Clayton Church Homes - Magill

Performance Report

43 Fisher Street   
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**Commission ID:** 6032

**Provider name:** Clayton Church Homes Inc

**Site Audit date:** 15 February 2021 to 17 February 2021

**Date of Performance Report:** 12 May 2021

# 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 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Non-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 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 Approved Provider’s response to the Site Audit report received 10 March 2021.

# STANDARD 1 NON-COMPLIANT 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

The Quality Standard is assessed as Non-compliant as one of the six specific Requirements has been assessed as Non-compliant.

The Assessment Team have recommended Requirement (3)(a) in this Standard as not met. The Assessment Team found the service was unable to demonstrate that each consumer is always treated with dignity and respect.

Based on the Assessment Team’s report and the Approved Provider’s response I find Requirement (3)(a) in this Standard Non-compliant. I have provided reasons for my finding in the respective Requirement below.

In relation to Requirements 3(b), (3)(c), (3)(d), (3)(e) and (3)(f) in this Standard, the Assessment Team found overall, sampled consumers consider 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. Specific examples of consumer and representative feedback includes:

* Most consumers interviewed indicated staff treat them with dignity and respect, describing staff as respectful, kind and caring.
* Consumers described different ways they are supported to maintain independence and relationships.
* Consumers and representatives indicated consumers are supported to take risks.
* Consumers indicated they are provided with a range of information to support them to exercise choice, including an information pack on arrival to the service.
* All consumers reported their privacy is always respected.

Staff interviewed were able to describe how they provide culturally safe care, including how assessment and care planning processes supports them to understand each consumer. Staff were able provide examples of supporting consumers to maintain relationships. Staff described strategies used to support and manage risk associated with consumers engaging in activities of their choosing and described various ways information is provided to consumers.

The Assessment Team found sampled consumer assessment and care plans identified consumers’ cultural needs and preferences, including their decisions and choices about care. Assessments included identifying and managing risks associated with consumers engaging in activities of their choosing.

The Assessment Team observed noticeboards and information on display and a resident meeting in progress with a significant number of consumers in attendance. Staff were observed to promote and respect consumers’ privacy through knocking on doors prior to entering, seeking permission to provide care and closing doors and hanging ‘do not disturb’ signs on the door.

Based on the Assessment Team’s report, I find Clayton Church Homes Inc, in relation to Clayton Church Homes – Magill, Compliant with Standard 1 Requirements (3)(b), (3)(c), (3)(d), (3)(e) and (3)(f).

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Non-compliant

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

The Assessment Team found the service was unable to demonstrate that each consumer is always treated with dignity and respect. The Assessment Team provided the following information and evidence relevant to my finding:

* The Assessment Team observed one consumer to be visibly distressed, calling out for staff assistance. However, staff in the area indicated they were unable to help due to attending to other duties and consumers. While the consumer became more distressed with time, staff did not render assistance for approximately 30 minutes.
* One representative was not satisfied staff always treat their consumer with respect by not taking the time to understand and listen to them.
* The Assessment Team observed specific care instructions to be on display for four consumers, either in consumers’ rooms or on their room doors.

The Approved Provider submitted a response to the Assessment Team’s report and have indicated the Board and senior management are committed to implementing and prioritising improvements to address the deficiencies identified by the Assessment Team. Corrective actions were implemented at the time of the Site Audit and further actions are continuing which include:

* Staff focus on attention to person-centred interactions with individual consumers.
* Immediate removal of personal care information displayed in view of others.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the service’s improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, each consumer was not always treated with dignity and respect, with their identity and needs valued. In coming to my finding, I have considered staff were aware of one consumer’s distressing calls but did not respond in a reasonable timeframe to relieve their distress, even with the Assessment Team’s prompting and reminders. I have also considered staff have displayed specific care information which does not support consumers are treated with dignity and respect in all aspects of care and service delivery.

For the reasons detailed above, I find Clayton Church Homes Inc, in relation to Clayton Church Homes – Magill, Non-compliant with Standard 1 Requirement (3)(a).

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### 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.

