Performance

Report

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| Name: | Koh-I-Noor Contemporary Care |
| Commission ID: | 7870 |
| Address: | 32 Pangbourne Street, WEMBLEY, Western Australia, 6014 |
| Activity type: | Site Audit |
| Activity date: | 24 September 2024 to 26 September 2024 |
| Performance report date: | 4 November 2024 |
| Service included in this assessment: | Provider: 2228 ALINEA INC.  Service: 4877 Koh-I-Noor Contemporary Care |

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 Koh-I-Noor Contemporary Care (**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.

# 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.

The provider submitted an email dated 24 October 2024 stating they did not wish to 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

Consumers confirmed the service recognises and values their identity, culture and diversity and staff treat them with dignity and respect. Consumers were confident they can make decisions about the care they receive and are supported to take risks to live the best life they can. Staff were observed to be kind and respectful when interacting with consumers and representatives and demonstrated an awareness of privacy and confidentiality when attending to consumers’ care needs.

Staff and management demonstrated understanding of consumer’s cultural needs and diversities. Staff and management described ways they support consumers to take risks to do the things they want through discussion and developing ways to mitigate those risks to consumers’ safety.

Documentation reflected each consumer’s background, personal choices and preferences, and cultural practices are captured, and information provided to consumers is done so in an appropriate, accurate and timely manner. Policies, training, and observed practices ensured consumer choices were supported, privacy was respected, and personal information kept confidential.

Accordingly, I find Standard 1 Consumer dignity and choice compliant.

# Standard 2

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

Findings

Consumers were confident assessments consider the risks associated with consumer care and these are documented in care plans appropriately. Consumers confirmed information about assessment and planning is current and in line with their needs, goals and preferences and that information is accessible. Consumers and representatives verified their engagement within assessment, planning, and review processes with a copy of the care and services plan offered regularly or available upon request. Consumers and representatives were confident their care and services were reviewed when any changes occurred.

Documentation confirmed information about consumers’ care and services are aligned with consumer needs, goals and preferences and consider risks associated with consumer care. Care and services plans evidenced changes were made following review of consumer circumstances or needs.

Staff demonstrated understanding of the assessment and planning process and described ways they engaged and involved consumers and others involved in care to meet consumer needs and understand preferences.

Accordingly, I find Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives expressed satisfaction with the personal and clinical care consumers receive and said the care provided is safe and right for them. Consumers confirmed staff know them well, they do not have to repeat their needs, goals and preferences for care and services to other providers of care, and are confident risks associated with care and service delivery are managed well. Representatives verified referrals were made promptly to appropriate providers.

Care documentation showed where there are risks to consumers’ health, including falls, skin integrity and weight loss, they are documented with strategies to guide staff to deliver care in a safe and effective manner with monitoring and evaluation undertaken. Monitoring of comfort, management of palliative symptoms, and honouring of end of life wishes was evidenced within palliative care documentation. Care documentation showed changes in the condition of consumers is identified promptly, with actions taken to address changes, including referrals to external providers of care.

Staff demonstrated knowledge of consumers’ needs, goals, and preferences in relation to personal and clinical care and how they communicate any changes in condition to other providers of care. Staff confirmed they receive regular infection control training and updates and demonstrated knowledge of the processes in place to minimise the spread of infection. Clinical staff confirmed ongoing commitment to antimicrobial stewardship and confirmed they have access to personal protective equipment.

Accordingly, I find standard 3 Personal and clinical care compliant.

# Standard 4

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

Findings

Consumers and representatives confirmed supports for daily living are tailored to consumers’ needs and optimises their health, well-being and independence, including where undertaking activities of interest to them. Consumers described how they are able to maintain personal and social relationships and how staff support them emotionally, spiritually or psychologically. Consumers expressed satisfaction with the quality and quantity of the meals provided.

Staff were knowledgeable of services and supports utilised to support consumers’ likes and preferences and described ways in which they were able to support them to engage in things that interest them and maintain connections with the community.

Care documentation reflected consumers’ likes, dislikes and requirements for meals and lifestyle activities, and included strategies to support their emotional, spiritual, and psychological needs. Referrals to other organisations or providers of care and services to support consumer needs were noted in care documentation. Consumers and representatives felt staff were knowledgeable of their preferences and needs.

