Performance

Report

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| Name: | Joseph Cooke House |
| Commission ID: | 7085 |
| Address: | 2 Houtmans Street, SHELLEY, Western Australia, 6148 |
| Activity type: | Site Audit |
| Activity date: | 5 March 2024 to 7 March 2024 |
| Performance report date: | 11 April 2024 |
| Service included in this assessment: | Provider: 896 Southern Cross Care (WA) Inc  Service: 4613 Joseph Cooke House |

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 Joseph Cooke House (**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’s response to the assessment team’s report received 29 March 2023.

# 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 | **Not Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 8(3)(e): The Approved Provider ensures there is an effective Clinical Governance Framework in place which encompasses up-to-date and best practice policies, particularly in relation to identification and minimisation of restrictive practices. The service ensures staff receive education and training on these topics with monitoring for effectiveness.

# 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 Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said consumers were treated with value, dignity, and respect, with their identity recognised through stories and personal items displayed in rooms. Staff provided feedback in relation to how they acknowledge identity, culture, and diversity for individual consumers. Policies and procedures guided staff practice to ensure consumers were treated with dignity and respect whilst valuing individual and diverse backgrounds.

Care planning documentation captured cultural preferences to inform safe delivery of care. Consumers said their culture and backgrounds were recognised and used to provide care consistent with traditions and preferences. Staff described how they recognised cultural needs and decisions for consumers and used this information to tailor care.

Consumers outlined how their independence in decision-making was supported, and their choices and preferences for daily routines and key relationships were respected. Care planning documentation identified consumer choices, including who they wished to be involved in their care.

Staff explained processes used to identify and support consumers take risks, outlining how they consulted with consumers to discuss risks and strategies and recorded outcomes within assessment and care planning documentation. Consumers verified the assessment process, demonstrated awareness of agreed risk strategies, and said they felt supported to take risks in order to live their best lives. Care planning documentation outlined risks of choice and agreed strategies.

Consumers said they received timely and accurate written and/or verbal information to support decision making. Staff explained communication methods, including strategies to communicate information to consumers with cognitive or sensory impairment. Available information on display included activities calendars, menus, and information on support services for complaints.

Consumers explained staff respected privacy, and representatives said personal information was kept confidential. Consent was sought for handling and release of personal information in line with policies and procedures. Staff detailed procedures to ensure privacy and confidentiality was respected, including providing care or holding discussions in private, and securing information within the password protected electronic care management system.

# 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 Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Staff outlined assessment and planning processes undertaken for new consumers and how this was used to identify risk. Policies and procedures informed staff practice in use of assessment processes to identify risks and development of care and services plans, although did not support identification of all consumers subject to environmental restraint (refer to findings in Standard 8 Requirement 8(3)(e) for further information). Care planning documentation demonstrated use of validated risk assessment tools to identify risks and develop strategies to inform care.

Consumers and representatives explained how consumer needs, goals, and preferences within assessment and planning processes. Staff described how they approached assessment of end-of-life wishes. Care planning documentation identified outlined needs, goals, preferences, and advance care directives in line with consumer and staff feedback.

Staff outlined how consumers, representatives, and other providers were engaged in assessment and planning processes. Consumers and representatives said they felt involved in assessment, planning, and review of care and services, and consultation was recorded within care planning documentation. Input of other providers, such as Allied health staff and Medical officers, was reflected within the care and services plans.

Care and services plans were accessible within the electronic care and services plan. Consumers and representatives detailed how they were informed of outcomes of assessment and planning. A copy of the consumer’s current care and services plan was available within their room for access by consumers, representatives, and others involved in care, and staff confirmed a copy of the document was offered following review in line with policies and procedures.

Clinical staff explained care and services plans were reviewed regularly, and effectiveness of strategies also considered following incident or change of consumer circumstance. Monitoring was undertaken through review of progress notes, incidents, and handover procedures to ensure timely review was undertaken in response to incident or change. Care planning documentation reflected regular and required reviews were undertaken in line with policies and procedures, and strategies updated as required.

# 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 Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives provided positive feedback on provision of personal and clinical care. Staff demonstrated awareness of tailored strategies for consumers aligned to care planning documentation. Policies and procedures informed staff in delivery of care that was best practice, and care planning documentation demonstrated how these were applied, such undertaking assessment of pain and/or changed behaviours with trial of non-pharmacological management prior to administration of medication.

Care planning documentation highlighted risks for each consumer, and staff detailed processes to identify, monitor, and manage these risks. Consumers and representatives said risks were understood and effectively managed.

Staff explained how they adapted care for consumers nearing end-of-life to maximise comfort and preserve dignity. Care planning documentation for a late consumer demonstrated assessment and management of symptoms, and psychosocial supports, including spiritual and cultural needs. Provision of palliative care was informed by policies and procedures and supported by palliative care specialists.

Consumers and representatives said deterioration of consumer health was promptly identified and responded to. Staff explained how they would identify deterioration, and responsive assessment, monitoring, and escalation processes. Care planning documentation included evidence of monitoring processes to identify deterioration, and policies, procedures, and a flow-chart informed actions for acute health changes.