## Assessment of Standard 2

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found overall, sampled consumers consider they feel like partners in the ongoing assessment and planning of their care and services. Specific examples from consumers and representatives include:

* Consumers and representatives indicated assessment processes had identified risk and are used to inform care and services.
* Consumers and representatives indicated they are informed of changes to care plans and were satisfied with the level of involvement in assessment and care planning processes. They were unfamiliar with the term care plan or associated documents. However, did confirm the service regularly reviews consumers’ care and services, including when circumstances change, or incidents occur.

The Assessment Team observed care planning documentation to be readily available to staff.

Staff interviewed provided detail about how they support consumers to engage in end of life planning and were able to describe what is important to individual consumers in relation to the delivery of personal and clinical care. Nursing staff indicated consumers and/or representatives are consulted during assessment and planning processes and includes a range of health professionals, such as the medical officer and physiotherapist. Outcomes of assessment and care planning are communicated through a variety of ways and occur following changes to care, an incident or medical officer review.

The service has documented policies and procedures to guide assessment and care planning processes. The Assessment Team found all sampled consumer files demonstrated a range of care and lifestyle assessments are completed to identify consumers’ needs and preferences, including tools to identify risks. Care plans also included end of life wishes and advance care planning, with consumers’ needs, goals and preferences documented for all aspects of care. Appropriate reassessment and review following incidents or changes in health are undertaken, including the involvement of relevant health professionals.

Based on the Assessment Team’s report, I find Clayton Church Homes Inc, in relation to Clayton Church Homes – Magill, Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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 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

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

The Assessment Team have recommended Requirement (3)(a) in this Standard as not met. The Assessment Team found the service was unable to demonstrate each consumer gets safe and effective clinical care which his best practice, tailored to their needs and optimises their health and well-being, specifically in relation to skin and wound care.

Based on the Assessment Team’s report and the Approved Provider’s response I find Requirement (3)(a) in this Standard Non-compliant. I have provided reasons for my finding in the respective Requirement below.

In relation to Requirements 3(b), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in this Standard, the Assessment Team found overall, most consumers sampled consider they receive personal and clinical care that is safe and right for them:

* Consumers indicated they get the care they need and are satisfied with the personal and clinical care provided.
* One consumer’s representative indicated they were satisfied with the provision of palliative care.
* All representatives interviewed indicated they were contacted and provided regular updates in relation to consumers’ care and clinical needs.

Clinical staff interviewed were able to describe practices and processes used to monitor consumers’ high risk clinical conditions. Staff were able to explain how they support consumers who require palliative care and ways in which they recognise and respond to a deterioration or change in consumers’ conditions or health status. Staff described ways in which changes to consumers’ care is communicated and provided examples of referrals to health specialists and how outcomes of specialist reviews are communicated to staff. Staff were able to demonstrate an understanding of infection control practices and confirmed participation in relevant training and minimising the use of antibiotics.

The service has a range of policies and procedures which relate to best practice care delivery. The Assessment Team viewed consumer care files which indicated consumers’ high impact or high prevalence risks associated with the care of consumers, specifically in relation to weight loss, behavioural management, pain and falls were effectively managed. A file for a consumer who was palliating indicated specific strategies used to support effective palliative care practices. Two consumer files demonstrated staff took appropriate action in response to changes in consumers’ clinical health condition. Progress notes indicated ongoing commentary relating to changes in consumers’ conditions and included information from other health professionals. Several consumer files indicated a range of referrals are made to health specialists. A log of infections is maintained and reviewed to identify trends and how antibiotics are being used in response to infections.

Based on the Assessment Team’s report, I find Clayton Church Homes Inc, in relation to Clayton Church Homes – Magill, Compliant with Requirements (3)(b), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care.

### 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 the service was unable to demonstrate each consumer gets safe and effective clinical care which his best practice, tailored to their needs and optimises their health and well-being, specifically in relation to skin and wound care. The Assessment Team provided the following information and evidence relevant to my finding:

* Three consumers’ wound care documentation appeared that their wounds were stable. However, documentation was not consistently completed to support effective monitoring and review of wounds. Wound charts did not consistently contain staff/classification of wounds, measurements or photographs taken in accordance with the service’s process.
* Staff did not always follow the dressing regime for one consumer.
* A consumer who had a chronic wound which has not responded to current treatment was not referred to a wound specialist in accordance with the service’s processes.
* A consumer’s repositioning chart did not demonstrate the consumer is provided repositioning and skin checks in accordance with their assessed needs.

