Performance

Report

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| Name of service: | Charles Chambers Court |
| Service address: | 11 Hunt Street SURRY HILLS NSW 2010 |
| Commission ID: | 0482 |
| Approved provider: | Mission Australia |
| Activity type: | Site Audit |
| Activity date: | 3 January 2023 to 5 January 2023 |
| Performance report date: | 10 February 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Charles Chambers Court (**the service**) has been prepared by D. McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the 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.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers said the staff were kind, caring, understood and respected their identity, culture, and diversity. Staff were observed treating consumers respectfully and understanding their individual choices and preferences as consumers moved through the service. Care documentation identified the consumer’s background, personal preferences, identity, and cultural practices.

Consumers acknowledged their care and services were delivered in line with their needs and preferences whilst ensuring they felt safe and respected. Staff showed an understanding of the consumers’ identity, background, and individual values. Care documentation confirmed the service recorded their cultural, emotional, and spiritual needs and preferences. Policies and procedures assisted staff to identify consumers cultural needs and preferences and to provide culturally safe services to consumers.

Consumers said they were supported to make decisions around how and when their care and support is provided, and they were provided with the opportunity to maintain relationships with the people they choose to. Care documentation showed the consumers’ choices as described by the consumers and staff. A choice and decision-making policy and procedure guided staff in this area.

Consumers said they were supported by staff to take risks and live the best life they could. High risk and risk management policies and procedures supported consumers and the service to manage risks. Staff discussed areas in which consumers wanted to take risks and how they supported consumers to understand the benefits and possible harm in taking risks.

Consumers said they were provided with timely and accurate information about their care, and were regularly updated, which allowed them to make decisions about their care and services. Staff said newsletters, memos and meetings ensured information was shared with consumers about COIVID-19, activities, menus, changes internally at the service and visiting allied health services. Various meeting minutes, newsletters, memos, daily menus, and the monthly activities calendar were displayed throughout the service.

All consumers said they felt their privacy was respected and their information was kept confidential. The electronic care management system was password protected and all hard copies of documentation were locked in the nurse’s station or in the administration office. Staff confirmed they knocked on consumer’s doors and waited for acknowledgement prior to entering a consumer’s room and consumer’s doors were closed when care was attended to.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. 102 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

Consumers said the service completed the assessment and care planning process in partnership with them. Staff described the assessment and care planning process included engaging consumers in the process and risk was identified, through risk assessment tools which informed care planning. Policies and procedures related to assessment and care planning guided staff in conducting the process.

Consumers explained they were involved in the assessment and care planning to identify their needs, goals, and preferences. The service was a low care facility and did not have capacity to provide end-of-life care, with consumers referred to other service providers to provide end of life support. Advance care documentation was maintained in their electronic care management system for staff members to access and use when needed.

Consumers said the service involved consumers during the assessment and care planning process and also described how the service supported the involvement of other people they wanted to involve in their care planning. A multidisciplinary approach was taken during assessment and care planning which involved medical officers, allied health professionals such as physiotherapists and occupational therapists. Care planning documentation showed consumers were involved in the assessment and care planning, as well as external health care providers.

Consumers confirmed the service communicated with them regarding the outcome of the assessment and care planning in a timely manner, and they were offered a copy of their care plan. Staff said they informed consumers/representatives when consumers were reviewed by a Medical Officer, allied health, or any specialist medical service. Care documentation including showed information relevant to the consumer’s individualised care with regular communication to consumers and representatives in relation to assessment and planning.

Consumers said the service regularly reviewed their health and well-being and communicated details of any changes. Staff said the service reviewed assessment and care planning every 4 months and when there was a change in the consumer’s health status. Care planning documentation showed consumer assessments and care planning were completed within the required time frame and it reflected when a consumer’s condition changed.

# Standard 3

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| Personal care and clinical care | |  |
| 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

Consumers said their care was safe and right for them. Staff described individual consumer’s care was designed to meet their needs, how the care was delivered according to the consumer’s preference and fulfilling their wishes. Care planning documentation showed care was safe, effective, and individualised.

Consumers gave positive feedback about the management of high impact and high prevalence risks including high risk of falls, challenging behaviours, medication management, diabetes management and chronic pain. Care planning documentation showed the service identified and managed consumers with high impact and high prevalence risks. Staff were observed using strategies to manage consumers’ challenging behaviours through behaviour support plans, exercise programs and the use of sensor mats and frequent checks for fall prevention.

