Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Cherrybrook Christian Care Centre |
| Service address: | 3 Kitchener Road CHERRYBROOK NSW 2126 |
| Commission ID: | 0134 |
| Approved provider: | Christian Brethren Community Services |
| Activity type: | Site Audit |
| Activity date: | 22 November 2022 to 24 November 2022 |
| Performance report date: | 4 January 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 Cherrybrook Christian Care Centre (**the service**) has been prepared by M. Nassif, 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

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 that they were treated with dignity, respect, that their individual identity and diversity was valued. Consumers and representatives said that staff were kind and respectful of culture. Care planning documents captured information about consumers life history including their cultural and spiritual needs. Staff described the cultural background of individual consumers in line with care planning document. Staff were observed interacting with consumers respectfully and spoke about consumers in a respectful manner.

Consumers said the service supported them in making decisions about their own care and supports them to involve family and friends in this process. Care planning documents demonstrated consumers can make connections and maintain relationships.

Consumers said they got to choose when their care should be provided, and that their choices were respected. Staff gave examples of how the service supports consumers to have choice and control even when risk is involved. Care planning documents evidenced the completion of risk assessments and dignity of risk forms which have been signed by relevant personal and reviewed in line with the service’s risk management policies.

Consumers said information was clearly communicated to them in a way they understood and allowed them to make choices. Consumers and representatives said management updated them on changes via various methods. Updates were observed displayed on the notice boards relating to clinical and service delivery.

Consumers said their privacy was respected by staff and provided examples of this. Staff explained strategies for respecting privacy and ensuring confidentiality of personal information in line with organisational policy and procedure. Staff were observed knocking on consumers’ doors and waiting for a response before entering their room.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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. 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. | 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

Staff described the care planning process in detail, and how it informs the delivery of safe and effective care. Care planning documents demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals and preferences of consumers sampled, including the identification of risks to each consumer’s health and well-being.

Consumers advised that assessment and planning address the consumer’s needs, goals, and preferences. Staff described what is important to consumers in terms of how their care is delivered. Care planning documents were individualised and reflected consumers’ individual needs and preferences. Advance care plans were in place for consumers who have consented to provide this information.

Consumers said they were actively involved in the assessment, planning and review of their care and services. Staff described the processes in place to ensure that the service partners with consumers to assess, plan and review care and services. Care planning documents reflected consumers and their representatives were involved in assessment and care planning and there was input from allied heath, specialists and medical officers.

Consumers and representatives said they were aware they could access the consumers care plan. Staff described the processes for documenting and communicating assessment outcomes. Care planning documents showed that outcomes of assessment and care planning were communicated to consumers and representatives in a timely and appropriate way.

Consumers said the service regularly communicates with them about their care and services. Staff said care planning electronic system notified them when care plans were reviewed, and documentation is reviewed every three months, or earlier, if the consumers’ needs change. Care planning documents evidenced case conferences, reviews post incidents, and involvement of representatives as needed.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 they receive care which was safe and right for them; care is consistent with their needs and preferences and supports their health and wellbeing. Care planning documents reflected care that is in line with best practice guidelines and meets the needs, goals, and preferences of consumers is delivered. Staff had an understanding of strategies to manage clinical care needs. The service had policies and procedures and systems for safe and effective care, and delivers care according to consumers’ needs, goals, and preferences.

Consumers said risks to their well-being, such as falls, pressure areas, weight loss, and infection were assessed, explained, and managed to reduce risk. Staff said they identify, assess, and manage high-impact or high-prevalence risks to the safety, health, and well-being of each consumer. Care planning documents included standardised assessments, charting and care planning tools. Clinical and care staff accurately described the risk for consumers and the care provided for consumers and demonstrated knowledge on restrictive practices, behaviour management and reporting responsibilities. Though some consumers who were environmentally restrained were not identified by the service as being restraint, management responded appropriately immediately and undertake corrective actions such as contacting medical officers, reviewing policies and undertaking further staff education.

Representatives said they were involved in palliative care decisions, and staff were skilled in providing any care needed. Care planning documents identified personal choices and preferences, and advance health directives were in place. Staff were equipped to provide end of life care, with external palliative care support services available if needed.

Consumers said the service recognised and responded to changes in condition in a suitable and timely manner. Clinical staff explained how deterioration would be discussed during handover, trigger a nursing and medical officer review, hospital transfer if needed, and a subsequent review of care planning documents. This was reflected in care planning documents.

Consumers said their care needs and preferences are effectively communicated between staff and they receive the care they required. Clinical staff reported in various ways how changes in consumers care and services are communicated. Care planning documents demonstrated progress notes, and care and service plans provided adequate information to support effective and safe sharing of consumers’ information to support care.

Consumers said referrals were timely, appropriate and occur to meet their care needs. Staff described how information is shared when referrals were made to individuals, other organisations and providers of other care and services. Care planning documented confirmed the input of others and referrals where needed, and these were timely.

Consumers and representatives said they were satisfied with the services management of COVID-19 precautions and other infection control practices. Staff demonstrated an understanding of how they minimise the spread of infection and the need for the use of antibiotics and ensure they were used appropriately. Care planning documents followed clinical protocols that included antimicrobial stewardship principles.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | 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 explained how services and supports for daily living have improved their independence, health, well-being and quality of life. Staff said they consider all consumer needs when planning activities. Care planning documents illustrated the needs and preferences of the consumers.