The Approved Provider submitted a response to the Assessment Team’s report and have indicated the Board and senior management are committed to implementing and prioritising improvements to address the deficiencies identified by the Assessment Team. Corrective actions were implemented at the time of the Site Audit and further actions are continuing which include:

* Improved wound management, including reviewing wound management systems and outcomes.
* Wound management training for clinical staff.
* Appointment of wound management leader to guide systems and practices.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the service’s improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, each consumer was not provided with safe and effective clinical care. I have considered three consumers’ wound documentation has not been effectively completed by clinical staff to support effective monitoring and management of wounds, including referrals to specialists where the wound is not improving in a reasonable and expected timeframe. I have also considered staff are not always completing documentation to support demonstration of effective pressure area care or completing one consumer’s wound dressing in accordance with the prescribed wound dressing regime.

For the reasons detailed above, I find Clayton Church Homes Inc, in relation to Clayton Church Homes – Magill, Non-compliant with Standard 3 Requirement (3)(a).

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

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

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

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

### Requirement 3(3)(d) Compliant

*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.*

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

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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 COMPLIANT Services and support for daily living

### 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.

## Assessment of Standard 4

The Quality Standard is assessed as Compliant as seven of the seven specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers interviewed consider they get the services and supports for daily living that are important for their health and well-being and that enables them to do the things they want to do. Examples provided by sampled consumers/representatives include:

* Consumers indicated staff support them to maintain their independence, participate in the community, maintain personal and social relationships and engage in the things they want to do.
* Consumers/representatives confirmed staff are supportive of consumers’ emotional, spiritual and psychological well-being.
* Consumers indicated they are satisfied with the meals provided.
* Consumers and representatives indicated they are satisfied with equipment provided, finding it safe, suitable, clean and well maintained.

Staff interviewed demonstrated an understanding of consumers’ needs, preferences, life experiences and interests which were consistent with consumers’ care plans. Staff described how consumers are offered lifestyle programs which are tailored to consumers’ needs, including those living with cognitive impairments. Staff provided specific examples of how they support consumers’ emotional needs, including having pastoral carers to support consumers. Staff indicated there are effective communication processes which effectively supports shared information about consumers. Staff were able to describe how they involve volunteers and other external organisations to provide supports for consumers. Catering staff were able to describe how consumers are supported to be provided diets in accordance with their needs and preferences.

The Assessment Team observed several consumers participating in group activities and the environment during lunchtime meal service was calm, with consumers appearing to enjoy their meals. They also observed the pastoral carer engaging with consumers and visitors. Equipment used to support consumers was observed to be clean and well maintained

The Assessment Team viewed sampled consumers’ care plans which contained strategies to guide staff in supporting consumers’ conditions, needs and preferences, including things they like to do, emotional and spiritual needs and preferences. The care plans also identified people who were important to consumers. Care plans also contained consumers’ dietary needs and preferences. The service has a monthly activities calendar which includes a variety of activities, including some which require the support of individuals external to the service.

Based on the Assessment Team’s report, I find Clayton Church Homes Inc, in relation to Clayton Church Homes – Magill, Compliant with all Requirements in Standard 4 Services and supports for daily living.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### 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.

## Assessment of Standard 5

The Quality Standard is assessed as Compliant as three of the three specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers interviewed feel they belong in the service and feel safe and comfortable in the service environment. Examples provided by sampled consumers/representatives include:

* Consumers and representatives indicated they were happy with the service environment and that it is safe, clean and well-maintained, with access to outdoor spaces. They are satisfied with furniture, fittings and equipment at the service.
* Consumers feel their family are made to feel welcomed when they visit.
* The Assessment Team observed the service environment to be welcoming and easy to understand, with clear signs on display to provide direction. The environment was safe, clean, comfortable and well maintained. The service has indoor and outdoor spaces for consumers to be utilised and consumers were observed to be moving freely both indoors and outdoors. Equipment was observed to be clean, well maintained and suitable for consumers.
* Staff interviewed were able to describe processes used to ensure the environment is kept clean and well maintained, including processes to report hazard and maintenance issues. Staff also reported how they support consumers with mobility impairments and to attend activities.
* The maintenance log indicated maintenance of the service environment, furniture, fittings and equipment and other documentation demonstrated maintenance requests are actioned.