Equipment used as part of consumers’ engagement with lifestyle and maintaining their independence was clean, safe, and well-maintained.

Accordingly, I find Standard 4 Services and supports for daily living compliant.

# Standard 5

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

Findings

Consumers and representatives were satisfied with the cleanliness of the service, confirming it is safe, comfortable, welcoming and easy to understand. Consumers confirmed they could access multiple areas of the service.

Observations showed consumers’ rooms were personalised and decorated with photographs and artwork. Consumers were able to move freely throughout the service. The service environment including the memory support unit, consumer rooms and equipment used by consumers to mobilise or be transferred was observed to be clean and well-maintained.

Documentation confirmed the service has a system to manage and prioritise scheduled and preventative maintenance.

Cleaning staff were observed cleaning all areas of the service and management demonstrated methods used to ensure the service environment is safe, clean, well maintained and comfortable.

Accordingly, I find Standard 5 Organisation’s service environment compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives felt safe and supported in providing feedback, including making complaints about care and services, and expressed satisfaction with the resolution process. Information on feedback avenues is displayed around the service, which includes feedback forms, brochures for advocacy services and Commission leaflets for making complaints in multiple languages. Consumers and representatives confirmed they knew how to access advocates if required.

Staff demonstrated understanding of feedback mechanisms and described ways in which they support consumers to provide feedback including complaints. Management and staff demonstrated open disclosure when things go wrong.

Service documentation included a feedback register which is maintained and updated as feedback is provided. Detailed information is documented which includes actions taken and open disclosure practices. Continuous improvement plans and meeting minutes show feedback and complaints are analysed to inform continuous improvement.

Accordingly, I find Standard 6 Feedback and complaints compliant.

# Standard 7

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

Findings

Consumers and representatives were satisfied with the mix and number of staff to deliver care and services in a way that meets consumers’ needs, goals, and preferences. Consumers confirmed they were assisted in a timely manner and staff treated them in a kind, caring and respectful manner. Consumers and representatives described staff as competent and well trained in their roles.

Staff interactions were observed to be kind and caring, with staff speaking to consumers respectfully. Staff received training on inclusivity, sensitivity, and culturally safe care, and described consumers using respectful language and were knowledgeable of their needs, goals and preferences in care and service delivery.

Recruitment and ongoing screening processes include reviewing training, qualifications, and clearances. Documentation confirmed staff training and induction processes are completed, position descriptions are in place that outline staff expectations, and staff performance is monitored through various methods. Staff confirmed they have regular performance appraisals. Staff confirmed they are provided regular training and have access to additional training if a need is identified.

Accordingly, I find Standard 7 Human resources compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and representatives confirmed they are engaged in the development, delivery, and evaluation of care and services including through input into resident and relative meetings and the feedback and suggestions process. Consumers and representatives confirmed the service is well run. Documentation confirmed feedback is sought from consumers through regular resident and relative meetings, complaints, suggestions and feedback and governance and clinical reports which are presented to the Board and drives continuous improvement.

Management described and documentation showed various ways the organisation’s governing body is accountable for the delivery of safe, inclusive, and quality care, including seeking expressions of interest from consumers and representatives to attend consumer advisory committee meetings. The Board uses consolidated reports to monitor care and service delivery, such as performance against key performance deliverables. The organisation has up to date policies and procedures in place to guide staff practice.

Documentation confirmed the service has organisational governance systems in place to ensure information is managed appropriately to enable staff to deliver care and services in a way that meets consumers’ needs and preferences. Systems and processes are in place to ensure continuous improvement is consumer focused, the service is able to purchase equipment for care and service delivery when required, and the workforce is monitored at an organisational level to ensure right numbers, skills, and training.

Consumers are supported to live their best life which includes consultation with consumers and completing risk assessments to support decision making. Management described how they use the incident management system to manage and prevent incidents including those that require reporting to external services.

Documentation confirmed the organisation has policies and procedures to guide staff in relation to clinical governance. Management and staff demonstrated knowledge of the clinical governance framework including antimicrobial stewardship, minimising the use of restraint and the use of open disclosure. Documentation confirmed restrictive practices are monitored and where applied they are used as a last resort.

Accordingly, I find Standard 8 Organisational governance compliant.

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)