Performance

Report

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| Name of service: | Koonambil Aged Care |
| Service address: | 140-148 Castlereagh Street COONAMBLE NSW 2829 |
| Commission ID: | 0436 |
| Approved provider: | Koonambil Aged Care Ltd |
| Activity type: | Site Audit |
| Activity date: | 18 April 2023 to 20 April 2023 |
| Performance report date: | 6 June 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Koonambil Aged Care (**the service**) has been prepared by M. Nassif, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* The Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives, and others.

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

Consumers said they are treated with dignity and respect, with their identity, culture and diversity valued. Staff spoke about consumers in a respectful manner, which was observed, and provided examples such as using their preferred name and acknowledging their choices. Care planning documents included information about consumers’ preferred names, background, important associations, and religious affiliations.

Staff identified the cultural background of consumers and described how they deliver care and services in a culturally safe manner, in line with care planning documents. Care planning documents included information about consumers’ cultural background and practices.

Consumers said the service supported them to make decisions affecting their health and well-being and are supported to make and maintain relationships of choice. Staff described how they support consumers to exercise choice and independence in line with care planning documents.

Consumers reflected they are supported to do the things they want to do, and with benefits and possible harm discussed with them when making decisions. Staff provided examples of how the service supported consumers to have choice and control to enable consumers to live their best lives, through mechanisms such as risk assessments. Care planning documents evidenced consumers are supported to do the things they want to do, with risks assessed and strategies in place.

Staff described the ways information is communicated to consumers in an easy to understand manner, including to consumers with communication barriers. Consumers said, and documentation evidenced, consumers received information in a way they understood which helped them to make decisions.

Consumers reported their privacy and confidentiality is respected. Staff described how they maintain confidentiality of consumers’ information by ensuring conversations about consumers are not held in public areas and password protecting consumers’ electronic records. Staff advised they knock on doors before entering, ask permission to undertake care and close the door when providing personal care. This was consistent with observations.

# 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 described the care planning process and how it informs the delivery of safe and effective care and services. Care planning documents demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals and preferences of consumers, including the identification of risks.

Care planning documents identified consumers’ needs, goals and preferences, including advance care directives. Staff described how consumer needs and preferences are assessed during admission.

Care planning documents reflected the involvement of consumers, representatives and other health professionals in the assessment and planning process. Staff described processes for partnering with consumers and their representatives in care planning, including the involvement of medical practitioners and services. Consumers and representatives said they were involved in the assessment and planning process.

Consumers and representatives said they can access a copy of relevant care and services plan. Care planning documents evidenced that assessment outcomes and care planning are communicated to consumers and representatives in a timely and appropriate way. Staff described the processes for documenting and communicating assessment outcomes to consumers and representatives.

Staff advised care planning documents are reviewed every 3 months and when circumstances change or when incidents impact the needs, goals and preferences of consumers. This was consistent and evidenced in care planning documents. Consumers and representatives said the service kept them informed of consumer’s care needs and provided regular updates.

# 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 said they are receiving care that is safe and right for them and meets their needs and preferences. The service had processes in place to manage skin integrity, pain management and restrictive practices which are in line with best practices. Care planning documents reflected individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer.

Care planning documents demonstrated high impact and high prevalence risks are effectively managed, and staff implement relevant strategies to minimise risks. Consumers and representatives said that consumers’ care is safe and right for them. Management and staff explained how they identify, assess and manage risks.

Care planning documents of consumers receiving palliative care support reflected consumers’ comfort is maximised and their wishes and needs are supported. Staff explained how they deliver end of life care to consumers in line with their needs, goals and preferences by maintaining their comfort, monitoring pain, and felt confident in doing so. Consumers and representatives expressed confidence that staff know what to do when consumers’ condition deteriorates.

Consumers and representatives said staff recognised and respond to changes in consumers’ condition in a timely manner. This was consistent with care planning documents. Staff explained how deterioration is discussed during staff handovers and communicated to a medical professional. The service had procedures to guide staff in managing deteriorating consumers.

Care planning documents contained adequate information to support effective and safe sharing of consumers’ information to support care. Management and staff described how information about consumers’ needs, conditions, and preferences are documented and communicated within the organisation and with others where clinical care is shared.

Consumers and representatives said referrals are timely, appropriate and occur when needed and consumers have access to a range of health professionals. Care planning documents evidenced timely referrals occur when needed.

The service had policies and procedures to guide staff in relation to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak. Consumers and representatives were satisfied with the service’s management of COVID-19 precautions and infection control practices. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

# 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.

Consumers and representatives were satisfied they received safe and effective services and supports for daily living that met consumers’ needs, goals and preferences. Staff explained what is important to consumers, including the activities they like to engage in, which information aligned with consumers’ care planning documents.

Consumers felt their emotional, spiritual and psychological well-being was supported. Staff said if they identify a change in a consumer’s demeanour or well-being, they provide additional support such as spending one-on-one time with them. Care planning documents included information on consumers’ emotional, spiritual and psychological well-being and how staff can support them.

