Performance

Report

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| Name: | Corowa District Hospital |
| Commission ID: | 1496 |
| Address: | 53 Guy Street, COROWA, New South Wales, 2646 |
| Activity type: | Site Audit |
| Activity date: | 30 January 2024 to 1 February 2024 |
| Performance report date: | 28 February 2024 |
| Service included in this assessment: | Provider: 1640 NSW State Government (NSW Ministry of Health)  Service: 588 Corowa District Hospital |

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 Corowa District Hospital (**the service**) has been prepared by Denise McDonald, 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 staff, consumers/representatives and others.
* other information held by the Commission.

# 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 found Compliant as:

Consumers and representatives gave practical examples of how consumers were treated with dignity and respect, such as having personal care provided by their preferred staff members. Staff were aware of consumers’ life experiences and cultural backgrounds and said care was provided in line with individual preferences. Staff were observed interacting with consumers in a dignified and respectful manner.

Consumers said their cultural backgrounds were respected and the care provided was consistent with their traditions and preferences. Staff explained, while all consumers were of an Australian background, consumers’ cultural needs and preferences, were considered and informed how care was delivered. Care documentation evidenced consumers’ personal preferences and their cultural and spiritual needs were captured.

Consumers and representatives said consumers were assisted to choose who was involved in their care, how their services were delivered and to identify which relationships were of importance to them. Staff understood how consumers wanted their care delivered, how to assist them to keep important relationships and who those involved in decision-making processes. Care documentation evidenced consumers’ care preferences and people of significance to them.

Consumers said they were supported to take risks which enabled them to live their best life. Staff were aware of consumers who took risks, including smoking and being in the sun for prolonged periods and knew the care requirements to be implemented which supported consumers to engage with those risks. Care documentation evidenced risks were identified and discussed, consumers made informed decisions and consented to mitigation strategies.

Consumers and representatives gave practical examples of how information was provided in an accurate and timely way, such as through phone calls and emails. Staff said information was provided in formats which were easy to understand, and different strategies were used where consumers had poor cognition or communication difficulties. Noticeboards contained daily menus, activities, and upcoming events to inform and enable consumers to exercise choice.

Consumers said their personal information was kept confidential and gave practical examples of how their privacy was respected, such as staff waiting for consent before entering their rooms. Staff explained consumers’ information was stored in a password-protected electronic care management system (ECMS) and not discussed in front of others. Care documentation evidenced how consumers wanted their privacy respected and had given consent to the sharing of their images.

# 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 found Compliant as:

Consumers gave positive feedback about the assessment and planning of their care, which including the identification and management of risks such as falls. Staff were aware of risks to consumers’ care and described interventions to manage those risks. Care documentation evidenced risk assessments were completed systematically and informed the development of the care plan.

Consumers and representatives said they were consulted about consumers’ care needs, goals and preferences and had discussed end of life planning. Staff demonstrated knowledge of consumers’ needs and preferences including for advance and end of life care. Care documentation contained consumers’ current needs, goals, preferences and advance care directives, where these had been provided.

Consumers and representatives gave practical examples of case conferences conducted to ensure their involvement in the assessment and planning processes. Staff explained assessment and planning was completed with consumers, representatives, medical officers and allied health professionals, as required. Care documentation evidenced case conferences were routinely completed as scheduled.

Consumers and representatives said the outcomes of assessment and planning were explained by staff, who also provided a copy of the consumer’s care plan. Staff said assessment outcomes were documented in the ECMS and care plans were updated when consumers’ needs changed. Care documentation evidenced regular communication with consumers and representatives, and it was observed to be readily accessible via the ECMS.

Consumer representatives said they were informed when consumers’ care or preferences changed and when incidents occurred. Staff explained consumers’ needs were reviewed quarterly or when an incident occurred, following which care planning documents were updated. Care documentation evidenced consumers’ needs were reviewed quarterly as scheduled and reassessment occurred in response to an incident.

# 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 found Compliant as:

Consumers and representatives gave positive feedback with the care provided and said consumers’ personal and clinical care needs were met. Staff explained consumers’ individual needs and preferences and described how personal and clinical care was provided in line with their care plans. Care documentation evidenced consumers received care which was safe, effective and tailored to their individual needs and preferences.

Consumers and representatives gave positive feedback about how their falls risks were being managed. Staff were aware of consumers who had complex health care needs, such as catheters and described how these risks were managed. Care documentation evidenced high-impact and high-prevalence risks to consumers, such as falls and falls prevention equipment was observed to be in place, where this had been recommended.

