Performance

Report

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| Name: | Coroneagh Park |
| Commission ID: | 8044 |
| Address: | 50 Ironcliffe Road, PENGUIN, Tasmania, 7316 |
| Activity type: | Site Audit |
| Activity date: | 14 August 2024 to 16 August 2024 |
| Performance report date: | 26 September 2024 |
| Service included in this assessment: | Provider: 3069 Respect Group Limited  Service: 5017 Coroneagh Park |

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 Coroneagh Park (**the service**) has been prepared by Katherine Richards, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.

The provider did not submit a response to the Site Audit report.

# 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers said they were treated with dignity and respect, and staff were familiar with their backgrounds and personal history. Staff explained how they used initial and ongoing assessments to learn about consumers which enables them to provide respectful care which considers their culture and diversity.

Policies, procedures, and training informed staff on identification and respect of cultural needs of consumers and provision of culturally safe care. Staff recognised cultural diversity of consumers and explained how cultural needs influenced consumer care and activities.

Consumers outlined how they were supported to make decisions about their care and services, level of participation, and relationships of importance. The consumer handbook reflected supports for consumer decisions in developing care and services plans and identifying who they wished to be involved in their care. Care planning documentation recorded consumer choices, people of importance, and who was involved in their care.

Staff demonstrated awareness of risks taken by consumers and supportive strategies. Care planning documentation included consultation, assessment, and strategies for risks of consumer choice. Consumers said they felt supported to undertake activities where there may be perceived risk to live their best life.

Consumers and representatives said they were provided sufficient up to date information to enable informed decision making. Staff explained the range of methods of communicating information with consumers and representatives, and how they modified delivery style to meet consumer needs and enhance understanding. Printed information, such as the menu and activity schedule, were observed in consumer rooms, with posters for upcoming events displayed on a communal noticeboard.

Consumers said staff closed doors during care to ensure privacy and dignity and recognised personal privacy preferences. Staff outlined how they were respectful of consumer’s personal space and privacy, and kept information confidential by discussing in private areas. Computers containing consumer information were locked when not in use, doors were closed during personal care, and management advised staff receive privacy training and sign a confidentiality agreement upon employment.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Staff explained how assessment and planning was used to identify risks which were recorded in the care and services plan, and this information was used to guide staff delivery of safe and effective care. Care planning documentation detailed outcomes of assessments, highlighting risks, and management strategies. Consideration had not been given to the impact of locking external doors after hours on the free movement of consumers, with management demonstrating understanding through undertaking an immediate review to identify if this resulted in potential for environmental restraint.

Care planning documentation reflected the current needs, goals, and preferences of consumers aligning with feedback from consumers, representatives, and staff. Consumers verified they were consulted on advance care directives and end of life wishes.

Consumers and representatives described how they were partners within assessment and planning processes, and aware of other providers involved. Staff explained how they identified who was involved in assessment and planning and ensured ongoing consultation and discussion of care needs and evaluations. Documentation included summary of care conferences held with consumers and/or representatives and reflected involvement of a range of providers.

Staff reported they regularly spoke with consumers and representatives about changes to care and services and a copy of the care and services plan was always offered. Management advised reminders were provided in consumer meetings on how to access the consumer’s care and services plan. Consumers and representatives reported receipt of regular and ongoing communication about care and services, including explanation of changes made, and care planning documentation verified timeliness of updates with summary of discussions.

Consumers and representatives described awareness of regular reviews of care and services, including following incident. Care planning documentation demonstrated strategies were reviewed for effectiveness regularly and following incident or change of consumer condition, with updates made to meet needs and optimise safety. Staff outlined policies and procedures to inform the review process, with management explaining scheduled frequency of routine reviews.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives provided examples of receiving tailored care to meet their needs and optimise well-being. Staff demonstrated awareness the tailored strategies outlined in care planning documentation to meet consumer needs and preferences, and said best practice was ensured by following policies and procedures or obtaining specialist guidance. Care planning documentation evidenced monitoring and evaluation of strategies to ensure they effectively met consumer needs.

Staff identified high impact or high prevalence risks and mitigating strategies for consumers. Care planning documentation evidenced monitoring of known or potential risks with action plans for management. Management explained that policies and procedures to guide staff were also supported by senior clinical staff and management advice.

Staff outlined changes in care for consumers nearing end of life to focus on maximising comfort, managing pain and symptoms, and preserving dignity, with access to palliative care specialists for guidance if required. Care planning documentation for a consumer receiving end of life care demonstrated care was provided in line with the consumer’s wishes, with monitoring and management of pain, and comfort needs met in line with the end of life care pathway.