Consumers and representatives said consumers are supported to stay connected with the people who are important to them, participate in the community within and outside the service, have social and personal relationships and do the things of interest to them. Care planning documents identified people important to individual consumers and their activities of interest. Management provided examples of how the service supports consumers’ participation in consumer events and activities within and outside the service.

Consumers felt their needs and preferences are well communicated between staff. Staff described how communication of consumers’ needs and preferences occurs via care plans, shift handovers and sharing with others as consumers move between care settings.

Care planning documents evidenced the service collaborates with external providers of other care and services. Staff described how consumers are actively involved in referrals, including providing consent, and how they work with external organisations, or use volunteers to help supplement the lifestyle activities offered within the service. Consumers said referrals happen promptly when their needs, goals or preferences change.

Consumers were satisfied with the quality and quantity of food provided at the service and are involved in menu planning. Staff were aware of consumers’ dietary needs, which were included in care planning documents.

Equipment which supported consumers to engage in lifestyle activities was observed to be clean and well maintained. Staff explained how they identified any potential risks to the safe use of equipment by consumers and responsibilities they shared for its safety, cleanliness and maintenance. Consumers said they feel safe when they are using equipment and they know how to report any concerns.

# 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 said they are comfortable in the service environment and felt a sense of belonging and independence. The service environment was observed to be calm, friendly and welcoming. There is sufficient lighting, signage and handrails to support consumers to move around. Consumers’ rooms were observed to be decorated with personal belongings.

Consumers and representatives were satisfied the service is clean, safe and well maintained. Consistent with observations. Consumers were observed moving freely inside and outside of the service. Staff and consumers both demonstrated knowledge of what to do if they identified a hazard or safety issue, and how maintenance is managed.

Furniture and equipment was observed to be clean and well maintained. Consumers said the equipment within the service is clean and well maintained. Maintenance documentation demonstrated actions taken 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 are encouraged and supported to make complaints and provide feedback. Staff described how they support consumers to provide feedback or make complaints. Feedback forms and information on how to make a complaint was observed being made available to consumers.

Consumers and representatives said they were aware of other ways of raising complaints and advocacy services if needed. Staff showed an understanding of internal and external complaints and feedback systems and were aware of advocacy and translation services available for consumers. Information regarding complaints mechanisms, advocacy and language services was observed available to consumers.

Consumers and representatives said management promptly responded to resolve their complaint. Staff and management described and provided examples of the process that is followed when feedback or a complaint is received and demonstrated understanding of open disclosure principles. Feedback documentation demonstrated timely action taken in response to complaints.

Consumers reported complaints and feedback are used to improve how care and services are provided at the service and described subsequent changes implemented. Management described processes in place to escalate complaints, and how they are used to improve the quality of care and services via the service’s continuous improvement plan.

# 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 felt there is enough staff to meet the needs of the consumers and call bells were answered promptly. Management explained how call bell data is monitored, as well as other clinical data, to adjust the number and skills mix of staff, and to identify trends of concern which are investigated. Staff described how they manage the allocation of duties in each shift to ensure care needs are met.

Consumers and representatives said staff are kind, caring and respectful of their identity and understand their background and cultural preferences. This was consistent with observations.

Consumers and representatives felt that staff are sufficiently skilled and know what they are doing. Staff said they felt competent to provide the care needed by consumers. Documentation observed evidenced staff have the relevant qualifications to perform their duties outlined in position descriptions.

Staff said they are trained, equipped and supported to deliver care and services that meets consumers’ needs and preferences and the Quality Standards. Documentation evidenced staff complete training requirements at recruitment stage and on an ongoing basis. Management advised mandatory training for staff is conducted annually and completion of training is monitored.

Management said staff performance appraisals are up-to-date and undertaken annually. Completed performance review documents for staff were observed. Management described other methods for monitoring and reviewing staff performance, including consumer feedback and observations of staff practice.

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

Consumers felt they are involved in the development, delivery and evaluation of care and services. Management described the ways consumers and representatives are engaged including monthly consumer and representative meetings, consumer surveys, care planning review and feedback mechanisms. Meeting minutes evidenced consumer and representative engagement regarding care and services.

Management described an organisational structure which facilitates the oversight and governing of the delivery of quality care and services across the service. The service gathers quality indicator data which the governing body used to identify the service’s compliance with the quality standards, to initiate improvement actions to enhance performance, and to monitor care and service delivery.

The service had policies and procedures to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. For example, in relation to regulatory compliance, the organisation has a framework to inform staff practice and has processes in place to maintain current and future regulatory requirements.

The service had a risk management system to monitor and assess high impact or high prevalence risks associated with care of consumers including identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can. Staff provided examples of how high impact or high prevalence risks are managed at the service, including reporting incidents through the Serious Incident Response Scheme. The service confirmed an incident management system is used to report and manage risks.

The service had a clinical governance framework that included policies and procedures on antimicrobial stewardship, minimising use of restraint and open disclosure. Staff had been educated in these areas and were able to provide examples of how it applied to their day-to-day work.

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)