Care documentation for a consumer, who recently passed away, evidenced the consumer was kept comfortable through the use of end of life medications and the provision of comfort care. Staff demonstrated knowledge of how care changes for consumers nearing end of life, and confirmed comfort cares were monitored to ensure delivery. Policies and procedures supported staff to provide end of life care that preserved consumer’s dignity.

Consumers and representatives gave positive feedback about how staff responded to deterioration in consumers’ conditions, health or abilities. Staff described the signs and symptoms which may indicate deterioration and how they reported these for immediate review. Care documentation evidenced when deterioration was detected, consumers were monitored and referred to health professionals for review.

Consumers and representatives said consumers’ care needs and preferences were communicated between staff and consumers received the care they needed. Staff said they received up-to-date information about consumers during shift handovers and through accessing the ECMS. Care documentation evidenced information about consumers’ conditions was shared with others involved in their care, such as medical officers and nurse practitioners.

Consumers and representatives said consumers received timely referrals to medical officers, geriatricians and other health care providers. Staff explained the referral process and how it informed consumers’ care and services. Care documentation evidenced consumers were referred to other health care providers promptly, when needed.

Consumers and representatives gave positive feedback about infection-control measures and had no concerns about how COVID-19 was managed. Staff understood infection prevention and control and described how they minimised consumers’ need for antibiotics. Staff were guided by policies and procedures in antimicrobial stewardship and infection control management, including the management of a COVID-19 outbreak.

# 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 found Compliant as:

Consumers gave positive feedback about services and supports for daily living which they said met their needs and were effective in maintaining their independence, well-being and quality of life. Staff were aware of consumers’ daily living needs which were informed by leisure and lifestyle assessments. Care documentation reflected consumers’ lifestyle likes, dislikes, social affiliations and the supports needed to do things of interest to them.

Consumers said their emotional and spiritual well-being needs were met. Staff explained how spending one-on-one time with them or respecting their wish to participate in solo activities, assisted consumers emotional and psychological health. The activities calendar scheduled individual visits with consumers, and regular church services.

Consumers gave practical examples of how they were supported to do things of interest to them, such as attending social and recreational activities in the broader community. Staff explained consumers participated in activities like bus outings or could spend time with friends and family in dedicated areas. Care documentation evidenced consumers’ interests and how they were supported to participate in community activities.

Consumers and representatives said information about consumers’ daily living needs were effectively communicated and staff understood consumers’ preferences. Staff explained information about consumers’ needs and preferences was shared during shift handovers and with visiting disability support agencies. Consumers’ care documentation included information to support the delivery of care, such as their dietary preferences.

Consumers said when they needed support from other organisations or individuals, they were referred promptly so their changing needs could be met. Staff described how consumers were involved in the referral process which included gaining their consent to make a referral. Care documentation evidenced collaboration with other organisations and individuals to support consumers’ diverse needs and referrals occurred promptly.

Consumers and representatives said their meals were varied, enjoyable and portion sizes were sufficient, with additional food available between meals. Staff were aware of consumers’ nutrition and hydration needs and preferences, including meal size, dietary or cultural needs and any support they required at mealtimes. Care documentation evidenced consumers’ dietary requirement and request for alternative meals were communicated to catering staff.

Consumers said they felt safe when using the equipment provided, knew how to report concerns, and said maintenance staff were prompt to address any issues. Staff explained equipment which required repair was reported through the service’s maintenance system, with maintenance evidencing repairs were completed quickly. Staff were observed to clean equipment after use.

# 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 found Compliant as:

Consumers and representatives said the service was welcoming, easy to navigate and personalising their rooms made it feel like home. Staff said the enjoyed assisting consumers to personalise their surroundings, because the service was the consumers’ home. Consumer’s rooms were observed to be decorated with their own belongings and consumers were socialising with each other, family and friends in loungerooms that were furnished in a homelike environment.

Consumers and representatives said the service was clean, well maintained, a comfortable place to live and consumers could move freely indoors and outside of the service. Staff described the cleaning and maintenance schedules, which evidenced completion of tasks was up to date. Consumers were observed moving freely throughout a clean, well-maintained service which had uncluttered, well-lit corridors with handrails to assist consumers’ mobility.

Consumers and representatives said equipment at the service was well maintained and they had no concerns regarding maintenance of furniture, fittings and equipment. Staff understood how to make a maintenance request and said equipment was cleaned between each use. Maintenance documentation evidenced preventative and reactive maintenance occurred and testing of electrical items was recorded.