Staff explained procedures to share information about consumers, including through handover, meetings, referrals, and care planning documentation is reviewed daily to ensure changes were identified and communicated. Consumers and representatives said staff were well informed of changes to consumer condition. Care planning documentation included information from other providers which was used to inform care.

Care planning documentation demonstrated use of timely and appropriate referrals to providers to effectively meet consumer needs. Staff explained processes for referrals to various providers and services, in line with policies and procedures. Consumers and representatives gave examples of timely and appropriate engagement of Allied health staff and specialist providers.

Consumers and representatives described staff actions to prevent infection, including cleaning processes, hand hygiene, and use of personal protective equipment. Staff described strategies to minimise antibiotic use through prevention of infection, and use of pathology to ensure appropriate prescribing. Staff practice was guided through policies, procedures, training, outbreak management planning, vaccination programs, and supported by an Infection prevention and control lead.

# 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 Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Staff explained how assessment and planning processes identified consumer needs, goals, and preferences and ensure services and supports were utilised effectively. Consumers said their needs and preferences were understood and independence supported, with exercise classes available to improve health and well-being. Care planning documentation included information about supports to help consumers achieve what they wished, in line with feedback.

Care planning documentation identified consumers’ emotional and spiritual needs along with supportive strategies. Staff said they constantly watch for low mood in consumers and spend additional time with those at risk of isolation. Consumers explained available religious services to support their faith, and said they received emotional support and encouragement from staff when needed.

Consumers and representatives said consumers were supported to participate in the service environment and greater community as they chose. Staff explained supports in place for individuals to enable participation in the wider community and maintain relationships of choice. Care planning documentation identified consumer interests and supports to participate in preferred activities.

Staff described how they were informed of changes to consumer needs and preferences, including through reviewing documentation within the electronic care management system. Furthermore, information was shared with other providers and volunteers with consumer consent. Dietary changes were communicated by clinical staff to the kitchen and recorded on the dietary lists, with printed information observed to be reflective of care planning documentation and consumer feedback.

Care planning documentation demonstrated timely and appropriate referrals to volunteer services or pastoral care to meet consumer needs. Consumers confirmed referrals made for them were timely and appropriate.

Overall, consumers and representatives described provided meals as of good quality, quantity and variety with choices available. The menu was developed with Dietitian input to evaluate nutritional quality, and menus were displayed in the dining area. Management advised consumers were encouraged to collaborate in development of the menu through providing feedback and suggestions. Dietary preferences were known and catered for, with vegetarian options available as well as 2 hot meal options.

Consumers and representatives described how staff cleaned and checked personal equipment. Staff said there was sufficient equipment to meet consumer needs, and explained maintenance, cleaning, and laundering processes.

# 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 Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers described the service environment as welcoming, and they were encouraged to personalise rooms which helped them feel at home. Communal areas supported interaction, and consumers were supported to navigate independently through signed and well-lit passageways.

Consumers and representatives said the service environment was clean, tidy, and well-maintained. Staff explained cleaning schedules and additional processes used during periods of outbreak. Consumers observed were moving freely within internal areas and outdoor courtyard areas, although not all were able to freely access areas outside secured doors (considered further in my decision for Standard 8 Requirement 8(3)(e)).

Consumers described furniture as clean and comfortable and were aware of staff checking and cleaning fittings and equipment. Staff explained processes to assess suitability of equipment, and monitoring for safety and maintenance. Documentation evidenced maintenance requests were recorded and responded to in a timely manner.

# 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 Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they felt safe and encouraged to provide feedback or make complaints. Staff outlined written and verbal complaint processes along with escalation pathways. Information about feedback and complaints processes were displayed in the reception area and consumer handbook, and minutes evidenced discussion within consumer meetings.

Consumers and representatives said information about external complaint and advocacy services was provided during the entry process. Advocacy groups were invited to explain services to consumers, with details included within welcome packs and displayed on posters and brochures. Staff were aware of available interpreter services.

Staff demonstrated understanding of how and when to use the open disclosure process, and this was evidenced within complaints documentation. Consumers and representatives said appropriate actions were taken in response to complaints, including apology and ongoing communication to explain outcomes of investigation and what action was taken to prevent recurrence. Policies and procedures relating to management of feedback and complaints and application of open disclosure process informed staff practice.

Management detailed how feedback and complaints were analysed and used to identify improvements, recorded in the Plan for continuous improvement. Documentation included examples of improvements made in response to feedback. Information was collated within an electronic feedback and complaint system, with oversight maintained by management and overseen at regional and organisational levels.

# 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 Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said there were enough staff to meet consumer needs in a timely manner, and call bells were answered promptly. Staff said shifts were always filled, explaining there had been a recent increase in care staff, and were aware of ongoing recruitment for additional clinical staff. Management explained rostering processes to ensure sufficiency of staff familiar with consumer needs. Rostering documentation demonstrated vacancies were able to be filled with casual or agency staff, and the service met legislated requirements for nursing hours.