Based on the Assessment Team’s report, I find Clayton Church Homes Inc, in relation to Clayton Church Homes – Magill, Compliant with all Requirements in Standard 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

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

### Requirement 5(3)(b) Compliant

*The service environment:*

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

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT 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 Quality Standard is assessed as Compliant as four of the four specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers interviewed consider they are encouraged and supported to provide feedback and make complaints. Examples provided by sampled consumers/representatives include:

* Consumers and representatives indicated management are approachable. They also indicated they feel comfortable to provide feedback and are able to provide feedback at the monthly resident meeting.
* Representatives were aware of external complaints avenues.
* Most consumers/representatives are satisfied with the feedback process and actioning of complaints. One representative was not satisfied that actions taken to their complaint were satisfactory, however, the service demonstrated ongoing communication with the representative to resolve their concerns.

Staff interviewed are aware of feedback forms and described how they would support consumers to provide feedback. Staff can describe the open disclosure framework and complaints processes. Management indicated they support consumers to use external complaints and advocacy services and demonstrated they are aware of complaint trends.

The Assessment Team observed feedback forms and information about external complaints avenues and advocacy services available in various locations in the service.

The Assessment Team found consumers, representatives and others are informed about feedback and complaint processes through the orientation process for new consumers, the employee handbook and residential agreements, with opportunities to raise feedback at monthly resident meetings. Documentation supports that appropriate actions are taken in response to complaints and in accordance with the service’s processes. The complaints register demonstrates complaints are trended, analysed and recorded.

Based on the Assessment Team’s report, I find Clayton Church Homes Inc, in relation to Clayton Church Homes – Magill, Compliant with all Requirements in Standard 6 Feedback and complaints.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

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

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

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 NON-COMPLIANT 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 Quality Standard is assessed as Non-compliant as one of the five specific Requirements has been assessed as Non-compliant.

The Assessment Team recommended Requirement (3)(a) in this Standard as not met. The Assessment Team found the service was unable to demonstrate the number of the workforce enables the delivery and management of safe and quality care and services.

Based on the Assessment Team’s report and the Approved Provider’s response, I find Requirement (3)(a) in this Standard Non-compliant. I have provided reasons for my finding in the respective Requirement below.

In relation to Requirements 3(b), (3)(c), (3)(d) and (3)(e) in this Standard, the Assessment Team found overall, consumers and representatives found staff to be kind, caring and respectful when providing care and services to consumers. They also indicated regular staff have the appropriate skills and knowledge to effectively perform their roles and are familiar with consumers’ needs. However, two representatives interviewed indicated labour hire staff did not always demonstrate an understanding of the needs of their family member.

The Assessment Team observed staff interacting with consumers in a kind, caring and respectful manner, including demonstrating respect of consumers’ individual cultural needs.

Staff interviewed were able to describe how they support consumers’ identity, culture and diversity. Staff indicated they participate in training relevant to their role and participate in regular staff performance appraisals.

Management described how the service’s human resource system ensures staff have the qualifications and knowledge to perform their roles, including role specific competencies and appropriate professional registration. New staff are supported through orientation programs which include mandatory education and buddy shifts. Training needs are identified through feedback, observations of practice and review of incidents.

The service has job descriptions to support staff in understanding their role and training records confirm staff have completed required training. A monitoring spreadsheet is maintained to ensure staff participate in regular performance appraisals and this indicated all staff are up-to-date with this process and new staff are subject to a six-monthly probationary period. The Assessment Team also observed information which indicated where staff have not performed to the expected level, they are provided with support and monitoring to improve performance.

