Churches of Christ Care Gracehaven Aged Care Service Bundaberg

Performance Report

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**Commission ID:** 5245

**Provider name:** Churches of Christ in Queensland

**Assessment Contact - Desk date:** 16 June 2020

**Date of Performance Report:** 20 July 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |

# Detailed assessment

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

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk 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 Contact - Desk report received 3 July 2020.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents.

The Assessment Team did not assess all requirements and therefore a summary or an overall compliance rating for the Quality Standard is not provided.

### Assessment of Standard 3 Requirements*.*

### Requirement 3(3)(a) Compliant

*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.*

Consumers and representatives interviewed by the Assessment Team are satisfied consumers are receiving care that is safe and right for them and meets their needs and preferences.

The Assessment Team reviewed care documentation for consumers which reflects individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. For consumers who are restrained, appropriate authorisations and consent are in place. Documentation includes strategies to minimise risk of harm and risk to consumers’ safety and well-being.

Staff interviewed by the Assessment team identified they are kept informed about consumers’ needs through the consumer’s care plan and information in the electronic management system, care alerts, handover and staff meetings. Care staff advised they ensure they provide safe and effective care by following the consumer’s care plan, policies and their training. Care staff said they report any changes in consumers’ needs to registered staff. They are aware of the consumer’s needs and preferences. A copy of the consumer’s care plan is located in the consumer’s room and checked prior to commencing any cares. Care staff interviewed demonstrated an understanding of consumer needs and can refer to their care plan.

Registered staff interviewed by the Assessment Team said they follow policy and procedures, participate in training, they document consumers’ needs and preferences, care plan reviews are undertaken as consumers’ needs change and at three monthly reviews, consumers and other providers who are involved in the consumer’s care participate in regular care plan reviews. Registered staff ensure summary care plans are updated to reflect changes in consumers’ needs. The management team and clinical governance support team keep all staff updated on changes to legislation and best practice through electronic mail, staff memorandum, education and training and at staff meetings. Clinical support is available 24 hours a day with a clinical nurse rostered seven days a week. Registered nurses advised and care staff confirmed they involve care staff and lifestyle staff in care plan reviews. Care plans are review on a regular three-monthly basis, as consumers’ needs change and when consumers return from hospital. Care plans are updated, and a copy of the updated care plan is put up in the consumer’s room. The registered staff notify care staff of any immediate changes and document changes in the electronic documentation system.

Registered staff described assessment and care planning processes, observing and monitoring charts and documentation requirements. Registered staff described the requirement to recommence all assessments and care plans on each occasion a consumer enters the service for respite and when consumers on respite enter the service on a permanent basis.

Registered and care staff demonstrated their understanding of chemical and physical restraint. Staff identified restraint is used as a last resort and described care practices to minimise the use of restraint. Practices include the use of non-pharmacological interventions prior to the use of chemical restraint, consumers engaged in diversional therapy and group activities, one to one support from staff and ensuring consumers’ needs are met including pain management, food and drink and continence management. Registered staff described the documentation requirements when administering chemical restraint.

Care staff described strategies to the Assessment Team to minimise impaired skin integrity including pressure relieving mattresses, booties for heels, gel cushions, pressure relieving cushions and regular pressure area care and position change. Staff advised they report any changes in the consumer’s skin including reddened areas to registered staff.

Registered staff demonstrated their understanding to the Assessment Team of falls prevention and management. Processes including the completion of a falls risk assessment tool, physiotherapy review, protocols for monitoring and observation of a consumer following a fall, protocols for witnessed and unwitnessed falls and protocols for transfer to hospital following a fall. Registered advised they are aware of incident reporting processes and open disclosure following a fall.

Registered staff demonstrated their understanding regarding management of skin integrity and wound management. Registered staff are responsible for assessment and wound management planning including dressing changes and wound review as per wound management plan and at a minimum of once per week.

Following a review of the Assessment Team’s findings and the Approved provider’s response, it is my decision this Requirement is compliant.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.