Performance

Report

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| Name of service: | Corangamarah |
| Service address: | 2-28 Connor Street COLAC VIC 3250 |
| Commission ID: | 3466 |
| Approved provider: | Colac Area Health |
| Activity type: | Site Audit |
| Activity date: | 22 November 2022 to 24 November 2022 |
| Performance report date: | 10 January 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 Corangamarah (**the service**) has been prepared by Dee Kemsley, 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
* the provider’s response to the Assessment Team’s report received 22 December 2022
* other information and intelligence held by the Commission in relation to this 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, supported to maintain their identity, and to live the life of their choosing. Staff explained how they supported each consumer with respect to their identity, culture, and diversity. Care planning documentation contained relevant information to guide staff in the delivery of culturally safe care and services, which aligned with feedback from staff. Observations demonstrated consumers were treated in a respectful and caring manner.

Consumers considered they were supported to make decisions about their care, how care should be delivered, and who should be involved. Staff and consumer feedback evidenced the service supported consumers to maintain relationships of choice within and outside the service.

Consumers advised the service supported them to take risks to live life on their terms, with consultation and assessment of risks involved. Care plans confirmed consumers were supported to take risks through evidenced based risk assessment and implementation of mitigation strategies, enabling consumers to live their life in accordance with their needs, goals, and preferences.

Consumers confirmed they received information in an easy to understand, timely manner, which helped them to make choices about their care and services. Consumers said they were involved with discussions and meetings regarding care and services provided, and were supported to raise concerns or ask questions. Management explained the service communicated with consumers and representatives in a clear manner to support the diverse needs of consumers, such as through direct feedback, telephone and email correspondence, provision of informational material, and translator and advocacy services.

Consumers said staff respected their personal privacy, including the confidentiality of their personal information. Staff explained ways they respected the personal privacy and confidentiality of consumers information, which aligned with the service’s policies and procedures. Observations confirmed staff respected consumers privacy and confidentiality, such as knocking on a consumer’s door before entering a room, and conducting shift handover in private.

# 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 confirmed they partnered with the service, other providers, and people important in their life in the planning of their care and services. Staff explained what their role and duties were in the assessment and planning process and described how they partnered with the consumers and others to ensure care and services were appropriately assessed and reviewed. Staff said they monitored consumers verbal and non-verbal cues to ensure consumers’ needs were effectively captured during the assessment and planning process.

Care plans, assessments, referrals, and progress notes evidenced consumers were supported by a multidisciplinary team of specialists and allied health professionals in the assessment of risks. Care plans confirmed risk was assessed using evidenced based assessment tools, and outlined strategies to support consumers to live life in accordance with their wishes, informing the delivery of safe, effective care and services. Staff described how they identified, managed and/or mitigated risks to consumers, consistent with information outlined in care planning documentation.

Care plans demonstrated consumers current needs, goals, and preferences, including advance care and end of life wishes were taken into consideration. Consumers and representatives said they were regularly consulted about care and services by management and staff, and had input into care plan assessment and planning, including changes. Staff explained how they referred consumers to relevant allied health professionals, and other providers of care and services to support the needs of consumers, as evidenced in care plans, referrals, and other notifications.

Consumers and representatives said they had a copy of the consumers’ care plan and outcomes were explained to them by staff. Care plans and progress notes evidenced assessment and planning recommendations and results were discussed with consumers, representatives, and other providers of care and services.

Consumers and representatives advised they were notified of any changed circumstances or incidents, triggering care plan assessment and review. Staff explained their role in identifying and responding to changes in consumers condition, through updated care plan assessment, notifications under the Serious Incident Response Scheme (SIRS) and referrals. Care plans confirmed consumers’ needs, preferences, and goals were regularly reviewed and when circumstances changed, to ensure consumers received appropriate care and services.

# 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 consumers received safe, effective personal and clinical care. Care plans, assessments, charting, and progress notes included relevant information to guide staff in the delivery of safe, effective personal and clinical care, consistent with strategies outlined by staff. Staff demonstrated knowledge of each consumers care needs and described ways they supported consumers to receive best practice care, tailored to individual needs, which optimised consumers’ health and well-being.

Staff identified high impact and high prevalence risks to consumers at the service, and described ways they effectively managed risks, such as: evidenced based assessment, referrals, clinical data trending and monitoring, provision of policies, and training. Care plans confirmed clinical risks associated with the care for each consumer such as falls, skin integrity, pressure injuries, and restrictive practices were effectively managed through evidence-based assessment and planning, and implementation of risk mitigation and management strategies.

