Clayton Church Homes - Prospect

Performance Report

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**Commission ID:** 6188

**Provider name:** Clayton Church Homes Inc

**Assessment Contact - Site date:** 19 July 2021

**Date of Performance Report:** 26 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 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(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 9 August 2021.

# 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 assessed Requirement (3)(a) in this Standard at this Assessment Contact. All other Requirements in this Standard were not assessed. Therefore, an overall assessment of this Standard has not been completed.

The Assessment Team have recommended Requirement (3)(a) in this Standard as met. The Approved Provider did not submit a response to the Assessment Team’s findings in relation to this Requirement. The Assessment Team found the service was able to demonstrate they have systems and processes in place to ensure each consumer gets safe and effective personal clinical care, or both personal and clinical care that is best practice, is tailored to their needs and optimises their health and wellbeing. While the Assessment Team noted that the care planning documentation for three consumers was incomplete in relation to management of urinary tract infections and diabetes, staff demonstrated knowledge of the consumer’s needs and the relevant policies and procedures that guided clinical practice. As such, the Assessment Team found that the service demonstrated consumers receive safe clinical care. Further, consumers interviewed confirmed they receive care that meets their needs.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 3 Requirement (3)(a) and find the service compliant with Requirement (3)(a). The reasons for my finding are detailed in the specific Requirement below.

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The Assessment Team found the service demonstrated they have systems and processes in place to ensure each consumer receives safe and effective personal and clinical care that reflects best practice, is tailored to the consumer’s needs and optimises their wellbeing. The Assessment Team provided the following information and evidence in relation to their recommendation of met in this Requirement.

* The Assessment Team reviewed a sample of consumer care files. The files demonstrated a multidisciplinary approach with evidence based and validated assessment tools utilised on an initial and ongoing basis to inform care. For example:
	+ In relation to weight loss, three consumer files were reviewed. One consumer was assessed as being at risk for weight loss. The consumer was reviewed by a dietitian whose recommendations informed care for the consumer. The Assessment Team identified that the consumer’s weight was stable. Two consumers who experienced weight loss at the service had their weight loss identified and managed, including increased monitoring and referrals to allied health practitioners.
	+ One consumer’s pressure injury (wound) was assessed in an ongoing manner, and the assessments reasonably reflected best practice wound assessment documentation. The Assessment Team found engagement of external wound specialists; planning and implementation of pressure injury prevention strategies that were tailored to the consumer’s needs and risk factors. Documentation indicated that the wound is healing.
	+ Two consumers’ pain was assessed in an ongoing manner, and care planning included non-pharmacological and pharmacological pain management strategies which were evaluated as effective.
* The Assessment Team interviewed nine consumers who confirmed they receive care and services that is safe and right for them, and they were satisfied with the way clinical staff manage their clinical needs.
* The Assessment Team observed a range of policies and procedures in place that support staff to deliver clinical care for consumers.
* The Assessment Team interviewed five care staff who were able to describe their role in identifying changes to a consumer’s condition and/or needs, and how they escalate to clinical staff. Four clinical staff interviewed demonstrated understanding of the care needs of the sampled consumers.

The Assessment Team found that the care planning documentation for three consumers was incomplete in relation to their care needs. However, the Assessment Team found that staff demonstrated knowledge of the consumer’s needs and the relevant policies and procedures that guided their clinical practice, such that the consumers received safe clinical care. For example:

* One consumer’s history of recurrent urinary tract infections was not included in their care planning documentation. However, staff interviewed had knowledge of the consumer’s medical history and the strategies in place to minimise the risk of recurrent urinary tract infections.
* Two consumers’ diabetes management plans were incomplete in relation to clear and specific actions to take when blood glucose levels are identified outside of target ranges. However, staff interviewed demonstrated knowledge of the two consumers’ care needs and the service policies and procedures in relation to responding to hypoglycaemic and hyperglycaemic events.

The provider did not submit a response to the Assessment Team’s report in relation to this Requirement.

In coming to my finding, I have considered the evidence documented in the Assessment Team’s report. Based on the information provided to the Assessment Team through staff interviews, observations and documentation sampled, I consider that the service has demonstrated that they have systems and processes in place to ensure each consumer receives safe and effective personal and clinical care that reflects best practice, is tailored to the consumer’s needs and optimises their wellbeing. In addition, I find that staff at the service have an understanding of consumer needs and knowledge of clinical policies and procedures to guide their practice.

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

# 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 assessed Requirements (3)(a) and (3)(e) in relation to Standard 7. All other Requirements in this Standard were not assessed. Therefore, an overall assessment of this Standard has not been completed. The Assessment Team have recommended that the service has met Requirement (3)(a), however have recommended Requirement (3)(e) as not met.

