Performance

Report

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| Name of service: | Churches of Christ Amaroo Aged Care Service |
| Service address: | 28 Logan Street GATTON QLD 4343 |
| Commission ID: | 5124 |
| Approved provider: | Churches of Christ in Queensland |
| Activity type: | Site Audit |
| Activity date: | 5 October 2022 to 7 October 2022 |
| Performance report date: | 15 December 2022 |

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 Churches of Christ Amaroo Aged Care Service (**the service**) has been prepared by James Howard, 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.
* the Approved Provider’s response to the Assessment Team’s report, received on 17 October 2022.
* other information and intelligence held by the Commission in relation to the service.

# 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 and representatives felt staff treated them with dignity and respect and felt valued as individuals. Care planning documentation outlined consumers’ backgrounds and personal preferences.

Care planning documentation identified consumers’ cultural and spiritual needs and preferences. The service had policies and procedures in place to guide the delivery of culturally safe care and services.

Care planning documentation identified the consumers' individual choices around when care was delivered, who was involved in their care and how the service supported them in maintaining relationships. Consumers and representatives were satisfied they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships.

Consumers indicated staff supported them to take risks and live the best lives they could. Management and staff described the ways consumers were supported to take risks and understand the benefits and possible harm when they made decisions that involved an element of risk.

The Assessment Team observed information was available to consumers in a manner that was clear and easy to understand. Management and staff described the various methods in which information was provided to consumers, in line with their needs and preferences.

The service demonstrated an understanding of appropriate conduct to ensure consumers’ privacy was maintained during the delivery of care and services. Staff indicated they knocked on consumers’ doors and awaited a response prior to entering and ensured doors were kept closed when providing care and services.

# 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. 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

Consumers and representatives confirmed they received the care and services they needed. Staff described the assessment and care planning process, and how it informed the delivery of care and services.

Care planning documentation identified and addressed consumers’ current needs, goals and preferences, including advance care planning. Consumers and representatives advised staff involved them in the assessment and planning process.

Care planning documentation demonstrated consumers and representatives were consulted throughout assessment and care planning and, when required, staff sought input from health professionals. Staff described how they referred consumers to external services through different methods.

The service demonstrated the outcomes of assessment and planning were communicated to consumers and their representatives and documented in their care plans that were readily available to consumers and those involved in their care. Staff advised representatives were communicated to in person, over the telephone and via email.

Care planning documentation confirmed care plans were reviewed on a regular basis and when consumers’ circumstances changed, or incidents occurred. Consumers and representatives indicated staff regularly discussed their care needs with them, and any requested changes were addressed in a timely manner.

# 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 advised they received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. Staff described how they delivered safe and quality care which met consumers’ needs.

Staff demonstrated an understanding of high impact or high prevalence risks to consumers and the strategies in place to manage these risks. Consumers and representatives expressed satisfaction in relation to the management of high impact or high prevalence risks.

Care planning documentation evidenced advanced care plans were completed and discussions were documented regarding palliative care. Staff described how they provided palliative care to ensure the comfort of consumers is maximised.

Deterioration or changes in consumers’ health was recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Consumers and representatives advised the service recognised and responded to changes in their condition in an appropriate and timely manner.

The service demonstrated that information about the consumer’s condition, needs and preferences was documented and effectively communicated. Consumers and representatives stated consumers’ care needs and preferences were effectively communicated between staff and they received the care they needed.

Care planning documentation demonstrated timely referrals to medical officers, allied health therapists and other providers of care and services. Consumers and representatives were satisfied with the referral process and confirmed they had access to the required health care supports.

The service had documented policies and procedures which supported the minimisation of infection related risks through the implementation of infection prevention and control principles and the promotion of 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 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 felt supported to participate in activities of their choice and were provided with appropriate supports which optimised their independence and quality of life. Staff outlined how information regarding consumers’ preferences and choices was captured and communicated within the service.

