Performance

Report

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| Name of service: | Village Coorparoo Aged Care |
| Service address: | 388 Cavendish Road COORPAROO QLD 4151 |
| Commission ID: | 5413 |
| Approved provider: | The Village Care Managers Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 14 February 2023 to 16 February 2023 |
| Performance report date: | 28 March 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 Village Coorparoo 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.
* The provider’s response to the assessment team’s report received 1 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 | **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 said they were treated with dignity and respect and felt accepted and valued. Staff described what treating consumers with dignity and respect meant in practice, and what they would do if they thought a consumer’s dignity wasn’t being respected. Training records, policies and procedures demonstrated the service had an inclusive, consumer centred approach to delivering care and services.

Consumers said staff delivering care and services understood their backgrounds, needs and preferences and knew how to make them feel respected and culturally safe. Staff described how they adapted the delivery of care and services to be culturally safe for each consumer.

Consumers said the service supported them to make decisions affecting their health and well-being, and they were supported to be independent and make and maintain connections and relationships. Care planning documents reflected consumers’ choice of who is involved in their care. Staff gave examples, and were observed, helping consumers make day-to-day choices about their care, meals, activities and socialising.

Consumers said the service consulted and supported them to understand the benefits and possible harms when they made decisions involving risks. Staff described how they supported consumers to exercise choice to live their best life, even when their choices involved risks. Care planning documents showed the service conducted risk assessments with consumers and representatives and documented mitigation strategies.

Consumers said they received current information in a way they could understand. Staff described different ways information was communicated to ensure all consumers could understand it, including consumers with poor cognition, sight or hearing. Care planning documents included communication barriers and how to ensure information is provided to consumers.

Consumers said staff protected their privacy and confidentiality when providing care. Staff confirmed all consumers’ personal information was kept confidential and not discussed in front of other consumers. This was consistent with observations. The service had a documented policy and protocols to guide staff in protecting consumer privacy.

# 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

Staff described the care assessment and planning process in detail, and how they assessed risks to consumers to inform the delivery of safe and effective care. Care planning documents showed comprehensive assessment and planning including consideration of risks to each consumers’ health and well-being. The service had policy and procedures support the planning of care that considers consumers’ choices and right to take risks.

Consumers and representatives said staff spoke to them about their end of life wishes, if they wished. Care planning documents showed assessment and planning identified and addressed consumers’ current needs, goals and preferences, including advance care planning and end of life plans. Staff described how assessment and planning identified and addressed the consumer’s current needs, goals and preferences and advance care and end-of-life planning.

Consumers and representatives said they were involved in all aspects of the assessment, planning and review of their care and services. Management detailed how assessment and planning was based on a partnership with the consumers and representatives and involved other organisations or individuals, when required. This was reflected in care planning documents.

Consumers and representatives confirmed they were offered a copy of care and services plan if they wanted one. Staff said they spoke regularly to consumers and representatives and provided copies of their care plan upon request. Care planning documents showed the outcomes of assessment and care planning were communicated to consumers and representatives.

Consumers and representatives said the service regularly reviewed their care and services, and made timely changes when circumstances changed, or incidents impacted on their needs. Staff described the processes for regular review of care and services and reviews when circumstances changed. Care planning documents were updated at least every 3 months and when care needs changed. The service had policies and procedures and staff training to support the review of the effectiveness of care plans.

# 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 were satisfied the care and services provided met consumers’ needs and preferences and optimised their health and well-being. Management and staff described how the organisation supported them to deliver personal and clinical care that was best practice and met the needs of each consumer. The service had documented policies and procedures in place to deliver safe and effective personal and clinical care, tailored to the needs, goals, and preferences of consumers.

Consumer and representatives said risks to their health and well-being are effectively managed. Staff and management described how they identified, assessed, and managed high impact or high prevalence risks to consumers. Care planning documents demonstrated high impact or high prevalence risks are identified, assessed and managed.

Consumers and representatives were confident the service would provide effective and dignified end of life care. Care planning documents included advanced care directives and end of life plans. Staff described how they supported consumers nearing end of life. The service had policies and procedures relating to end-of-life care that included a focus on maximising comfort and preserving dignity.

Consumers and representatives were satisfied that the service recognised and responded to deterioration in consumers’ condition. Care planning documents showed the timely response to a deterioration or change in consumers’ condition, capacity or function. Staff provided recent examples of when a deterioration or change in a consumer’s condition was recognised and responded to quickly.

Care planning documents contained adequate information to support safe and effective care. Staff said information systems were accessible and effective and there were systems for obtaining consent for information sharing.

Management and staff explained how the service made timely and appropriate referrals of consumers to other providers of care and services. Care planning documents showed appropriate referrals and the input of other providers of care when needed.

The service had documented policies and procedures to minimise the risks of infection and to promote the appropriate prescribing of antibiotics. Consumers and representatives said they were satisfied with the service’s management of COVID-19 and their infection control practices. Staff demonstrated an understanding of how to minimise the spread of infection and the need to minimise the use of antibiotics to reduce antimicrobial resistance.

