Performance

Report

**1800 951 822**

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| Name: | Churches of Christ Bribie Aged Care Service |
| Commission ID: | 5057 |
| Address: | 12-40 Foley Street, BONGAREE, Queensland, 4507 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 4 June 2024 |
| Performance report date: | 8 July 2024 |
| Service included in this assessment: | Provider: 370 Churches of Christ in Queensland  Service: 3414 Churches of Christ Bribie Aged Care Service |

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 Bribie Aged Care Service (**the service**) has been prepared by Jodie Earnshaw, 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 Assessment contact (performance assessment) – site report was informed by site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others,
* the provider’s response to the assessment team’s report received 26 June 2024,
* other information and intelligence held by the Commission.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | Not applicable as not all requirements have been assessed |

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.

**Other relevant matters:**

A Food, Nutrition, and Dining Assessment contact was conducted on 24 March 2024 and indicated inadequate monitoring and management of weight loss, and insufficient training of hospitality staff in texture modification. The service took immediate action to the identified risks and has implemented appropriate responsive measures and training for the areas raised.

# 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)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |

Findings

Consumers reported satisfaction with the care provided in relation to their food and nutritional needs. Representatives reported being contacted and consulted when an identified need for change of a consumer’s dietary requirements arose.

Care documentation demonstrated strategies are implemented by staff to support consumers’ dietary needs, and preferences or for those experiencing weight loss.

Staff demonstrated knowledge of individual consumers’ meal preferences and clinical nutritional needs and consumers advised they are actively engaged by registered staff regarding the weight loss experienced.

Consumers are regularly weighed, and documentation demonstrated when weight loss is identified, nurse-initiated supplements are provided pending a dietitian review by referral.

Care documentation of consumers with a history of weight loss demonstrated weight loss management for each consumer was in line with the service’s weight loss management policy. Documentation including monthly weighing, weight charting and monitoring of these consumers' weight is added to the electronic dashboard and reviewed weekly by clinical management. Weight loss data is included in clinical indicator data for escalation, analysis, and evaluation.

The service has processes to engage allied health services and has implemented additional ways to engage allied health professionals, such as reviews conducted through telehealth consultations to support consumers more urgently.

Staff were observed to be available, interacting with and assisting consumers with meals and supporting their independence with meal service needs and preferences.

Incident information and documentation recorded one episode of a choking incident occurring in the previous 3-month period and demonstrated the service had investigated and managed the incident adequately.

The service demonstrated urgent and timely assessments and referrals are conducted to medical officers and allied health professionals, including via telehealth assessments for consumers who experience episodes of choking, changes to weight, or swallowing difficulties.

Consumers and representatives advised consumers received timely referrals to a speech pathologist or dietitian when a change to consumer needs is identified. Management and staff described weight management and referral processes and demonstrated events prompting further investigations and referrals such as weight loss outside the service’s tolerance, choking incidents, reoccurring chest infections, and changes to a consumer's ability to swallow or chew adequately.

Care documentation demonstrated reviews and assessments by allied health professionals in consultation with the consumer and/or representative and the provision of recommendations for consumer care, is recorded and updated in the consumer’s dietary plans.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

Consumers reported satisfaction with the knowledge of staff and the assistance provided to them relating to their food and nutritional needs. Consumers expressed confidence that staff would respond appropriately if an episode of choking or difficulty in swallowing was to occur. Staff demonstrated an understanding of the dietary needs of consumers and the appropriate actions to take in the event of an incident occurring.

The service has introduced International Dysphagia Diet Standardisation Initiative (IDDSI) training as an annual mandatory training module and staff reported attending IDDSI training via face to face and online module completion. IDDSI information was displayed in food service areas such as in the kitchen, kitchenettes, and dining rooms.

Staff demonstrated an understanding of IDDSI, and management/ clinical staff have attended the Commission food and nutrition webinar. Food and nutrition are a topic for discussion at team meetings.

Staff were observed reviewing and checking dietary profiles of consumers before serving meals and fluids, monitoring of consumers who choose to dine in their rooms, and providing assistance to consumers with eating and drinking as required, respectfully.

Management and staff said, spot checks are being conducted during mealtimes, and expressed confidence that the training provided has remedied the areas raised at the Food, Nutrition, and Dining Assessment Contact on 24 March 2024.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)