Accreditation Decision

**Decision not to revoke accreditation following review audit**

**Decision to vary period of accreditation following review audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Churches of Christ Care Warwick Aged Care Service |
| **RACS ID:** | 5886 |
| **Name of approved provider:** | Churches of Christ in Queensland |
| **Address details:**  | 223 Dragon Street Warwick QLD 4370 |
| **Date of review audit:** | 29 August 2019 to 30 August 2019 |

**Summary of decision**

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| --- | --- |
| **Decision made on:** | 24 October 2019 |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 77 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service after receiving a review audit report. |
| **Decision:** | Not to revoke the accreditation of the service under section 77 of the Rules.To vary the period of accreditation under section 77(4)(a) of the Rules. |
| **Varied period of accreditation:** | 24 October 2019 to 24 October 2020 |
| **Assessment of performance with the Aged Care Quality Standards** |
| Standard 1 Consumer dignity and choice | Not Met |
| Requirement 1(3)(a) | Not Met |
| Requirement 1(3)(b) | Met |
| Requirement 1(3)(c) | Not Met |
| Requirement 1(3)(d) | Not Met |
| Requirement 1(3)(e) | Met |
| Requirement 1(3)(f) | Met |
| Standard 2 Ongoing assessment and planning with consumers | Not Met |
| Requirement 2(3)(a) | Not Met |
| Requirement 2(3)(b) | Not Met |
| Requirement 2(3)(c) | Not Met |
| Requirement 2(3)(d) | Met |
| Requirement 2(3)(e) | Not Met |
| Standard 3 Personal care and clinical care | Not Met |
| Requirement 3(3)(a) | Not Met |
| Requirement 3(3)(b) | Not Met |
| Requirement 3(3)(c) | Not Met |
| Requirement 3(3)(d) | Not Met |
| Requirement 3(3)(e) | Not Met |
| Requirement 3(3)(f) | Not Met |
| Requirement 3(3)(g) | Met |
| Standard 4 Services and supports for daily living | Not Met |
| Requirement 4(3)(a) | Not Met |
| Requirement 4(3)(b) | Not Met |
| Requirement 4(3)(c) | Not Met |
| Requirement 4(3)(d) | Met |
| Requirement 4(3)(e) | Met |
| Requirement 4(3)(f) | Not Met |
| Requirement 4(3)(g) | Met |
| Standard 5 Organisation’s service environment | Not Met |
| Requirement 5(3)(a) | Met |
| Requirement 5(3)(b) | Not Met |
| Requirement 5(3)(c) | Not Met |
| Standard 6 Feedback and complaints | Not Met |
| Requirement 6(3)(a) | Met |
| Requirement 6(3)(b) | Met |
| Requirement 6(3)(c) | Not Met |
| Requirement 6(3)(d) | Not Met |
| Standard 7 Human resources | Not Met |
| Requirement 7(3)(a) | Not Met |
| Requirement 7(3)(b) | Met |
| Requirement 7(3)(c) | Not Met |
| Requirement 7(3)(d) | Met |
| Requirement 7(3)(e) | Not Met |
| Standard 8 Organisational governance | Not Met |
| Requirement 8(3)(a) | Not Met |
| Requirement 8(3)(b) | Not Met |
| Requirement 8(3)(c) | Not Met |
| Requirement 8(3)(d) | Not Met |
| Requirement 8(3)(e) | Not Met |
| **Timetable for making improvements:** | By 20 April 2020 |
| **Revised plan for continuous improvement due:** | By 14 November 2019 |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 80 of the Rules.**

Review Audit Performance
Assessment Report

The Commission makes the decision taking into account this Review Audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this Review Audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Churches of Christ Care Warwick Aged Care Service (the Service) conducted from 29 August 2019 to 30 August 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report details the findings of this performance assessment and contains a detailed report about the performance of the Service against each Quality Standard assessed and the requirements within each Quality Standard assessed rated as either, Met or Not Met.