Care planning documentation demonstrated deterioration of consumer condition was promptly recognised and responded to, with staff undertaking assessment, taking actions, monitoring effectiveness, and escalating changes to the Medical officer or transferring to hospital. Consumers and representatives said changes in consumer condition were managed effectively. Clinical staff demonstrated awareness of resources to recognise and manage consumer deterioration, including policies, procedures, and collaborating with other providers and the Medical officer.

Consumers and representatives said they believed information about consumers was effectively shared between staff. Staff explained methods for communicating information about consumers, including handovers, huddles, meetings, and within care planning documentation, and summary information was accessible for consumers leaving the service for medical review or transfer to hospital.

Staff described referral processes for different providers and specialists, adding they always sought consent from the consumer or their representative first. Documented procedures for referral pathways included prompts for when these should be considered, and which might require Medical officer involvement. Consumers and representatives said referrals were timely and appropriate to consumer needs.

Policies and procedures, including the outbreak management plan, informed staff actions on prevention and management of infections. Staff recalled their training on infection prevention and control measures, including hand hygiene and use of personal protective equipment. The Infection prevention and control lead described oversight of antibiotic use to ensure appropriate prescribing. Management explained consumer and staff access to vaccinations for COVID-19 and influenza.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers described how staff understood their needs, goals, and preferences and used these to coordinate services and supports to enable participation or optimise independence. Staff demonstrated awareness of consumer needs, goals, and preferences explained how adapted activities to support independent participation.

Staff gave examples of how they recognised low mood of consumers and provided support, with observations confirming visits from volunteers or staff spending one-to-one time with them. Available spiritual supports included bible studies, streaming of religious services, and pastoral care visits from several local churches. A consumer commented they had not seen a representative of their denomination for quite a while, with staff explaining reasons for this and efforts being made to coordinate further visits.

Consumers and representatives detailed how they were supported to maintain relationships and interests in the service and greater community. Staff outlined how they created activities and social groups to meet consumer interests and fostered relationships between consumers. Consumers were observed returning from a visit to the local senior’s club, explaining they attended a presentation and met with friends.

Consumers and representatives said information about them was effectively communicated between staff. Service and support staff explained methods to share updates on consumers, including receiving updates and reports of changes from clinical staff.

Staff demonstrated awareness of referral processes for available services and support providers, including volunteers for one to one consumer visits. Care planning documentation reflected timely referrals to providers to meet consumer emotional and spiritual needs and interests.

Consumers and representatives provided positive feedback about the variety, quality, and quantity of provided meals. Staff explained available meal and snack options, and the seasonal menu was informed with Dietitian input and considered consumer input and feedback. Management explained the planned introduction of a second meal choice for consumer selection, and development of a dining experience focus group to ensure ongoing consumer satisfaction with provided meals.

Consumers described provided equipment as safe, clean, well-maintained and suitable, with processes to raise and address concerns. Staff explained cleaning and maintenance processes for personal and shared equipment. Documentation demonstrated preventative maintenance was undertaken as scheduled and timely response to requests.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said they felt at home within the service environment and were encouraged to personalise their rooms with belongings. Consumers were observed interacting with other consumers or visitors in communal areas, with independent navigation supported through displayed signage.

Consumers verified the service environment was kept clean and well maintained. Consumers were observed moving freely through indoor and outdoor areas, although security measures impacted independent entry into the service after hours. Staff outlined cleaning schedules and processes for consumer rooms and communal areas, including undertaking regular deep cleaning procedures.

Consumers and representatives reported furniture, fittings, and equipment were clean, safe, and well maintained. Management explained equipment was sourced promptly in response to identified needs of consumers, and staff verified access to sufficient equipment to provide care. Staff described cleaning practices for furniture and carpets, and preventative and reactive maintenance processes.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they felt encouraged and supported to provide feedback or make complaints through available verbal and written lodgement methods. Staff described how they listened to and addressed concerns immediately if possible or escalated the issue for attention of clinical staff or management. Feedback boxes and forms were readily available, meeting minutes included feedback as a standing agenda, and the consumer handbook outlined the importance of feedback and complaints to encourage consumer input.

Consumers reported awareness of available language, advocacy, and complaint services. Pamphlets were available for advocacy groups and translation services and included contact details. Staff said consumers were made aware of services and supports for feedback and complaints through the consumer handbook, and whilst they were aware of how to contact language services, had not identified any recent need for use.