Consumers and representatives said staff treated consumers kindly and with respect. Policies and procedures outlined expectations of a culture of kind and respectful care, along with the organisation’s vision, values, philosophy, and commitment of care detailed in the staff handbook. Staff said they received training on valuing consumer culture and identity.

Staff explained they were provided position descriptions, and these outlined required qualifications, knowledge, skills, abilities, and responsibilities for relevant roles. Documentation demonstrated staff compliance with vaccinations and security checks. The onboarding process included required mandatory training and competency assessments as well as supervision and support through buddy shifts.

Management explained compliance with training requirements was monitored through online records. A mandatory training program was developed and included topics to support delivery of outcomes required by the Quality Standards.

Staff and management described the performance review process. Consumers said they were encouraged to provide feedback on the performance of staff members. Management explained monitoring processes including through feedback, team meetings, incidents, and observations, with actions taken to address under performance.

# 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. | Not Compliant |

Findings

This Quality Standard is Not Compliant as one of the 5 Requirements has been assessed as Not Compliant.

The Assessment Team have recommended Requirement 8(3)(e) Not Met, reporting the governance framework had not been effective in supporting the assessment, authorisation, and application of environmental restraint. The service reported no consumers were subject to environmental restraint, however, the front entrance door was secured and only some consumers were provided the exit code to freely enter and exit the service independently. Management advised:

* Staff would support consumers to enter the code or redirect consumers living with cognitive impairment.
* Only consumers with exit seeking behaviours would be identified as environmentally restrained.
* The organisation did not have written information to guide assessment of cognitive or physical capacity to support independent access through the door, and as such, was unable to demonstrate process to understand potential for environmental restraint.
* Conversations were held with consumers and/or representatives about the secured door, however, these were not recorded.

Documentation included a consent form, with a prompt to consult on whether keypad codes or swipe cards were to be provided, however, where a representative answered ‘no’ this did not trigger processes for assessment and authorisation of environmental restraint. Policies and procedures did not offer specific guidance to inform staff practice to effectively identify and assess consumers subject to restrictive practice.

Remedial improvement actions were recorded in the Plan for continuous improvement and activities commenced during the Site Audit. These included displaying the access code and considering consumer circumstances and commencing assessment and authorisation processes for 27 consumers identified as potentially subject to environmental restraint.

The Approved Provider’s response acknowledged improved understanding of use of perimeter restraint as environmental restraint following the Site Audit. Actions had been immediately commenced, identifying consumers who were unable to utilise the door or leave the service independently, and ensuring assessment and authorisation was obtained. Further activities have been undertaken or developed, including but not limited to staff training, revision of the admission checklist documentation to increase transparency, and review of assessment and planning processes. Improvement activities have been considered at service and organisational level. A copy of the continuous improvement records and evidence of progress to demonstrate improvements undertaken, including sample assessments, updated documentation, meeting minutes, and training records has also been submitted.

I acknowledge the Approved Provider’s response and actions commenced or already undertaken. Whilst the response reflects the new process has been applied for existing and new consumers, entering after the Site Audit, and I recognise efforts being made at an organisational level to improve organisational understanding, changes will take time to embed into practice, and accordingly I find Requirement 8(3)(e) Not Compliant.

I am satisfied the other Requirements in Standard 8 are Compliant.

Consumers explained providing input into the development, delivery, and evaluation of the organisation’s care and services through focus groups, meetings, feedback, and surveys. Management explained the development of the Consumer advisory body and consumer representation within the Clinical advisory committee. The Chief executive officer and Board representatives visit the service annually to meet with consumers and staff.

Management explained the structure of the governing body, overseen by a Board with members holding clinical, legal, and commerce knowledge, and supported by subcommittees. A strategic plan is developed, outlining vision and goals, and the governing body is responsible for provision and oversight of policies and protocols to ensure a culture of safe, inclusive, quality care and services. Service performance was monitored through monthly reports reflecting audit outcomes, clinical indicators, feedback, and incidents.

The governance framework system engaged staff, management, and the Board to ensure focus on deliverance of high-quality care. Governance practices include monitoring and accountability of the quality of care in accordance with the Quality Standards. Financial governance was achieved through provision of an annual budget, developed through consultation between the finance team, service manager, and executive management with consideration of current consumer needs and legislative requirements. Processes supported assessment and approval for funds to meet consumer needs outside of amounts budgeted. Regulatory compliance was achieved through monitoring of legislation, ensuring changes were captured within policies, ratified by the Board, and communicated through training, staff meetings, and memoranda.

Risk management systems and practices supported identification and management of consumer risks, and monitored through quality and operational meetings, reflected in policies, procedures, and training. Staff were aware of processes and responsibilities to report incidents, including through the Serious Incident Response Scheme, and received mandatory training on identification and reporting of elder abuse and neglect. Policies and procedures supported consumers to live their best lives, including through making choices with associated risks.

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)