Based on the Assessment Team’s report, I find Clayton Church Homes Inc, in relation to Clayton Church Homes – Magill, Compliant with Standard 7 Requirements (3)(b), (3)(c), (3)(d) and (3)(e).

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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 unable to demonstrate the number of the workforce enables the delivery and management of safe and quality care and services. The Assessment Team provided the following information and evidence relevant to my finding:

* The Assessment Team made observations in the memory support unit which indicates there are insufficient staff numbers to meet consumers’ needs, including a consumer who was verbally calling out for assistance for an extended period and staff were not observed to be in the area.
* Nine consumers/representatives were not satisfied there are sufficient staff numbers which impacts on consumers’ requiring supervision and answering call bells in a timely manner.
* Two representatives indicated they have found call bells to be unplugged and an audit showed these representatives’ consumers had their call bells unplugged.
* Three clinical/care staff indicated there are not always sufficient numbers of staff.
* The service was unable to demonstrate effective call response monitoring processes, including in relation to the service’s key performance indicator (KPI).

The Approved Provider submitted a response to the Assessment Team’s report and have indicated the Board and senior management are committed to implementing and prioritising improvements to address the deficiencies identified by the Assessment Team. Corrective actions were implemented at the time of the Site Audit and further actions are continuing which include:

* Additional staff resources to improve consumer supervision and responsiveness to call bells.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the service’s improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, staffing levels were not always sufficient to support the delivery and management of safe and quality care and services. In coming to my finding, I have considered the significant number of consumers/representatives interviewed who indicated there are not always sufficient staff and that call bell monitoring processes are not always effective in monitoring and understanding consumer impact for call bell response times outside the service’s KPI.

For the reasons detailed above, I find Clayton Church Homes Inc, in relation to Clayton Church Homes – Magill, Non-compliant with Standard 7 Requirement (3)(a).

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

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

### Requirement 7(3)(d) Compliant

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

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 NON-COMPLIANT 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

The Quality Standard is assessed as Non-compliant as two of the five specific Requirements have been assessed as Non-compliant.

The Assessment recommended Requirements (3)(c) and (3)(e) in this Standard as not met. The Assessment Team found the service was unable to demonstrate effective governance systems in relation to workforce governance, or effective clinical governance in relation to the minimisation of the use of restraint.

Based on the Assessment Team’s report and the Approved Provider’s response I find Requirements (3)(c) and (3)(e) in this Standard Non-compliant. I have provided reasons for my findings in the respective Requirements below.

In relation to Requirements 3(a), (3)(b) and (3)(d) in this Standard, the Assessment Team found overall, consumers interviewed consider they can partner in developing and improving the delivery of care and services.

The Assessment Team found consumers are able to provide feedback and have input into the service through a variety of mechanisms, including focus groups, surveys, resident meetings and care plan review processes.

The organisation has a range of reporting mechanisms which are used to ensure the Board are aware of the service’s performance and to ensure the Board is accountable for the delivery of safe and quality care and services. Board meeting minutes demonstrated reports included incidents and complaints, including external complaints and investigations. The Board members have participated in training in relation to the Quality Standards.

The service has effective risk management systems and practices, including a documented framework which includes management of high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can. Staff interviewed were familiar with the policies and procedures associated with the risk management framework and were able to articulate their roles and responsibilities within the framework.

Based on the Assessment Team’s report, I find Clayton Church Homes Inc, in relation to Clayton Church Homes – Magill, Compliant with Standard 8 Requirement (3)(a), (3)(b) and (3)(d).

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

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

### Requirement 8(3)(c) Non-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 unable to demonstrate effective governance systems in relation to workforce governance, including the assignment of clear responsibilities and accountabilities. The Assessment Team provided the following information and evidence relevant to my finding:

* Management had not completed analysis and review of call bell response data for January 2021 and were unaware if there had been any adverse outcomes for consumers in relation to long call bell response times or results against the service’s key performance indicator (KPI) of six minutes.
  + January 2021 call bell data demonstrated a significant number of call bells over the service’s KPI, with 69 call bells greater than 15 minutes.
  + The December 2020 analysis of call bell data did not demonstrate effective review or follow-up of long call bell response times, including three call bells between 26 and 31 minutes.
* Two representatives indicated they have made complaints about their consumers’ call bells being pulled out of the socket but continue to find them unplugged.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the service’s improvements to rectify the deficiencies identified by the Assessment Team. I also acknowledge the Assessment Team found effective governance systems in relation to information management, continuous improvement, financial governance, regulatory compliance and feedback and complaints. However, I find at the time of the Site Audit, the service was unable to demonstrate effective governance systems in relation to workforce governance. In coming to my finding, I have considered the service has not effectively monitored staffing levels to ensure the delivery of safe and quality care and services, including supporting improved outcomes for consumers. In the context of the significant negative feedback from consumers, representatives and staff in relation to staffing levels at this Site Audit, I consider the service’s call bell response monitoring has not been effective in reviewing staffing levels. Management have available to them information in the form of call bell data to assist in the monitoring and review of staffing levels, however, this data which demonstrates there are long call bell response times, has not been effectively used to understand the sufficiency of staffing levels or consumers’ experience.

For the reasons detailed above, I find Clayton Church Homes Inc, in relation to Clayton Church Homes – Magill, Non-compliant with Standard 8 Requirement (3)(c).

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Non-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 unable to demonstrate an effective clinical governance framework which included the minimisation of physical and chemical restraint use. The Assessment Team provided the following information and evidence relevant to my finding:

* The service was unable to demonstrate the use of physical and chemical is used only as last resort in accordance with the *Quality of Care Principles 2014.*
  + The Assessment Team observed one consumer to be in their bed with bed rails applied, however, the most recent Bed Safety Risk Assessment, conducted approximately 10 months prior to the Site Audit, directs bed rails are no longer to be used. Management and allied health staff confirmed the bed rails should not be used and staff were not correctly following the care plan.
  + The service’s self-assessment tool for recording consumers receiving psychotropic medication did not demonstrate regular consideration was undertaken to minimise the use of chemical restraint. Three consumer examples included that ceasing or minimising chemical restraint has not been undertaken for approximately 12 months for two consumers and seven months for another consumer.
  + Clinical and medication advisory groups did not include trending and analysis of chemical restraint or discussions in relation to these matters.
* Monitoring systems were not effective in identifying and rectifying deficits in relation to wound care. While the need to improve wound care was addressed at a clinical meeting in the month preceding the Site Audit, the issues with wound care documentation continued after this meeting.

The Approved Provider submitted a response to the Assessment Team’s report and have indicated the Board and senior management are committed to implementing and prioritising improvements to address the deficiencies identified by the Assessment Team. Corrective actions were implemented at the time of the Site Audit and further actions are continuing which include:

* Improved monitoring of restrictive practices, including an up-to-date psychotropic medication monitoring template.
* Improved wound review management systems and outcomes.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the service’s improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, the service’s clinical governance framework did not support effective minimisation of the use of restraint. I have considered staff were applying a physical restraint for one consumer which was assessed as not being required and the significant length of time taken to review consumers’ medication which is classified as chemical restraint.

For the reasons detailed above, I find Clayton Church Homes Inc, in relation to Clayton Church Homes – Magill, Non-compliant with Standard 8 Requirement (3)(e).

# 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.

The service has implemented actions to address the deficiencies identified by the Assessment Team. The service should seek to ensure:

* **In relation to Standard 1 Requirement (3)(a):**
  + Staff respond in a timely manner to consumers’ needs and treat each consumer with dignity and respect.
  + Information sharing practices support the treatment of each consumer with dignity and respect.
* **In** **relation to Standard 3 Requirement (3)(a):**
  + Wound care documentation is completed in accordance with best practice principles.
  + Wound care dressings are completed in accordance with directed wound management regimes.
* **In relation to Standard 7 Requirement (3)(a):**
  + Staffing levels are sufficient to ensure consumers’ individual care and service needs are met.
* **In** **relation to Standard 8 Requirements (3)(c) and (3)(e):**
  + Monitoring processes to support effective monitoring and review of staffing levels are completed in a timely manner and informs the staffing roster
  + The clinical governance framework supports the minimisation of the use of physical and chemical restraint.