Consumers had completed advanced care directives as part of the regular assessment process. Policies and procedures related to advance care and end-of-life care processes guided staff in identifying and referring consumers who needed end to life care to other local services who offered end-of-life care.

Consumers stated staff identified the changes in the health and function of individuals through regular assessment. Staff members confirmed they were guided by policies and procedures supporting them to recognise and respond to deterioration or changes in a consumer’s condition. Care documentation demonstrated a system for recognising changes indicating deterioration in consumers and responses to those changes.

Consumers said the service communicated effectively within the organisation and shared with others who were responsible for the care and services of the consumers. Staff described how within the organisation information was shared in different ways, such as at handover, via emails and documented in the electronic care management system. Care planning documentation showed regular case conferences with health professionals to communicate changes in consumer health conditions and to update consumer needs, goals, and preferences.

Consumers said the service sent timely and appropriate referrals when there was a need for increased consumer care. Staff explained the importance of external service providers and how input from the external service provider was arranged. Care planning documentation for the showed timely and appropriate referrals and the contributions of these external services to consumer care.

Consumers said they observed staff using infection control measures such as wearing gloves, masks, and washing their hands. Staff had completed infection control education, and infection control signage, hand wash basins and hand sanitiser dispensers throughout the service were observed. Policies and procedures guided staff through standard and transmission-based precautions to prevent and control infection and through antimicrobial stewardship.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living021 meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers stated they were provided with services and supports for daily living which supported their emotional, spiritual, and psychological well-being. Staff provided examples of supporting consumers for their emotional and psychological well-being including meaningful activities they were engaged in to satisfy their needs and preferences. Care documentation was consistent with consumer interviews, identifying individual support strategies for each consumer and detailing individual emotional support strategies and how these were implemented.

Consumers said they were offered emotional, spiritual, and psychological support by the service. Consumers spoke about receiving one to one support from care staff, lifestyle staff, community visitors/volunteers and from allied health workers. A pastoral care worker was based at the service on Mondays, Tuesdays, and Wednesdays. Care documentation was consistent with consumer interviews describing the support provided and how it was implemented.

Consumers confirmed they were actively engaged with their local community and were supported to maintain relationships and do things of interest to them. Staff described how they supported consumers to maintain relationships and contact with people who were important to them including facilitating visits and making phone or video calls. Care documentation detailed the people and relationships important to consumers and how they liked to be supported to maintain them.

Consumers confirmed the service was aware of their individual needs and preferences, and the information was shared within the service effectively. Care staff demonstrated how information was shared with the team responsible for providing support to the consumers, including other services involved in their care. A detailed handover took place at the change of each shift and alerts were generated on the electronic care management system when a consumer’s support needs changed.

Staff confirmed the service links the consumers with other organisations either via expression of interest or with information gained through the assessment process where an action plan is formed. Policies and procedures supported the referral process for consumers to allied health professionals and other organisations. Care plan documentation evidenced collaboration with external services to support the diverse needs of the consumers.

Consumers said they enjoyed the meals prepared and confirmed there was a variety of meals and choices available. Internal audit results, the food safety plan, temperature records and the record of consumer dietary requirements were displayed in the main kitchen and in the meeting minutes. Processes were observed where consumers could choose their meal preferences each day, allergies were identified and documented.

Consumers said their equipment was always kept clean and if anything needed fixing the maintenance team was quick to respond. Equipment to support consumers to engage in activities of daily living and lifestyle activities was observed as safe, suitable, clean, and well-maintained. Maintenance documentation and records identified scheduled preventative and reactive maintenance was completed.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers said they felt comfortable and at home at the service and had personalised their rooms with various mementos and furniture important to them. Staff described how consumers were free to move independently through the service. Consumers were observed moving between their rooms into the communal lounge/dining areas for meals and utilising the large activities area at the service.

Consumers said the service was kept clean and well-maintained, and they moved freely and independently around the service both inside and outside. Maintenance staff provided details of the service’s preventative and reactive maintenance schedules and documentation. The service was observed to be clean, safe, and well-maintained. Consumers were observed moving through the service and sitting in the outdoor areas enjoying the sunshine.