Consumers and representatives confirmed their emotional, spiritual and psychological needs were supported. Care planning documentation was consistent with information received from consumers and representatives.

Care planning documentation identified activities of interest to consumers and their relationships of importance. Consumers and representatives indicated they were supported to participate in activities both within and outside the service environment.

Consumers and representatives advised information regarding the consumer’s condition, needs and preferences was effectively communicated within the service and with others responsible for care. Staff described the ways in which information was shared and were kept informed of the changing health conditions, needs and preferences of each consumer.

Care planning documentation showed the service collaborated with external providers to support the needs of consumers. Staff described external organisations and providers of care and services utilised by individual consumers.

Consumers and representatives indicated the service provided meals which were varied and of suitable quality and quantity. The Assessment Team observed consumers to receive meals in alignment with their dietary requirements outlined within care planning documentation.

Staff advised they had access to the required equipment to support the needs of consumers, and described how equipment was kept safe, clean and well maintained. A review of the service’s maintenance checklist by the Assessment Team showed preventative maintenance was completed quarterly.

# 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 and representatives confirmed the service environment was welcoming and optimised their sense of belonging and interaction. Management described the various aspects of the service that assisted consumers to feel welcome and navigate throughout the facility.

The service environment was safe, clean, well maintained and comfortable, and consumers were able to move freely both indoors and outdoors. Staff outlined the maintenance and cleaning service processes within the service.

The Assessment Team observed furniture, fittings and equipment were safe, clean, well maintained and suitable for consumer use. Maintenance staff explained that an external contractor conducted an audit of the call bell system on an annual basis, and provided records of the most recent audit.

# 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 and representatives advised they felt comfortable providing feedback or raising concerns with staff and management. Management and staff described processes in place to encourage consumers and representatives to provide feedback and complaints.

Consumers and representatives stated they were aware of other avenues for raising a complaint. The Assessment Team observed advocacy and support services on display throughout the service and available to consumers and representatives.

Management provided examples of actions taken in response to feedback and complaints and described the open disclosure training and guidance provided to staff. Consumers and representatives indicated the service took appropriate action in response to complaints.

Management described improvements taken in response to feedback and complaints, and how they were used to improve the care and services available to consumers. Consumers and representatives confirmed the service used feedback and complaints to improve care and services.

# 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 and representatives were satisfied the workforce was planned to enable the delivery and management of safe and quality care and services. Management advised how they ensured there were a suitable amount of staff to provide safe and quality care and services by implementing a base roster which is designated per classification of staff member and designed to cover the care needs and preferences of all consumers.

The Assessment Team observed staff interacting with consumers in a kind and caring manner. The service had a range of documented policies and procedures to guide staff practice and outlined care and services were to be delivered with a person-centred approach.

Consumers and representatives indicated staff performed their duties effectively. Management and staff described the orientation process and program that included allocation of a buddy, a probation period and mandatory training modules.

Consumers and representatives confirmed staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Staff advised the service provided mandatory and supplementary training to support them to the deliver the outcomes required by the Quality Standards.

The Assessment Team reviewed written documentation which evidenced the occurrence of annual performance appraisals and formal performance management processes. Staff advised they had completed their annual self-appraisal and met with management to discuss their performance.

# 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 and representatives confirmed they were engaged in the development, delivery, and evaluation of services. The Assessment Team reviewed meeting minutes for consumer meetings and confirmed consumers and representatives attended these meetings and provided their feedback.

The service demonstrated it had centralised policies, procedures and tools developed with the governing body which promoted a culture of safe, inclusive and quality care and services and ensure it was accountable for their delivery. Management described a robust organisational structure and governance to ensure the delivery of quality care and services at the service, including the operation of a clinical and care subcommittee at the organisational level.

There were organisation-wide governance systems which supported effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management.

The service had risk management frameworks, policies and guidelines in place which enabled it to monitor and assess high impact or high prevalence risks associated with the care of consumers and supported consumers to live the best life they can. Management and staff provided examples how risks were managed within the service.

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)