Representatives provided feedback which reflected staff upheld consumers’ end of life wishes, and provided care in a dignified manner. Staff explained how care and services changed for consumers nearing end of life consistent with the service’s policies and procedures. This included supporting regular visitors, and looking after care needs such as repositioning, monitoring skin integrity, pain management, and providing pastoral care. Palliative care planning documentation demonstrated consumers needs were recognised and addressed, with steps taken to support consumers comfort and dignity.

Care plans, charting, and progress notes evidenced changes to consumers’ mental health, cognitive or physical function were recognised and responded to in an appropriate manner. Observations confirmed staff responded to changes in consumers’ condition in a timely and appropriate manner, in line with the service’s policies, procedures, and outbreak management plan.

Staff said they documented and shared information about consumers within and outside the service through verbal handovers, meetings, and updating care plans. Care plans, progress notes, referrals, and other notifications evidenced information was shared with staff, and others responsible for care of the consumer, in order to deliver safe and effective care and services.

Consumer and representative feedback, care plans, and progress notes demonstrated referrals were completed in a timely and appropriate manner for medical officers, allied health professionals, and other providers of care as required.

Staff feedback, care plans, policies and procedures evidenced the service minimised infection related risks, through standard and transmission based precautions, and practices to promote appropriate antibiotic prescribing. Observations confirmed the service followed practices to minimise infection related risks, such as the implementation of the service’s outbreak management plan for COVID-19 during the site audit.

# 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 considered they were supported by staff to live the best life possible and received services and supports to do the things they wanted to do. Consumers said services and supports for daily living were safe, effective and met their needs, goals, and preferences. Care planning documentation confirmed consumers daily living needs and preferences were identified and supported through assessment and planning, to deliver safe and appropriate care and services.

Staff explained how they supported consumers diverse spiritual, psychological, and emotional needs, such as completing referrals, providing volunteer services, and engaging consumers in conversation. Consumers said and care planning documentation confirmed, consumers received services and supports which met their emotional and spiritual well-being needs.

Consumers considered they received services and supports for daily living which helped them to participate in their community, have social and personal relationships, and do things of interest. Care planning documentation identified people important to consumers, activities of interest, and ways staff could support them.

Staff explained information about consumers’ needs and preferences was shared with others through task lists, handover sheets, assessments, documented and verbal handovers, and referrals. Observations and care planning documentation confirmed information was shared in an effective and timely manner to inform the delivery of care and services.

Staff explained they partnered with other individuals, organisations and providers to support to the diverse lifestyle needs and preferences of consumers. Care planning documentation confirmed referrals for daily living supports and services were completed in a timely and appropriate manner.

The service demonstrated it had appropriate systems in place to ensure meals met consumers dietary needs and preferences, and were of suitable quality and quantity. Consumers expressed satisfaction with the meal quality and portion sizes available at the service, and confirmed their dietary needs and preferences were met. Staff explained consumers had the opportunity to provide feedback about food services at consumer meetings, through surveys and through direct feedback. Staff said consumers were able to request alternative choices if the menu options for the day were not to their liking. Consumers were observed to be enjoying the dining experiences, and were offered assistance with meals if required.

Consumers and staff confirmed they had access to equipment to help support consumers lifestyle needs. Observations and maintenance documentation confirmed equipment was safe, suitable, clean and well maintained.

# 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 said the service environment felt welcoming, safe, comfortable, and was easy to understand and navigate. The service environment was observed to be welcoming, allowed for easy access throughout the service, and encouraged consumers to socialise and observe religious and cultural practices. Consumers said they could personalise their rooms, enhancing their sense of belonging; as confirmed by observations. The service environment was clean with plenty of space for consumers, free from clutter, and had adequate lighting and signage to aid navigation around the service.

Observations confirmed the service environment was safe, clean, well maintained in accordance with the service’s policies, procedures, and cleaning and maintenance schedule. There were no hazards observed, and the service had adequate temperature and air flow throughout the environment to support consumers’ comfort. Maintenance documentation demonstrated preventative maintenance and faults were actioned in a timely manner in relation to the service environment, furniture, fittings, and equipment.

Consumers were observed to freely access indoor and outdoor areas with ease. For consumers residing in the memory support unit, they were observed to be supported by staff in using outdoor areas, such as participating in activities in the garden. Consumers said the service environment was comfortable, and they found furniture, fittings, and equipment safe and suitable for their needs. Staff confirmed they had access to suitable equipment, available to support the delivery of quality care. Equipment, such as hoists, were observed to be tagged with evidence of recent servicing documented. Staff were observed to clean and disinfect shared equipment between each use to minimise infection related risks. All common areas were observed to have different types of furniture and equipment to meet consumers diverse needs, and to enhance their sense of belonging and interaction such as a library, tables for consumers to play games, and a television.