**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 said the service supported them to do the things they want to do and supports them in their independence, health, well-being, and quality of life. Staff described consumers’ lifestyle preferences, interests and likes/dislikes and this was consistent with care planning documents.

Consumers said their emotional, spiritual, and psychological needs were supported by the service. Staff described how they supported consumers’ emotional, psychological and spiritual well-being. Care planning documents included information on consumers’ emotional, spiritual, and psychological needs, goals, and preferences.

Consumers said they were supported to maintain personal relationships and can take part in community and social activities that they choose. Staff provided examples of how they supported consumers to maintain important relationships and do things of interest, within and outside the service. Care planning documents showed the service designed lifestyle activities in consultation with consumers, to reflect their individual and group needs, goals and preferences.

Staff described ways current information about consumers’ condition, needs or preferences was shared with other staff and external providers. Care planning documents contained accurate and current information to support the delivery of appropriate services and supports for daily living.

Care planning documents showed the service collaborated with other individuals and organisations to meet each consumer’s individual needs. Staff described how they made referrals to external providers and provided examples of the different organisations that consumers were supported by.

Consumers were satisfied with the quality and quantity of the food. Staff said they can offer an alternative meal within minutes if consumers change their mind. The menu was developed with input from consumers and was changed seasonally. Care planning documents recorded consumers’ dietary needs and preferences and a dietician and speech pathologist visited the service whenever needed or requested.

Consumers said they feel safe when they are using equipment and they know how to report any concerns they have about the safety of equipment. Staff said they had access to suitable equipment, and they described how it was maintained and cleaned. Equipment provided to consumers appeared to safe, suitable, clean, and well maintained.

# 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 said they felt at home in the service and could personalise their rooms. The service appeared welcoming, bright and easily accessible with clear signage and maps to aid navigation. Staff described how they supported consumers to feel at home and to maintain their independence and individuality.

Consumers were observed moving freely throughout the service, both indoors and outdoors. Consumers and representatives reported the service was comfortable and clean, and maintenance requests were quickly attended. The service appeared to be clean and well-maintained.

Staff said they could access safe and suitable equipment, furniture and fittings. Consumers confirmed equipment, furniture and fittings were cleaned and maintained regularly and this was consistent with observations. Maintenance staff described how they attend to maintenance needs or organise for repairs by external services when required.

# 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 said they are encouraged and felt comfortable to provide feedback and make complaints. Staff explained how they assisted consumers fill out the feedback forms which were observed to be available around the service.

Consumers said they are provided with information needed to raise complaints. Staff were able to describe the actions they would take to support consumers, and confirmed that translation and specialist services are available if needed. Consumers and representatives are provided with written information on advocacy services and complaint mechanisms.

Consumers and representatives said management responded appropriately to complaints and they received an apology. Documentation provided evidence of an open disclosure approach used. Training records demonstrate that all staff have attended training on complaints and feedback and open disclosure.

Consumers reported that complaints and feedback were used to improve the delivery of care and services. Documents demonstrated that feedback and complaints are used to improve service. Management described the process of capturing and reviewing feedback and complaints and identifying improvement actions.

# 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 said there were enough staff, call bells were answered promptly, and staff provided the care they needed without being rushed. Management explained workforce planning strategies and how the staff roster contained a suitable number and mix of staff. Staff rosters showed there were enough staff to provide consistently safe and quality care.

Consumers said staff were kind and caring and they respected their identity, culture, and diversity. Staff explained how they delivered respectful care and were observed interacting with consumers in a kind, caring and respectful manner.

Consumers said staff were skilled and very good at their work. Staff said they had the necessary knowledge, skills and training to perform their role and were supported by senior staff. Records showed there were systems in place to ensure staff were knowledgeable and qualified and remained skilled to perform their roles.

Consumers were confident staff are well trained. Staff reported they received the training, support and supervision they needed to do their job well. Management explained how there was ongoing training and support provided to staff. Training records demonstrated staff have completed required training for their role.

Consumers said they were asked to provide feedback on the care provided by staff. Staff reported they had an annual performance review which assessed their performance against their role description and encouraged professional development. Staff records showed that management assessed, monitored, and reviewed the performance of staff following probation and annually. Records showed performance appraisals were up to date.

# 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 said the service listened and responded to their suggestions and they had a variety of avenues for providing input into how care and services were delivered. Management explained how the service sought consumers’ input through resident meetings, feedback forms, care reviews, surveys, and face to face discussions. Consumer feedback was shared directly with the governing body so improvements could be initiated at the governing level.

The organisation had a robust organisational structure governing the delivery of quality care and services. The service had a policy and plan in place to support inclusive care and this is endorsed by the governing body.

This service had effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. For example, the service had a financial governance system that was responsive to the needs of consumers.

The service had effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Staff gave examples of how the policies applied in their daily work.

The organisation had a clinical governance framework which included documented policies covering antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated they had received training in these areas and provided examples of how they applied these policies in their work.

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)