# 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 found Compliant as:

Consumers and representatives gave practical examples of how they were supported to provide feedback and make complaints, such as speaking directly with staff, through feedback forms and at consumer meetings. Staff explained how consumers and representative could make a complaint and how they were supported to raise issues. Feedback forms and collection boxes were observed to be easily accessible whilst ensuring anonymity.

Consumers and representatives were aware of other avenues for raising a complaint and knew they could access advocacy services or seek support from friends and family. Staff understood the internal and external mechanisms by which consumers could provide feedback and make complaints, along with how to access interpreter services. Posters and leaflets promoted the Charter of Aged Care Rights and access to the Commission and advocacy services.

Consumers said when a complaint was made, they received an apology and responses from the service were timely and appropriate. Staff understood open disclosure and said they would apologise to a consumer when things went wrong. Complaints documentation evidenced timely management of consumers’ concerns and trending issues were added to the service’s continuous improvement plan (CIP) to enhance the quality of care.

Consumers gave practical examples of a new barbecue being purchased in response to their feedback to allow their weekly barbecue meals to be continued. Staff said trends in consumers’ complaints were reviewed and added to the CIP to inform improvements. Continuous improvement documentation supported the addition of raised garden beds in the outdoor area, was because of consumer feedback.

# 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 found Compliant as:

Consumers gave positive feedback about staffing levels and said their needs were promptly met. Management explained the roster was planned to ensure a mix of clinical, care and lifestyle staff were available to meet consumers’ needs. Rostering documentation evidenced all shifts were filled and a registered nurse was always available.

Consumers said staff were kind, caring, understood what was important to them and were respectful of their identities and cultures. Staff were familiar with consumers’ backgrounds and described who they were, what they liked and what assistance they needed. Staff were observed interacting with consumers respectfully, including addressing them by their preferred names.

Consumers and representatives said staff were effective in their roles and had the skills to meet consumers’ needs. Staff explained they completed an onboarding process at commencement of employment, following which they attended annual mandatory training and competency testing. Personnel records evidenced staff had position descriptions and held qualifications relevant to their roles.

Consumers and representatives said staff were well trained and had the skills and knowledge to meet consumers’ needs. Management said recruitment included verifying staff qualifications and ensuring they were not listed on the Aged Care Register of banning orders. Training records evidenced staff received training in restrictive practices, the Code of Conduct for Aged Care, infection control and the Serious Incident Response Scheme (SIRS).

Consumers gave positive feedback about the quality and performance of staff. Management described the performance review process which included a formal annual assessment, as well as regular informal monitoring through peer supervision and consumer and representative feedback. Staff said they participated in probationary and annual reviews and personnel records evidenced all performance reviews were up to date. Staff were guided by polices and processes in risk management which included incident reporting through the SIRS.

# 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

The Quality Standard is assessed as Compliant as 5 of the 5 specific requirements were found Compliant as:

Consumers said the service is well operated and gave practical examples of how they were engaged in the development and evaluation of care and services, such as the monthly resident and relative meetings and participation in surveys. Management explained consumers were encouraged to provide their input to service operations through resident and relative meetings, feedback forms and consumer experience surveys. Consumer meeting minutes and the complaints register evidenced consumers were engaged in the development, delivery and evaluation of their care and services.

Management explained the organisation’s governance structure which comprised information sharing between front-line managers and the board of directors (the board) during district governance and quality meetings. The board satisfied itself the Quality Standards were being met through analysis of monthly reports on clinical indicators, quality initiatives and incidents at the service, along with biannual visits when they spoke with consumers and staff. Service documentation evidenced the board was receiving monthly clinical governance reports for their analysis and benchmarking with other services in the organisation.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Consumers gave positive feedback about aspects of governance at the service, such as feedback and complaints, whereby they were supported to raise concerns. The governance structure was underpinned by policies, processes and systems to support compliance with the Quality Standards.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood risks to consumers and explained how these were managed, such as completing risks assessments, implementing mitigation strategies and recording incidents in the ECMS. Staff were guided by polices and processes in risk management.

The service’s clinical governance framework promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong. Management and staff were trained in antimicrobial stewardship, restrictive practices and open disclosure and able to describe how these were applied in care delivery. Documentation showed antimicrobial stewardship, restrictive practice and open disclosure formed part of the organisational clinical governance framework.

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)