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers and representatives  | 28 |
| Service Manager  | 1 |
| Clinical Support Consultant  | 1 |
| Clinical Lead – Quality and Compliance  | 1 |
| Regional Manager  | 1 |
| Care Manager  | 1 |
| Clinical Coordinator  | 1 |
| Registered nurses | 3 |
| Care, lifestyle and hospitality staff  | 15 |
| Allied health professional  | 1 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Not Met

#### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

#### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found the service has not met four of the six requirements under Standard 1.

While the majority of consumers and/or their representatives (consumers) interviewed said they are treated with respect most of the time or always, not all were satisfied staff maintain their dignity and privacy.

The service provided evidence that it has a culture of inclusion.

Consumers and representatives interviewed, and a review of strategies employed to enable and support consumers to make decisions, exercise choice and independence, does not consistently support consumers to live the best life they can.

The service does not consistently consult or communicate with consumers to ensure consumers are supported to make and communicate decisions at any time and exercise control over planning and delivery of care and services.

The workforce does not consistently enable consumers to make choices by providing clear and accurate information to inform their decisions.

The service does not demonstrate:

* Evidence of effective systems, policies and procedures that demonstrates a consumer centred approach to delivery of care and services, enabling consumer choice, independence and taking risks.
* Effective systems to undertake regular monitoring and to seek and respond to consumer feedback to ensure consumers are satisfied the workforce supports them to maintain their identity and live the life they choose.

#### Requirements:

Standard 1 Requirement 3(a) Not Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### **Standard 1 Requirement 3(b)**   **Met**

The organisation demonstrates that care and services are culturally safe.

Standard 1 Requirement 3(c) Not Met

The organisation demonstrates that 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.

Standard 1 Requirement 3(d) Not Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

Standard 1 Requirement 3(e) Met

The organisation demonstrates that 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.

Standard 1 Requirement 3(f) Not Met

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Not Met

#### Consumer outcome:

1. I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

#### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

#### Summary of Assessment of Standard 2:

The Assessment Team found the service has not met all five requirements under Standard 2.

While the majority of consumers and representatives said they get the care they need most of the time, they are not consulted about their care and service needs or advanced care planning and end of life planning. Some consumers and representatives reported that care delivery had not changed when feedback about the care had been provided to the service.

While the service provided evidence that it undertakes some assessments and develops plans of care, no evidence was provided to demonstrate that:

* assessments and care planning is in partnership with the consumer
* assessment tools (including risk assessment tools) are consistently used
* all risks to consumers’ health and well-being are considered
* there are ongoing discussions with consumers about advance care planning and end of life planning.

The outcomes of assessment and care planning are not consistently documented in a care and services plan and care and service plans are not regularly reviewed for effectiveness or when circumstances change.

There are effective systems to undertake regular monitoring or to seek consumer feedback to ensure consumers are satisfied with their ongoing involvement in assessment and planning which is tailored to them, documented, communicated and optimises consumers health and well-being.

#### Requirements:

Standard 2 Requirement 3(a) Not Met

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(b)**  **Not Met**

The organisation demonstrates that 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.

Standard 2 Requirement 3(c) Not Met

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.

Standard 2 Requirement 3(d) Not Met

The organisation demonstrates that 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.

Standard 2 Requirement 3(e) Not Met

The organisation demonstrates that 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.

### Standard 3:Personal care and clinical care Not Met

#### 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.

#### Summary of Assessment of Standard 3:

The Assessment Team found the service has not met six of the seven requirements under Standard 3.

Of consumers and representatives interviewed the majority said the consumers get the care they need most of the time. Feedback from some consumers and representatives identified concerns regarding their personal and clinical care.

The service did not demonstrate the effective management of high impact risks associated with the care of consumers, such as diabetes, falls and wound management and was unable to demonstrate that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed.

Management and staff demonstrated an understanding of precautions to prevent and control infection including the need to minimise antibiotics.