# 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 were encouraged to provide feedback and complaints, and knew how to do so. Options made available to consumers included submitting a written form, through consumer meetings, or providing direct feedback to staff. Informational material, such as brochures and flyers, was observed displayed throughout the service environment to inform consumers of their complaints and feedback rights, and support available with advocacy and language services.

Consumers said appropriate action was taken in response to feedback or complaints. Staff explained how they responded to complaints in a timely manner, using an open disclosure process in line with the service’s policy and procedure. Complaints documentation confirmed open disclosure processes were used to resolve complaints and incidents in a timely and appropriate manner.

The continuous improvement plan confirmed feedback and complaints were analysed and trended to inform improvements to care and services, in line with policy. Meeting minutes cited various suggestions from consumers and representatives for improvement activities, which were reflected under the service’s continuous improvement plan. Some of the suggestions recorded under meeting minutes and the continuous improvement plan included: garden refurbishment and choice of new flooring.

# 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 advised they received quality care and services from staff who are knowledgeable, capable and caring. Observations and call bell data demonstrated staff attended to consumers care needs in a timely manner, indicative of an appropriately staffed workforce. Staff rosters evidenced the workforce was planned to meet the diverse needs of consumers, with the right mix and ratios of staff available. Management explained reports, such as response times for call bells and fall sensor alarms, were regularly reviewed and discussed at committees, consumer and staff meetings, to ensure the workforce was appropriately staffed to deliver quality care and services.

Consumers and representatives said staff treated consumers in a kind and caring manner, showing respect towards consumers’ identity, culture, and diversity. Staff explained, and human resource documentation demonstrated, staff were guided by a code of conduct which set out the behaviours expected of staff. Staff provided examples of consumers’ needs and preferences, and how they supported consumers’ culture and diversity, which aligned with consumers’ care planning documentation and consumer feedback. Management advised workforce interactions with consumers were monitored through observations, consumer and representative feedback, and performance appraisals. Observations confirmed consumers were treated in a kind and caring manner.

The service demonstrated it monitored and tracked the professional qualifications of staff, and ensured the competency of staff to perform their roles through documented recruitment processes, training, and performance appraisal activities, provision of policies and systems. Position descriptions outlined the key competencies, qualifications, and knowledge required for each role, and aligned with staff records. Management explained staff were trained and supported to deliver the outcomes through mandatory and other training as required, which covered various topics applicable to the Quality Standards such as: elder abuse, SIRS, infection control and prevention, manual handling, restrictive practice. Training records confirmed staff completed mandatory training, in line with management feedback. Staff provided examples of topics covered under training and what it meant to their role, such as open disclosure, indicative of effective and meaningful training delivered to guide staff in the delivery of care and services.

Management advised staff performance was monitored through performance appraisals, observations, competencies, analysis of internal audits, and feedback from consumers and representatives. Performance appraisal documentation confirmed staff were regularly assessed and monitored in line with management feedback and the service’s policies and procedures.

# 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 and representatives considered the service was well run, and their input was used in the development and delivery of care and services. Management explained consumers were supported to provide input into the delivery and evaluation of services through surveys, feedback mechanisms, consumer working groups, and consumer forum meetings. Meeting minutes evidenced consumers were involved in processes to evaluate care and services, such as suggestions for volunteers, garden maintenance, and call bell responsiveness.

The organisation’s governing body demonstrated it was accountable for the delivery of safe, inclusive, quality care and services through: documented clear reporting lines and areas of responsibility, internal audits, reviewing and sharing reports, tracking clinical indicators, incidents and consumer survey results, and the establishment of committees and meetings.

Staff interviews, policies and procedures, registers, and reports demonstrated the service had effective organisation wide governance systems relating to: information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints.

Staff explained how they identified and responded to risk consistent with policies. The SIRS register, care plans, and feedback and complaints documentation demonstrated staff applied risk management policies into daily practice, indicative of an effective risk management framework. Observations evidenced consumers were supported to live their best life through consultation, risk assessment, referrals, and staff training.

Policies, meeting minutes, staff feedback, incident reports, and care planning documentation demonstrated the service had an effective clinical governance framework to ensure safe, quality clinical care, including: antimicrobial stewardship, minimising the use of restraint, and open disclosure.

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)