Clayton Church Homes - Magill

Performance Report

43 Fisher Street
MAGILL SA 5072
Phone number: 08 8165 6400

**Commission ID:** 6032

**Provider name:** Clayton Church Homes Inc

**Assessment Contact - Site date:** 28 July 2020

**Date of Performance Report:** 8 October 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)(b) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(c) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(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 - 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 on 10 August 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

The Assessment Team recommended Requirement (3)(b) in Standard 3 as met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the response from the approved provider to come to a view that the service is Compliant with Requirement (3)(b) in Standard 3. The other Requirements of the Standard were not assessed.

Overall, consumers and representatives sampled considered consumers receive personal care and clinical care that is safe and right for them and were satisfied with the management of high impact or high prevalence risks.

* One representative expressed satisfaction with the manner in which the service was responding to their family member’s care needs by making them as comfortable as possible and understanding the consumer’s wishes.
* One representative was satisfied the service is managing their family member’s falls and weight. This included a review by a Dietitian and changes made to their diet.

Staff were able to describe high impact or high prevalence risks associated with the care of consumers and the strategies in relation to falls management, behaviour management and nutrition and hydration. Staff have been provided with training in the assessment and planning of high impact or high prevalence risks associated with the care of consumers.

The Assessment Team viewed consumer files which demonstrated that high impact or high prevalence risks are identified on entry and on an ongoing basis through the completion of assessments, regular six-monthly reviews or when care needs change. The service has policies and procedures to guide staff practices in relation to falls, weight loss, urinary tract infections and aggressive behaviour. Consumers are reviewed by the Medical Officer following a fall and neurological observations commenced. Referrals are made to allied health professionals such as a Dietitian, Speech Pathologist and Physiotherapist as required. Assessments viewed by the Assessment Team included consumers at risk of falls, wounds and pressure injuries, swallowing difficulties, diabetes, weight loss, and recurrent urinary tract infections.

Documentation confirmed clinical incidents are monitored, analysed, trended and benchmarked monthly by the service and the organisation.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

# STANDARD 6 Feedback and complaints

### 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 regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Assessment Team recommended Requirement (3)(c) in Standard 6 as met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the response from the approved provider to come to a view that the service is Compliant with Requirement (3)(c) in Standard 6. The other Requirements of the Standard were not assessed.

Overall, consumers and representatives sampled said they are able to raise complaints, concerns or issues with management.

* Consumers said they are aware of how to raise a complaint, if they needed to do so, and were comfortable and supported to do so.
* One consumer said they had raised a concern regarding their dietary requirements; however, things have improved, and they have no further issues with the meals provided.

Management said the service deals with complaints as soon as they are received, either verbally or in writing. Management said they have an ‘open door’ policy and consumers can raise their concerns at any time with them. Management said they have regular meetings with a consumer who has raised numerous complaints to ensure their complaints are addressed in a timely manner and resolved.

Staff said they are aware of the service’s complaints and open disclosure policies and assist consumers to make a complaint using the service’s feedback form.

The organisation has systems in place for managing and resolving complaints, including a register for recording complaints. Information is provided to consumers and representatives through the service’s newsletter, including information on the availability of ‘Have Your Say’ forms for lodging complaints.

Based on the information detailed above, I find the approved provider, in relation to Clayton Church Homes – Magill, does comply with Requirement (3)(c) of Standard 6.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

# 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

The Assessment Team recommended Requirement (3)(a) in Standard 7 as met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the response from the approved provider to come to a view that the service is Compliant with Requirement (3)(a) in Standard 7. The other Requirements of the Standard were not assessed.

Overall, consumers and representatives sampled said there are sufficient staff to meet the care and services they require. Consumers said staff are knowledgeable, capable and caring, and respond to their call bells in a timely manner. Consumers said that if they have to wait for their call bell to be answered, there is no negative impact. Representatives said they are satisfied with the care being provided to their family members.

Staff said they have sufficient time to complete their tasks and vacant shifts are covered by extending shifts, or by using casual and Agency staff. Care staff said they work as a team and if necessary are assisted by nursing staff. Staff said they have access to information to guide them in providing care to consumers.

Management said rosters and allocations are regularly reviewed, and if required, additional hours are included on the roster. This has included additional hours recently being included on the roster to enable staff to respond to call bells in a timely manner. The service has a communication book where staff can indicate whether they are available to work additional shifts. Nursing staff responsible for filling vacant shifts when staff call in sick said they use this information and for continuity of care will roster either permanent or casual staff rather than using Agency staff. Roster documentation viewed by the Assessment Team confirmed all shifts have been filled in the fortnight prior to the visit.

The service has installed a new call bell system with an escalation protocol. Call bell and entering room processes were discussed at the February 2020 staff meeting.

Call bell reports are generated fortnightly by management to identify long wait times. These are then discussed with staff and investigated to determine the reasons for the delay and whether there is an underlying cause.

The Assessment Team observed staff assisting consumers with care and dignity.

Based on the information detailed above, I find the approved provider, in relation to Clayton Church Homes – Magill, does comply with Requirement (3)(a) of Standard 7.

## 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.*

# 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.