specific to each consumer.

Consumers and representatives expressed satisfaction with how the service managed high impact or high prevalence risks associated with care and services. Staff recognised high prevalence and high impact risks and were able to specify individual consumer risks and mitigation strategies which were in place. Care documents included the identification of risks, and strategies to manage these were recorded in assessment tools, care plans and progress notes.

Consumers and representatives confirmed advance care planning, including consumers’ EOL wishes, were discussed with them. Staff could describe how they adjusted care to support the needs and preferences of consumers receiving palliative and EOL care. The care planning documentation for a recently deceased consumer showed the consumer received EOL care in accordance with their needs and preferences.

Consumers and representatives expressed satisfaction with the service’s recognition of deterioration or changes in the consumer’s condition. Staff described the ways in which they responded to a change in a consumer’s condition. Care documents demonstrated deterioration in a consumer’s health was recognised and responded to appropriately.

Consumers and representatives said they were satisfied that their care needs and preferences were documented and communicated between staff. Staff described how information was shared and communicated throughout the service. Care documents included input from MO and allied health professionals. Care plans and handover reports provided adequate information to support effective and safe care.

Consumers confirmed the service had referred them to appropriate providers, organisations, or individuals to meet their needs. Staff were able to describe referral processes both internally and externally in consultation with consumers and representatives. Care documents included timely referrals to various health professionals when required.

The service had a range of policies and procedures which underpinned their infection prevention and control processes, including a COVID-19 outbreak management plan. Consumers and representatives were satisfied with the service’s management of COVID-19 precautions and other infection control practices. The Assessment Team observed the service was following appropriate infection minimisation practices.

# Standard 4

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

Findings

Consumers said they were supported to engage in activities of their choice and explained how services and supports for daily living had improved their independence, health, well-being, and quality of life. Staff could describe how they supported consumers to maintain a good quality of life in alignment with their preferences. Care documents identified consumers’ needs, goals, and preferences.

Consumers said they felt supported to maintain social, emotional, and spiritual connections which were important to them. Staff described strategies they used to support consumers’ emotional and psychological well-being. Care documents identified information regarding the emotional, spiritual, and psychological needs and preferences of consumers.

Consumers confirmed the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. Staff said the service had a wide variety of activities available to consumers and provided examples of services and supports being adapted to consumer’s interests.

Consumers confirmed staff were aware of their needs and preferences. Staff explained how they stayed informed about changing consumer needs and preferences and identified where they could access up to date information about consumers.

Consumers confirmed they were supported by other organisations, support services and providers of other care and services. Care documents identified the involvement of other organisations and providers of care and services. Staff demonstrated an understanding of the external organisations involved in the provision of lifestyle services and supports for consumers.

Consumers and representatives expressed satisfaction with the meals provided, particularly in relation to the variety and quantity of food available. The Assessment Team observed a calm and organised dining experience, with consumers receiving meals in line with their needs and preferences, and staff assisting when needed.

The Assessment Team observed equipment used to support consumer’s engagement with activities of daily living and lifestyle activities to be safe, suitable, clean and well maintained. Management described how equipment was assessed for suitability prior to purchasing, to ensure the equipment could meet consumer’s needs.

# Standard 5

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

Findings

Consumers and representatives felt the service environment was open and welcoming. Staff described how they supported consumers to move comfortably around the service and feel at home. The Assessment Team observed consumer rooms were decorated with personal belongings.

Consumers and representatives advised the service environment was safe, clean, well maintained, and allowed consumers to move freely, both indoors and outdoors. The service had cleaning schedules which outlined their daily, weekly, monthly, and quarterly cleaning requirements.

Staff described the process to raise maintenance requests in the electronic care management system (ECMS), and maintenance staff demonstrated how routine, preventative, and corrective maintenance was conducted. The Assessment Team reviewed the service’s internal maintenance log and the routine inspections for furniture, fittings and equipment, and noted maintenance issues were promptly addressed.

# 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 felt encouraged, safe, and supported to provide feedback and make complaints. Staff described the process they followed if a consumer or representative raised an issue with them directly. The service had various avenues for making a complaint and providing feedback, including speaking directly to the management team, submitting a feedback form, consumer meetings, surveys, or emailing the care manager.

The Assessment Team observed information regarding advocacy and language services displayed throughout the service. Management and staff described the external resources available to aid in the resolution of consumer and representative feedback and complaints.

Consumers and representatives confirmed management promptly responded to and sought to resolve their concerns after they made a complaint. Staff demonstrated an understanding of open disclosure and complaint management processes. Complaints data demonstrated the service took appropriate and timely action in response to complaints.

Consumers and representatives said their feedback was used to improve the quality of care and services. Consumer meeting minutes and the plan for continuous improvement (PCI) demonstrated complaints, feedback and suggestions are generally documented and changes at the service are communicated with consumers.

# Standard 7

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

Findings

Consumers and representatives said the workforce was planned to enable the delivery of safe and quality care and services. Management described how the workforce was planned on a 2-weekly rotation enabling a suitable number and mix of staff to support the delivery of safe, and quality care and services to consumers.

Consumers and representatives felt staff were kind and respectful when delivering care. Staff demonstrated they were familiar with consumer's individual needs and preferences. The Assessment Team observed kind and respectful interactions between staff and consumers.

Consumers and representatives felt staff performed their roles effectively. Management advised that all staff must meet the minimum qualification and registration requirements for their respective role, and ensured they had current criminal history checks completed. All staff had the relevant qualifications to perform the duties outlined in their position descriptions.

Consumers and representatives said they were confident in the abilities of staff. Staff confirmed they received ongoing training and support to perform their roles. The service had an education matrix which demonstrated staff were adequately trained and supported to the deliver the outcomes required by the Quality Standards.

The service had a range of documented policies and procedures which guided the management of the workforce, recruitment of staff and review of staff performance. Management advised the service had a probationary and ongoing performance review system in place. Staff demonstrated an awareness of the service’s performance development processes.

# 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 they felt involved in the design, delivery, and evaluation of services. Management advised that all feedback or suggestions made by consumers and representatives were included in the service’s PCI. Documentation review showed consumers were meaningfully engaged in the evaluation of services through consumer meetings, feedback mechanisms, and surveys.

Management outlined systems and reporting processes in place through which the governing body monitored the service’s compliance with the Quality Standards. The service demonstrated the service’s Board was accountable for the delivery of care and services, and promoted a culture of safe, inclusive, and quality-driven culture. A review of documentation evidenced the service had a policy framework to maintain a culture of safe and inclusive care.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service had an effective communication management system, continuous improvement framework and PCI, established financial governance arrangements, and processes for workforce governance, feedback, and complaints.

The service had policies and procedures in place which guided staff practice in relation to the management of high impact or high prevalence risks, identifying and responding to abuse and neglect and incident management. Management and staff described how they identified and responded to allegations of abuse or neglect, and how they documented and reported incidents.

Staff demonstrated an awareness of antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure. The service demonstrated there was a clinical governance framework in place, including antimicrobial stewardship, minimising the use of restraint, and open disclosure.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)