Performance

Report

**1800 951 822**

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| Name: | Koorooman House Nursing Home |
| Commission ID: | 3419 |
| Address: | 23 Sloan Avenue, LEONGATHA, Victoria, 3953 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 20 August 2024 to 21 August 2024 |
| Performance report date: | 11 September 2024 |
| Service included in this assessment: | Provider: 900 Gippsland Southern Health Service  Service: 2172 Koorooman House Nursing Home |

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 Koorooman House Nursing Home (**the service**) has been prepared by L Glass, 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 6 September 2024.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements were assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements were assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements were assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements were assessed** |

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 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 |

Findings

The service was previously found not compliant with this Requirement. I am satisfied based on the Assessment Team’s report that the service has since implemented actions which have resulted in sustained improvement. I find Requirement 2(3)(a) Compliant.

During the Assessment Contact from 20 August to 21 August 2024 consumers and representatives said staff understand how to support consumers’ wellbeing. Staff listen to the consumer and collaborate with the general practitioner (GP) and allied health staff, to plan care and minimise risks including those related to changed behaviours. Clinical staff confirmed they assess, plan, and evaluate each consumer’s care needs according to the service’s assessment and care planning schedule. The service’s revised consumer assessment and care planning spreadsheet alerts clinical staff to when to commence or review assessments.

A review of consumer care documentation demonstrated current risk assessments are in place for each consumer. Where Behaviour Support Plans (BSPs) are in place, representatives’ informed consent, and consideration of the advantages and disadvantages in relation to the use of the practice, are documented. BSPs are reviewed regularly and describe consumers’ risks associated with changed behaviours as well as personalised interventions to mitigate these risks. In a written response to the Assessment Team report the Approved Provider supplied further information confirming an identified consumer’s BSP and restrictive practice authorisation form had been updated and tailored to address specific individual care requirements.

# 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 |

Findings

The service was previously found not compliant with this Requirement. I am satisfied based on the Assessment Team’s report that the service has since implemented actions which have resulted in sustained improvement. I find Requirement 3(3)(a) Compliant.

During the Assessment Contact from 20 August to 21 August 2024 consumers and representatives said consumers receive safe, personalised care in relation to the management of changed consumer behaviours and transfers. Clinical staff described using screening tools in the assessment of a consumer’s changed behaviour. Staff implement individualised strategies when responding to consumers with behaviours of concern to minimise the use of restrictive practices. Staff explained they consult with representatives, GPs, and specialist services to develop effective BSPs. Clinical staff demonstrated understanding of regulatory requirements associated with the implementation of restrictive practices. A review of consumers’ care documentation confirms staff implement planned behaviour support interventions and evaluate effectiveness.

Clinical staff confirmed they receive education and training about the management of restrictive practices and safe manual handling. Staff support consumers with a range of mobility needs to transfer and mobilise safely and comfortably.

The service has a process for ensuring temperature sensitive medications are appropriately stored. Refrigerator temperatures are recorded twice daily and reviewed by the registered nurse in charge daily. The Assessment Team reviewed the service’s medication refrigerator temperature register from 1 June 2024 to 20 August 2024 and noted clinical staff consistently recorded temperatures twice daily as per the revised process.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

The service was previously found not compliant with this Requirement. I am satisfied based on the Assessment Team’s report that the service has since implemented actions which have resulted in sustained improvement. I find Requirement 7(3)(d) Compliant.

At the Assessment Contact on 20 August to 21 August 2024 consumers and representatives interviewed said the care they receive is safe and that staff are competent and confident in delivering care. Staff confirmed they are supported to complete relevant training. Management maintains oversight of training requirements and staff participation and works with staff to ensure training timelines are adhered to. Documentation viewed by the Assessment Team demonstrated a high staff completion rate of mandatory training.

Staff demonstrated understanding of the importance of mandatory training and how it relates to their practice. Evidence demonstrated a high rate of staff participation in training and completion of mandatory modules. Staff understand consumer preferences with care and legislative requirements for restrictive practices.

Management explained how they ensure staff complete mandatory training. Extra staff are rostered at the time of scheduled training to allow other staff members to participate in training requirements. Participation in training is reported to management. Overdue training is identified monthly, and management follow up with the relevant staff member. Documentation including training records and induction checklists were viewed by the Assessment Team.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The service was previously found not compliant with this Requirement. I am satisfied based on the Assessment Team’s report that the service has since implemented actions which have resulted in sustained improvement. I find Requirement 8(3)(c) Compliant.

The Assessment Team found the service monitors workforce requirements and implements strategies such as ongoing recruitment, including seeking international recruits, to address the shortfall in staffing numbers. In the interim, staffing numbers are supported by agency, casual and local hospital staff. The service is currently operating at a reduced bed capacity to ensure consumer needs are met.

Training deficits, incidents, and staff feedback are monitored and reported to the Board. A reporting structure is in place to communicate key information to the Board including risk areas and workforce matters. The Board maintains oversight of daily operations and workforce governance. The Board meeting minutes document key information relating to risk, incidents, recruitment, mandatory training, and compliance against the Aged Care Quality Standards. Monthly newsletters are used to share information with staff from the Board and management. The organisation has provided training to the workforce in the use of restrictive practices and managing consumers’ changed behaviours, and staff demonstrated knowledge of contemporary legislative requirements. Board members have completed online training to update their knowledge related to the Aged Care Quality Standards and legislative changes in relation to the use of restrictive practices.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)