The Assessment Team found that overall, the service was able to demonstrate they have an effective system to ensure the workforce is planned to enable a sufficient, skilled and qualified workforce, including staffing levels which are reviewed and adjusted to meet the changing needs of consumers. The Assessment Team found that the service was unable to demonstrate regular assessment, monitoring and review of the performance staff members, including one staff member associated with allegations of abuse towards consumers. The Approved Provider submitted a response to the Assessment Team’s report which included supporting documentation to demonstrate the regular assessment, monitoring and review of the performance staff members.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response to come to a view of compliance with Standard 7 Requirements (3)(a) and (3)(e) and find the service compliant with Requirement (3)(a) and (3)(e). The reasons for my findings are detailed in the specific Requirements below.

## 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 that the workforce has sufficient numbers and skill mix of staff to provide safe and quality care and services. The Assessment Team provided the following information and evidence relevant to my finding:

* The service demonstrated how consumer acuity and staff feedback informs workforce numbers and allocation. For example, a new admission, a palliating consumer or a consumer whose condition has changed results in changes to staffing to ensure consumer’s needs are being met.
* The service directly employs allied health and dementia consultants to support consumers.
* The majority of nine consumers interviewed stated there are enough staff to meet their care needs, are happy with the level of care they receive. Two consumers stated that at times, they had had to wait for staff to respond to a call bell but this had not impacted on their care.
* The Assessment team reviewed call bell reports for June 2021, which demonstrated 98% of call were answered within 10 minutes.
* The majority of nine staff interviewed stated they had enough time to provide care to consumers, and confirmed that vacant shifts are filled. One care staff member stated that when staffing is short it can be rushed, and not all care is completed.
* The service demonstrated workforce planning, including processes to cover unplanned leave, which includes casual and agency staff. The Assessment Team reviewed a previous two week roster, and no shifts were unfilled.

In coming to my finding, I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report. Based on the information provided to the Assessment Team through staff interviews, observations and documentation sampled, I consider that the service has demonstrated 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.

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

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

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

The Assessment Team found the service has policies and procedures related to workforce performance review and management, however, the service was unable to demonstrate these policies and procedures were implemented. The Assessment Team found staff were overdue for their annual performance review and the regular assessment, monitoring and review of the performance of one staff member associated with allegations of abuse towards consumers had not occurred in alignment with the service’s policy and procedure. The Assessment Team provided the following information and evidence relevant to my finding:

* The Assessment Team reviewed the service performance development review schedule and found 10 staff overdue for their review.
* An allegation of abuse was made in January 2021 related to the actions of a staff member. The Assessment Team found the service suspended the staff member from duty and investigated the allegations. The staff member was commenced on a performance improvement plan (PIP) in January 2021 after receiving a first and final warning. However, the Assessment Team found the staff member’s PIP was not effectively implemented, and as such, the staff member’s performance was not adequately reviewed and monitored from January 2021.
* A further allegation of abuse was made in July 2021 regarding the staff member.

The Approved Provider submitted a response to the Assessment Team’s report and provided supporting documentation to demonstrate that at the time of the Assessment Contact, regular, monitoring and review of the performance of each member of the workforce was undertaken. The provider’s response included, but was not limited to:

* At the time of the Assessment Contact, no staff were overdue for their annual performance reviews. Of the 10 staff identified by the Assessment Team, four annual reviews had been completed, five staff were on maternity leave, and one staff member was under a performance management agreement.
* In relation to the performance management of one staff member associated with allegations of abuse in January 2021:
* Acknowledged the delay in implementing the performance improvement plan (PIP) in January 2021 by the Residential Services Manager at the time.
* The delay was identified and rectified in March 2021, by the new Residential Services Manager.
* Provided documentation from between March and July 2021 that demonstrated ongoing monitoring and review of the staff member’s performance, indicating performance improvement.

* An active performance management plan was in place at the time of the allegation of abuse in July 2021 resulting in the termination of the staff member’s employment.

In coming to my finding, I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the additional supporting information provided by the service in response to the Assessment Team’s report. In regards to the performance management of a staff member related to an allegation of abuse, I have considered that the service identified the failure to implement the performance improvement plan and rectified this during March 2021. The service was able to demonstrate that monitoring and review of the staff member’s performance then occurred. Based on the Assessment Team’s report and the provider’s response, I consider that the service has demonstrated that they undertake regular assessment, monitoring and review of the performance of each member of the workforce.

For the reasons detailed above, I find Clayton Homes Inc. in relation to Clayton Church Homes – Prospect, Compliant with Standard 7 Requirement (3)(e).

# 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.