Clayton Church Homes - Magill

Performance Report

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**Commission ID:** 6032

**Provider name:** Clayton Church Homes Inc

**Assessment Contact - Site date:** 12 July 2021

**Date of Performance Report:** 20 August 2021

# Publication of report

This Performance Report **will 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 1 Consumer dignity and choice** |  |
| Requirement 1(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(e) | 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 - Site; the Assessment Contact - 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 Contact - Site report received 28 July 2021.

# STANDARD 1 Consumer dignity and choice

### 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.

## Assessment of Standard 1

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, asking them about the Requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the Requirements under this Standard. The Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall, consumers interviewed by the Assessment Team considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers said interactions with staff were kind and respectful and considered the individual needs of the consumer.

Staff interviewed by the Assessment Team were able to describe how they treat consumers with dignity and respect, providing examples of consumers preferences for care and how their background, culture and experiences influence how they interact and provide care to consumers. Care planning documents reviewed identified the needs, goals and preferences of consumers in relation to emotional and spiritual support, sensory needs, cultural and background.

Observations by the Assessment Team indicated that staff interact with consumers in a kind and respectful manner and maintain their personal privacy and preference for how care is delivered.

One of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

The service was able to demonstrate each consumer is treated with dignity and respect with their identity, culture and diversity valued. All consumers and representatives interviewed by the Assessment Team described staff as kind, caring and respectful and said their dignity was respected at all times. Staff could describe how they value consumer’s identity, culture and diversity. Staff confirmed they have received training around dignity and respect and the service has guidelines to inform staff of the importance and principles of ensuring dignity and respect is always maintained.

Management interviewed by the Assessment Team described actions the service has taken in response to the non-compliance identified at a Site Audit conducted between 15 and 17 February 2021. The Assessment Team observed that these actions have been implemented at the service and had been embedded into everyday practice at a service and organisational level. This includes staff training and learning modules, consumer experience and staff knowledge audits, consumer surveys and staff counselling to improve practices.

The service demonstrated each consumer is treated with dignity and respect with their identity, culture and diversity valued.

I find this requirement is Compliant.

# STANDARD 3 NON-COMPLIANT 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.

Overall, consumers interviewed by the Assessment Team considered that they receive personal care and clinical care that is safe and right for them.

The Assessment Team found a range of assessments are completed by clinical staff on entry and on an ongoing basis using recognised tools to identify each consumer’s care needs and preferences. Care plans are developed from the information in consultation with consumers and/or representatives.

Staff have access to policies and procedures relating to wounds, pain, and skin integrity to reflect best practice principles and guidelines.

However, the Assessment Team found the service was not able to demonstrate effective diabetes management for one consumer and wound management for another consumer.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-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.*

The Assessment Team found that for two consumers sampled, clinical care was not best practice to optimise their health and well-being. For one consumer who has unstable diabetes, the consumer’s blood glucose levels (BGLs) were not always monitored and recorded in line with the diabetes management plan and directives. Some morning and lunchtime BGLs were not monitored and the following readings were high and required insulin administration. For another consumer who has a chronic wound, the Assessment Team found there had been limited review by the consumer’s medical officer and no referral to a wound specialist in line with the service’s wound management policy.

The approved provider’s response includes clarifying information about the identified consumer’s BGL monitoring. The approved provider identifies that on most occasions the consumer’s BGLs were accurately recorded and only on a small number of instances were their BGLs not monitored. The approved provider states that on the occasions where the consumer’s BGLs were omitted, this had no discernible impact on the consumer’s wellbeing and did not required insulin administration.

In their response, the approved provider acknowledged that the consumer with the chronic wound had not been referred for further medical or wound review despite the wound not healing. The approved provider’s response identifies that since the Site Audit, the consumer’s medical officer has been notified of the healing status of the wound and a referral has been made to an external wound consultant for assessment.

The service did not demonstrate that consumers consistently receive clinical care that is best practice, tailored to their needs, and optimises their health and well-being. While for most consumers clinical care was effective, for two consumers care was not consistently provided in line with medical directives or the service’s policies.

I find this requirement is Non-compliant.