Consumers said the equipment provided by the service was well-maintained, safe, and clean. The maintenance staff described how jobs were scheduled and carried out for routine, preventative, and reactive maintenance. Furniture such as chairs, tables, lounge chairs and outdoor furniture used by consumers was observed to be comfortable, safe, clean, and well-maintained. Maintenance documentation was up to date with logged jobs completed in a timely manner.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers said they were comfortable raising concerns and providing feedback to the service using the methods provided by the service. Staff said they assisted consumers in completing the available feedback forms and more often addressed the consumers concerns immediately if they could. Feedback boxes were observed in the foyer entry to the service.

Consumers stated they were aware of and had access to advocates. Staff demonstrated an understanding of the internal and external complaints mechanisms for providing feedback and making complaints and described how they supported consumers who were not be capable of using the feedback methods available. Information about external advocacy, language services and complaints mechanisms were provided throughout the service on various posters, in the consumer’s handbook, newsletter, and discussed at meetings.

Consumers stated appropriate action was taken in response to their complaints, staff acknowledged their concerns almost immediately and actions were prompt. Staff demonstrated an understanding of the principles of open disclosure, including an apology to the impacted consumer and strategies were implemented to prevent incidents from occurring again. A complaints register reflected the use of open disclosure and timely management of complaints.

Consumers said they felt their feedback was used to improve the quality of care and services. Staff described how trending and analysing of feedback and complaints had resulted in improvements such as more staff, and consumer menu meetings. A continuous improvement plan noted consultation occurred and other documentation showed improvements made as a result of feedback and complaints.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers said they felt there were enough staff at the service, and they did not have to wait long for assistance. Staff said staffing levels were adequate to support the consumer and to spend one on one time with them. The weekly roster showed generally shifts were covered with staff on site working extended hours to cover when needed. Management said they also stepped in and assisted on the floor as required.

Consumers said staff were kind, respectful and caring when providing them with care. Staff spoke about the consumers including what they liked and required assistance with. Staff were observed interacting with consumers in a kind and caring manner while talking with them and delivering care.

Consumers said staff were capable and had the knowledge to provide care and support. Staff confirmed they had been required to attend mandatory annual training throughout the year and to complete various competencies for their role. An onboarding orientation program and power-point presentation for all new staff included relevant training and an electronic system was in place to monitor ongoing staff competence and qualifications such as vaccinations, police checks and registration.

Consumers confirmed they felt staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Staff confirmed receiving initial and ongoing training and they felt comfortable requesting additional training. An online training and record management system was used to track staff training to ensure mandatory training was completed by staff within the required time.

Staff showed awareness of the performance monitoring and assessment process, confirming they had recently undergone a performance review. Workforce performance, workforce capability and human resources policies and procedures were in place to guide and direct staff in the performance management process. Documentation showed performance appraisals were up to date for all staff.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| Requirement 8(3)(d) | 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 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

Consumers considered the service was well run and confirmed they were aware of engagement opportunities to inform the design, delivery, and evaluation of services. Management said consumers were encouraged to be involved in the various meeting held at the service around meals, activities, and the service environment. Minutes from various meetings showed consumer engagement and input into service design and implementation.

The organisation’s governance structure included the direct feeding of information to the governing body, through corporate management teams, from the front-line managers at each service to ensure the Board was able to monitor the performance of all aspects of the service. Staff described how critical indicators, quality initiatives, and incidents were discussed at relevant meetings. Information was communicated from the executive to service level via emails, memos, consumer and staff meetings, service newsletters and training for staff when policies changed.

The organisation had a governance system in place, including a Board elected to govern the service and to manage and oversee key systems at the service. The Board monitored and reviewed routine reporting and analysis of data relating to consumer experience. Documentation showed effective organisation-wide governance systems relating to areas including but not limited to, continuous improvement, workforce governance, and feedback and complaints. Consumers/representatives had access to the feedback and complaints system, and they were able to make verbal, paper based or electronic based complaints. Management explained how the service was supported by effective financial management systems and an organisation-based business manager.

A risk management system was in place to monitor and assess high impact or high prevalence risk associated with the care of consumers. Risks were identified, reported, escalated, and reviewed by management at the service level and again at organisational level by the executive team and the Board. Staff demonstrated an understanding of dignity of risk and described how they supported consumers to take risks. A register showed a timely reporting of incidents, investigations and individualised actions taken for consumers to reduce recurrence of incidents.

Staff described how clinical care practice was governed by policies and procedures regarding antimicrobial stewardship, restrictive practice, and open disclosure. A clinical governance framework supported clinical care practice within the service. Care planning documentation demonstrated compliance with the service’s policies for antimicrobial stewardship, minimising the use of restraint and open disclosure.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)