Staff said they received training on complaint management processes and could explain application of the open disclosure process and included steps. Consumers and representatives said complaints were addressed in a timely manner, and staff provided an apology when things went wrong. Complaint documentation recorded each action aligned to the open disclosure process, including undertaking investigation, taking actions, and evaluating satisfaction with outcomes.

Consumers and representatives provided examples of improvements arising from feedback and complaints. Management explained how the feedback and complaint process was used to identify trends, with analysis informing continuous improvement activities. The Plan for continuous improvement included items developed from feedback and complaints.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representative said that whilst staff were busy, there were enough to ensure consumers received required care and support in a timely manner. Management explained processes to ensure sufficient staffing numbers to meet care needs of consumers whilst considering the mix and skills of staff, with nursing requirements and minutes met. Reporting reflected provided care minutes were marginally under assessed targets with management outlining adjustments to be made to meet future care minute requirements. Staff said there were enough staff, and management always successfully filled gaps in rosters, with any agency staff scheduled supported by experienced staff.

Consumers and representatives described staff as kind, caring, and respectful. Management explained the established culture of respect, supported by training and resources, including the Code of conduct, policies, and procedures. Staff interactions with consumers were observed to be kind and respectful whilst demonstrating familiarity with needs and preferences.

Management explained practices to ensure staff hold required qualifications, registrations, security checks, and visas for their roles. Staff said they were supported through orientation training and buddy shifts to effectively perform their role. Position descriptions for staff listed required qualifications, skills, abilities, and responsibilities to perform expected duties within each role.

Staff described ongoing training and support to meet expectations outlined within the Quality Standards and said they could request additional education to enhance their performance. Management explained processes to monitor compliance with mandatory training, and explained how training was developed to target gaps identified within incidents and audits.

Staff explained the performance appraisal process, adding this was supported through regular feedback from management providing individually or to all staff in meetings. Management outlined how the formal appraisal process was supported through informal monitoring through observations and feedback, and actions were taken where staff performance needed improvement, viewing the matter as a learning opportunity. Staff performance appraisals were scheduled in advance and included input from the staff member and their supervisor in development of goals and supporting strategies.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives described their engagement in the development, delivery, and evaluation of care and services through feedback and complaint processes, consumer meetings, surveys, and the Consumer advisory body and Quality consumer advisory body. Documentation, including meeting minutes, newsletters, and feedback forms, evidenced consumer input was collected and used to develop and evaluate care and services. Management explained attempts to form the Consumer advisory body and Quality consumer advisory body, however, there had not been any expression of interest for participation to date.

Management described how the executive management team and Board set clear expectations on the importance of safety, quality, and inclusivity within care and services, outlined within policies, protocols, and quality assurance activities. The organisation monitors and evaluates the service’s performance against the Quality Standards through compliance and executive team reviews, development of improvement actions, and reporting to the Board. The Board includes non-executive directors from a range of relevant backgrounds, including medical, business, finance, and law, and reporting demonstrated their oversight, evaluation, and actions to ensure provision of safe and quality care.

The organisation wide governance framework for key areas comprised of policies, procedures, and flow charts to guide staff practice, with oversight and monitoring of effectiveness through analysis of data and reports. Information management systems enabled staff to access consumer information, policies, and procedures with requirement to sign confidentiality agreement, and included reporting systems to enable access to information on incidents, complaints, and performance reports for oversight purposes. Financial governance included development of an annual budget which considered consumer needs, legislative changes, and planned capital expenditure for improvements, and processes for approval for purchases and upgrades to meet consumer needs.

The risk management system enabled identification and monitoring of high impact or high prevalence risks for consumers, with oversight by the service and organisational management teams, and the Board. The incident management system was electronic enabling oversight, analysis, identification of trends, and escalation through management to the governing body. Processes to recognise and report abuse and neglect of consumers were understood by staff, who said the reporting process was discussed within staff meetings with encouragement to speak with senior staff if unsure. Policies and procedures supported consumers to live their best life, including through supporting risks of choice.

The clinical governance framework and systems supported delivery of clinical care through policies, procedures, and work tools. Oversight mechanisms for clinical care practices, such as antimicrobial stewardship and use of restrictive practices, included monitoring progress notes for identification and non-pharmacological strategies, discussion within clinical meetings, medication administration committee meetings, quality compliance team meetings, and within reporting through the governing body. Staff described receipt of education about open disclosure with evidence of use reflected within documentation and verified within consumer feedback.

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)