# STANDARD 7 Human resources

### 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.

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Overall, consumers and representatives interviewed by the Assessment Team considered they get quality care and services when they need them and from people who are knowledgeable and capable. Consumers and representatives interviewed confirmed staff are kind and caring. They said staff treated consumers with respect, they are responsive to their needs and understand their preferences and interests.

Most consumers, representatives and staff said there has been an improvement in staffing levels and there is sufficient staff to enable the delivery of safe, quality care. Some staff said they were sometimes busy as a result of new staff becoming familiar with the consumers they support, however they did not identify any negative outcomes for consumers as a result.

One of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

The Assessment Team found the service was able to demonstrate the workforce is planned and the number and mix of members of the workforce deployed enables the delivery and management of safe and quality care and services. The service demonstrated processes to ensure the skill mix of employees is considered in addition to staffing level based on occupancy rates and acuity of consumers. The service has effective processes to ensure planned and unplanned leave is managed. Overall, consumers and representatives interviewed confirmed there are adequate numbers of staff with appropriate skills.

Management interviewed by the Assessment Team described actions the service has taken in response to the Non-compliance identified at a Site Audit conducted 15 to 17 February 2021. This included an increase in care staffing hours, recruitment strategy to employ more care staff, daily monitoring of call bell response times, satisfaction surveys, reviews and observational audits to ensure the number of the workforce enables the delivery and management of safe and quality care and services.

The service demonstrated the workforce deployed enables the delivery and management of safe and quality care and services.

I find this requirement is Compliant.

# STANDARD 8 Organisational governance

### 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.

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall, consumers representatives interviewed by the Assessment Team considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers and representatives provided examples of how they are involved in the development, delivery and evaluation of care and services. The service has a clinical governance framework that encourages consumers to partner in the delivery of their care and services.

The service demonstrated effective governance systems in relation to information management, continuous improvement; financial governance; workforce governance, including the assignment of clear responsibilities and accountabilities; regulatory compliance and feedback and complaints.

The service was able to demonstrate a clinical governance framework which included antimicrobial stewardship, minimising the use of restraint and open disclosure. The service has policies and procedures to support staff which includes antimicrobial stewardship, minimising the use of restraint and open disclosure.

Two of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Compliant

*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.*

The Assessment Team found the service was able to demonstrate effective governance systems relating to information management, continuous improvement, financial governance, workforce governance and regulatory compliance. Policies and procedures, guidelines and other documents are available to guide effective implementation and organisation wide practice. These documents are regularly reviewed to ensure they remain current and reflect the requirements of the Quality Standards and other legislation relevant to the delivery of care and services.

Management interviewed by the Assessment Team described actions the service has taken in response to the Non-compliance identified at a Site Audit conducted 15 to 17 February 2021 which included monitoring and oversight of call bell response times, audits and consumer satisfaction surveys.

The service demonstrated effective governance systems relating to information management, continuous improvement, financial governance, workforce governance and regulatory compliance.

I find this requirement is Compliant.

### Requirement 8(3)(e) Compliant

*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.*

The Assessment Team found the service was able to demonstrate a clinical governance framework which included antimicrobial stewardship, minimising the use of restraint and open disclosure. The service has policies and procedures to support staff knowledge and practice. Clinical analysis of medication incidents and use of restraint is conducted monthly and reviewed by the service and executive management and reported to the Clinical Governance committee.

Management interviewed by the Assessment Team described actions the service has taken in response to the Non-compliance identified at a Site Audit conducted 15 to 17 February 2021 which included increased review and monitoring of the use, minimisation and cessation of chemical and physical restraint and strengthened clinical governance to ensure the safe, quality and effective care and services for consumers.

The service demonstrated an effective clinical governance framework including antimicrobial stewardship, minimising the use of restraint and open disclosure.

I find this requirement is Compliant.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

### 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.*

The approved provider must demonstrate:

* Consumer clinical and personal care is consistently best practice, tailored to the consumer’s needs and optimises their health and well-being.
* Prevention and management of consumer wounds is in line with the organisation’s policies and optimises consumer’s health and well-being.
* Management of consumer’s diabetes is consistently in line with medical directives and optimises consumer’s health and well-being.