Consumers said the service provided services and supports that helped with their emotional, spiritual and well-being while living at the service. Staff gave examples of how they provide support for consumers, emotional, spiritual and psychological well-being which was in line with care planning documents.

Consumers said the service allowed them to participate in the community within and outside the service and were able to maintain their personal and social relationships. Care planning documents showed the activities consumers were interested in and the people who were important to them. Staff gave examples of different activities for different consumers as examples and knew how to access the documentation that highlighted these interests.

Staff described how information is shared when referrals were made to individuals, other organisations and providers of other care and services. Consumers said they had given consent to having their information shared with others who are responsible of their care.

Consumers said the service involved them with the process of referrals and would give consent when required. Staff identified individuals, organisations and providers where referrals were made, and explained the process of the referrals.

Consumers said the meals served were of good quantity and quality. Staff described how they meet individual consumers’ dietary needs and preferences and ensure food safety requirements were met. The service involved consumers in the development of the menu and encouraged feedback on the quality of the food provided. Dietary care plans included preferences, likes and dislikes, allergies and special requirements.

Consumers said the equipment is safe, suitable and easy to access and they knew the process of reporting if the equipment needed repairing. Staff said they had training on how to use the equipment safely and identifying any potential risks. Good storage of the equipment, which was well maintained, suitable and clean was observed.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

The service environment was observed to be welcoming, and helped the consumers to feel at home, remain as independent as possible, and facilitate interaction and function. There was good lighting throughout the service with handrails in all corridors that the consumers were observed using, assisting them to move around easily. Consumers’ rooms were observed to be personalised.

Consumers said the service was cleaned well and maintained. The service was observed to be clean and well maintained, cleaning records were reviewed and support this. Consumers were observed to move freely in the service, in and out of the rooms, outdoor and living areas and communal areas.

Consumers said they were happy with the cleaning services they received and felt the environment was well maintained and clean. Staff explained how shared equipment were cleaned. All furniture in communal areas and consumers rooms were observed to be well maintained, safe and clean.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 and representatives said they feel encouraged, safe and supported to provide feedback and make complaints, they can do this anonymously or with the assistance of staff. Staff described avenues available for consumers and representatives to provide feedback or make a complaint or raise an issue. The service had processes and systems in place for consumers, representatives, visitors and staff to provide feedback or make a complaint.

Consumers and representatives said they are aware of other avenues for raising a complaint. Staff and management were aware of how to access interpreter and advocacy services for consumers. The service displayed information on advocacy services on the noticeboard throughout the service, and brochures on making a complaint are displayed in multiple languages.

Consumers and representatives said management promptly addressed and resolved their concerns or complaints and provided an apology when things went wrong. Staff described the process followed when receiving feedback or a complaint and confirmed the escalation process. Management confirmed an open disclosure process is applied following an adverse event and as part of the service’s complaints management and resolution process.

Consumers and representatives described the changes implemented at the service because of feedback and complaints, and said they are confident these are used to improve the quality of care and services. The service’s complaint and incident registers and the plan of continuous improvement demonstrated how feedback, complaints and incidents are recorded, actioned, resolved and used to inform continuous improvement.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 and representatives acknowledged challenges with staffing and confirmed staffing levels have not impacted their care. Management demonstrated the workforce is planned and has an adequate mix of skills to deliver safe and effective care to consumers. Staff said that during busy times they work as a team to complete tasks. Staff said management were supporting them through recruiting new staff and using other venues to fill available shifts.

Consumers and representatives provided feedback that staff engaged with consumers in a respectful, kind and caring manner, and that they were gentle when providing care. This was consistent with observations. Management advised they monitor staff interactions with consumers and representatives through observations, and formal and informal feedback.

Consumers and representatives said staff performed their duties effectively, and they are confident that staff are sufficiently skilled to meet their care needs. Management described how the service determined whether staff are competent and capable in their role. The service had a recruitment and selection process that ensures staff have the required qualifications, credentials, references and police checks.

Consumers and representatives said they are confident that staff are trained appropriately and are sufficiently skilled to meet their care needs. Staff confirmed they received training and this is monitored by management. Management described the organisation’s training program and how the analysis of incidents, clinical indicators and feedback and complaints identify staff training needs.

Management monitored and reviewed the performance of staff through performance observation and the monitoring and feedback processes established for the service. The service had probationary and ongoing performance review systems in place, and performance reviews are conducted annually. Annual staff appraisals were observed to be completed.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 and representatives confirmed the service is well-run and they were asked to provide feedback on the care and services. Management advised consumers and representatives are actively engaged in the development, delivery and evaluation of care and services and that they are supported in that engagement and provided examples. Meeting minutes evidenced consumer engagement.

The organisation had implemented systems and processes to monitor the services performance and to ensure the governing body is accountable for the delivery of safe, inclusive and quality care and services. The governing body used the information from consolidated reports to identify the services compliance with the Quality Standards, to initiate improvement actions, to enhance performance, and to monitor care and service delivery.

The service demonstrated there was an effective organisation-wide governance system in place in relation to information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints. For example, management confirmed that the organisation had been responsive to requests for budgetary changes to support the needs of consumers.

The service had an effective risk management system in place in relation to managing high impact or high prevalence risks, identifying and responding to abuse and neglect of consumers, supporting consumers to live their best life and managing and preventing incidents. Management described how incidents are analysed, used to identify risks to consumers and inform improvement actions.

The service demonstrated a clinical governance framework in place, including policies concerning antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated shared understanding of these concepts and gave practical examples to demonstrate how the principles applied to their work.

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