The service does not demonstrate:

* Application of best practice is included in policies and procedures, with provision of training and continuing professional development for staff and management in relation to best practice.
* Regular and timely review of practices and procedures to ensure they remain fit-for-purpose in consultation and in partnership with consumers, representatives and other professionals.
* Effective monitoring systems to seek consumer feedback ensuring consumers are satisfied with personal or clinical care in accordance with their needs, goals and preferences.

#### Requirements:

Standard 3 Requirement 3(a) Not Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(b) Not Met

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

Standard 3 Requirement 3(c) Not Met

The organisation demonstrates that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

Standard 3 Requirement 3(d) Not Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(e) Not Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(f) Not Met

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Standard 3 Requirement 3(g) Met

The organisation demonstrates 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.

### Standard 4:Services and supports for daily living Not Met

#### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and
well-being and that enable me to do the things I want to do.

#### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

#### Summary of Assessment of Standard 4:

The Assessment Team found the service has not met six of the seven requirements under Standard 4.

The majority of consumers and representatives interviewed reported consumers are encouraged to do as much as possible for themselves most or all the time. Other consumers and representatives interviewed raised concerns regarding supports for daily living to meet the consumer’s needs goals and preferences.

Of consumers and representatives interviewed over half said they like the food always or most of the time, and a few said they like the food only some of the time.

The service does not demonstrate:

* Delivery of services and supports for daily living that are important for each consumer’s health and well-being to ensure consumers are enabled to do the things they want to do.
* Services and supports for daily living that promote each consumer’s emotional and psychological well-being.
* Effective communication within the service and with others responsible for the consumers’ care regarding information about the consumers condition, needs and preferences.
* Effective monitoring systems when consumer feedback is provided actions occur to ensure consumers are satisfied with the services and supports for daily living.

#### Requirements:

Standard 4 Requirement 3(a) Not Met

The organisation demonstrates that 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.

Standard 4 Requirement 3(b) Not Met

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

Standard 4 Requirement 3(c) Not Met

The organisation demonstrates that 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.

Standard 4 Requirement 3(d) Not Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

Standard 4 Requirement 3(e) Not Met

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Standard 4 Requirement 3(f) Not Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

Standard 4 Requirement 3(g) Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5:Organisation’s service environment Not Met

#### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

#### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

#### Summary of Assessment of Standard 5:

The Assessment Team found the service has not met two of the three requirements under Standard 5.

While the majority of consumers and representatives expressed satisfaction with the maintenance of the furniture, fittings and equipment, however, some consumers and representatives were not satisfied the workforce ensures the environment effectively supports the consumers’ comfort, health and well-being.

The service’s environment does not consistently provide a safe, clean and comfortable environment that promotes consumers’ independence and function. For example:

* While the service generally ensures consumers can move freely within and externally to the service, the service has not ensured the actual and potential risks within the living environment are effectively identified to provide a safe environment.
* The service does not provide consumers and/or their delegated representatives with information regarding best practice in relation to application of equipment to inform decision making.
* The service does not ensure the consumers’ private spaces are cleaned and well maintained to support consumers’ comfort, health and wellbeing.

The service does not demonstrate:

* Effective assessment by qualified staff or health professionals with consideration of suitable equipment available for consumers’ care.
* Adequate workforce training in understanding support required to promote a safe and comfortable environment for consumers’ independence and enjoyment.
* Systems and procedures to demonstrate the purchase of equipment suitable to support consumers’ needs.
* Identification of risks and potential environmental related risks are consistently managed.
* Effective systems to undertake regular monitoring or to seek consumer feedback to ensure consumers are satisfied with the organisation’s service environment and how it could be improved and made more welcoming.

#### Requirements:

Standard 5 Requirement 3(a) Met

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

Standard 5 Requirement 3(b) Not Met

The organisation demonstrates that the service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

Standard 5 Requirement 3(c) Not Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6:Feedback and complaints Not Met

#### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

#### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

#### Summary of Assessment of Standard 6:

The Assessment Team found the service has not met three of four requirements under Standard 6.

