Performance

Report

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| Name of service: | Churches of Christ Bribie Aged Care Service |
| Service address: | 12-40 Foley Street BONGAREE QLD 4507 |
| Commission ID: | 5057 |
| Approved provider: | Churches of Christ in Queensland |
| Activity type: | Site Audit |
| Activity date: | 3 April 2023 to 5 April 2023 |
| Performance report date: | 11 May 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 Churches of Christ Bribie Aged Care Service (**the service**) has been prepared by Stewart Brumm, 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.

# 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

The Assessment Team provided information that consumers/representatives confirmed consumers are treated with dignity and respect. Staff demonstrated knowledge of consumers’ backgrounds and preferences which was consistent with consumers’ conversations and reflected in care documentation.

Consumers/representatives confirmed the service recognises and respects the consumer’s cultural background and provides care which is consistent with their preferences. Staff were able to identify consumers from culturally diverse backgrounds and were able to provide information relevant to ensuring each consumer receives the care required that aligns with their care plan.

Consumers are supported to exercise choice and maintain their independence by making decisions about their care and services. Consumers are supported to nominate who they would like involved in their care, communicate their decisions, make connections with others, and choose whether to maintain relationships.

Consumers are supported to take risks which enables them to live their best lives or lives they choose. Staff demonstrated they are aware of the risks taken by consumers, and said they support the consumer’s wishes to take risks to live the way they choose.

Current, accurate and timely information is provided to consumers, and communication is clear, easy to understand, and supports consumers to exercise choice. Consumers/representatives said, consumers’ personal privacy is respected. Consumers are confident their personal information is kept confidential, and staff could discuss privacy principles. The Assessment Team observed the service has protocols in place to protect consumer privacy.

I have considered the information presented by the Assessment Team and I am persuaded by the consumer/representative feedback in determining my findings.

I find all Requirements compliant and therefore the overall Standard rating is compliant.

# 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

The Assessment Team provided information that consumers/representatives considered assessment and care planning delivered safe and effective care and services. Documentation reviewed considers potential risks to consumers’ health and wellbeing including falls, wound management, diabetes and catheter management. Registered staff described the assessment, care planning and review process. The organisation has policies and procedures available to guide staff practice in the assessment and care planning process.

Review of consumer care documentation demonstrates, and interviews with consumers/representatives confirm, individual consumer’s current needs, goals and preferences are addressed, including advance care planning if the consumer/representative wishes. Staff advised the service request consumers have documented end of life wishes on entry to the service, with a further discussion occurring when a consumer’s condition deteriorates.

Review of care planning documentation and consumer interviews demonstrate planning is completed in partnership with consumers and others they wish to be involved. Other health care providers and organisations are included as required in assessment and care planning process.

Consumers interviewed said staff discuss with them their care needs and preferences. Staff said they have access to care plans and other information through the electronic care management system, with individual login names and passwords. Review of consumer files demonstrate documentation of the outcomes of assessment and care planning.

Review of care documentation confirms care and services are reviewed when consumer circumstances change, or incidents occur. The Approved Provider reviews care and assessments on a 6 monthly basis, with reviews occurring if there are any changes in consumers health or incidents occur. Review of care planning documentation confirms care plans are reviewed on a regular basis. The Approved Provider monitors clinical indicators including medication incidents, falls, pressure injuries and infections.

I have considered the information presented by the Assessment Team and I am persuaded by the consumer/representative feedback in determining my findings.

I find all Requirements compliant and therefore the overall Standard rating is compliant.

# 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

The Assessment Team provided information that the Approved Provider demonstrated identification, assessment, monitoring and review of consumers clinical care needs including restrictive practice, wounds, skin integrity and pain. Consumers/representatives said consumer care is safe and considers the individual consumer’s needs, goals and preferences.

Review of care planning documentation and clinical data identifies falls, infections and more broadly anti-microbial stewardship as high impact, high prevalence risks. The Approved Provider was able to demonstrate care delivery for consumers at the end of life ensures their needs are addressed, pain is managed, and the consumer’s dignity is maintained.

Changes in consumers health and wellbeing were responded to in a timely manner. Staff have access to clinical information to guide practice in recognising and responding to deterioration or change in consumers condition and the service has a registered nurse on duty 24 hours per day.

Consumers/representatives are satisfied consumers’ needs and preferences are communicated between staff and consumers receive the care they need. Staff described how any changes are documented, discussed at handover and they have their individual computer log in to access the electronic care management system.

Consumers/representatives said, and care planning documents confirm input from other health services. Consumers have access to speech pathology, dietitians, dementia specialist services and access to both internal (falls and wound clinics) and external specialist services.

The Approved Provider has documented policies, procedures, and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control and management of COVID-19 outbreak.

I have considered the information presented by the Assessment Team and I am persuaded by the consumer/representative feedback in determining my findings.