The majority of consumers and representatives interviewed confirmed staff follow up when they raise things with them most or all the time. Other consumers and representatives interviewed reported they have raised concerns with management and are not consistently satisfied with management’s response to their concerns or actions taken to address them.

Interviews with management and staff and review of documentation indicate management have not consistently analysed and actioned information provided through the consumer feedback processes. The service does not consistently use consumer and staff feedback to inform continuous improvement activities to support a better outcome for consumers.

The service does not demonstrate:

* Effective feedback and complaints system that includes verbal and written complaints, actions to address complaints and feedback provided to complainants that addresses their concerns.
* Effective monitoring of complaints to inform appropriate actions and identify improvement activities.
* Effective monitoring systems to ensure consumers are satisfied with the service’s feedback and complaints system.

#### Requirements:

##### **Standard 6 Requirement 3(a)**  **Not Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

Standard 6 Requirement 3(c) Not Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

Standard 6 Requirement 3(d) Not Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7:Human resources Not Met

#### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

#### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

#### Summary of Assessment of Standard 7:

The Assessment Team found the service has not met all five requirements under Standard 7.

Fourteen of 28 consumers and representatives interviewed raised concerns regarding provision of their care and services. This included the number of staff available for the delivery and management of safe and quality care and services.

The service does not demonstrate ongoing monitoring and review of staff practices to ensure consumers are receiving timely responses to their needs.

Review of consumers records, interviews with staff and management and observations of staff practices identified deficiencies in staff knowledge and understanding of the provision of safe, quality care and services.

The service does not demonstrate:

* The workforce is recruited, trained, equipped and supported to deliver outcomes required by the new Aged Care Quality and Safety Standards.
* Education processes to ensure staff are supported to understand and apply safe and quality care and services are effective.
* Training needs are consistently identified and analysed in response to incidents and complaints.
* The workforce is competent and have a shared understanding of their roles and responsibilities for the provision of safe, respectful and quality care and services.
* Routinely monitoring of staff practices to identify deficiencies in delivery of provision of quality care and services to consumers.

#### Requirements:

Standard 7 Requirement 3(a) Not Met

The organisation demonstrates that 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.

Standard 7 Requirement 3(b) Not Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

Standard 7 Requirement 3(c) Not Met

The organisation demonstrates that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

Standard 7 Requirement 3(d) Not Met

The organisation demonstrates that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

Standard 7 Requirement 3(e) Not Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

### Standard 8:Organisational governance Not Met

#### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

#### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

#### Summary of Assessment of Standard 8:

The Assessment Team found the service has not met all five requirements under Standard 8.

Just under half of the consumers and representatives interviewed agreed the service is well run. Other consumers and representatives expressed dissatisfaction with aspects of care and services. Most consumers and representatives advised they were not a partner in improving the delivery of care and services they receive.

The organisation’s governing body has not met the requirements of this Quality Standard in relation to governance of the service including effective organisational systems that support effective information management, the workforce, compliance with regulations and clinical governance for the delivery of safe and effective care.

The organisation does not demonstrate:

* Consumers are engaged in the development, delivery and evaluation of care or are consistently supported in that engagement.
* Effective consultation occurs with consumers or consumers’ representatives to enable and support decision making in relation to the care and services.
* An effective risk management system for managing high impact or high prevalence risks.
* Effective information system to ensure accurate and current information is reported to inform decision making.
* Effective analysis and actioning of incident data to identify deficiencies and inform continuous improvement.
* Effective clinical governance framework that demonstrates effective provision of clinical care.

#### Requirements:

Standard 8 Requirement 3(a) Not Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

Standard 8 Requirement 3(b) Not Met

The organisation demonstrates that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

Standard 8 Requirement 3(c) Not Met

The organisation demonstrates 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.

Standard 8 Requirement 3(d) Not Met

The organisation demonstrates 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.

Standard 8 Requirement 3(e) Not Met

The organisation demonstrates that 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.