I find all Requirements compliant and therefore the overall Standard rating is compliant.

# 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

The Assessment Team provided information that consumers/representatives said consumers are supported to engage in activities of interest to them, and are provided with relevant supports, such as equipment and resources, to promote their well-being, independence and quality of life. Consumers/representatives said the service provided emotional, spiritual and psychological support when needed. Staff described the processes for providing emotional, spiritual and psychological support to consumers.

Consumers/representatives said consumers are supported to take part in community activities outside of the service including to go shopping and to meet friends. Staff could describe those consumers who have developed a friendship and relationships of importance to individual consumers. Care planning documentation identified the people important to individual consumers, and those people involved in providing care and of interest to the consumer.

Consumers interviewed said their services and supports are consistent and the staff know their individual preferences and other organisations that may be involved in their care and services.

Overall consumers/representatives said the meals are satisfying, varied and of suitable quality and quantity. Alternative meal options are offered to consumers if they do not prefer any of the meals offered on the menu.

Consumers and staff said the equipment is safe and they know how to report any concerns or issues. The Approved Provider has processes for purchasing, servicing and replacing equipment. Equipment used to support consumers to engage in lifestyle activities was observed to be suitable, clean and well-maintained.

I have considered the information presented by the Assessment Team and I am persuaded by the consumer/representative feedback in determining my findings.

I find all Requirements compliant and therefore the overall Standard rating is compliant.

# 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

The Assessment Team provided information that the service is located entirely on the ground level, is welcoming with a reception area that was staffed at all times during the Site Audit. The floorplan is easy to navigate with wide corridors and natural light. There are multiple open plan common areas where consumers can congregate and undertake activities including a large activity hall, internal cafe and lounge rooms. Consumers freely access outdoor areas and gardens. The indoor and outdoor environments were observed to be safe, comfortable and well maintained. Consumers personalise and decorate their rooms to reflect individual tastes and styles.

Equipment, fittings and furnishings were observed to be well maintained, clean and safe for consumers and their guests. Cleaning and maintenance tasks are scheduled and monitored daily. Staff have processes in place to promptly attend to identified maintenance issues or hazards when required and can be escalated to managers if necessary. Maintenance staff have preventative and reactive maintenance schedules in place.

I have considered the information presented by the Assessment Team and I am persuaded by the observations by the Assessment Team, and consumer/representative feedback in determining my findings.

I find all Requirements compliant and therefore the overall Standard rating is compliant.

# 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

The Assessment Team provided information that consumers/representatives said they are supported to give feedback or make a complaint and said they feel comfortable doing so. Management and staff were able to describe processes in place to encourage and support feedback and complaints.

Overall, consumers/representatives said they are comfortable with sharing any concerns or complaints with staff, or by completing forms or raising issues at consumer meetings. Staff indicated that they have not had to use interpreter or advocacy services. Management said they encourage consumers to speak up and have not needed to access external advocates. Internal and external complaints mechanisms and other related aged care services promotional material was displayed throughout the service.

Consumers/representatives were confident management will address and resolve any concerns which are raised. Management and staff demonstrated an understanding of the principles of open disclosure and the service maintains records of when open disclosure has been applied.

Consumers are satisfied feedback and complaints are actioned to improve care and services. Management advised the main mechanisms used by the service to inform improvements include monthly consumer/representative meetings, surveys and questionnaires, feedback forms, and verbal feedback.

I have considered the information presented by the Assessment Team and I am persuaded by the staff knowledge of the systems, and consumer/representative feedback in determining my findings.

I find all Requirements compliant and therefore the overall Standard rating is compliant.

# 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

The Assessment Team provided information that staffing allocations meet consumer needs and ensure the delivery of safe and quality care and services. Most consumers felt they are well cared for by the staff and had no complaints about the care they received.

All consumers/representatives spoke about the kindness and caring attitude of the staff who cared for them. Staff respect for all consumers’ identity and culture was apparent. Staff were observed assisting consumers with their meals exercising patience and speaking to consumers in a kind and caring manner.

Feedback from consumers/representatives identified they felt the workforce is competent and staff have the knowledge to deliver care and services which meet the needs and preferences of consumers. Management said staff competencies are determined depending on the staff member’s role and monitored on an annual basis. The Approved Provider demonstrated it has a system to recruit, train, equip and support staff to provide safe care and services as required by the standards.

The Approved Provider demonstrated effective systems in place to monitor and review performance and the capabilities of the workforce as a whole and provides ongoing support and development to each staff member.

I have considered the information presented by the Assessment Team and I am persuaded by the Approved Provider’s ability to demonstrate compliance, and consumer/representative feedback in determining my findings.

I find all Requirements compliant and therefore the overall Standard rating is compliant.

# 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

The Assessment Team provided information that the Approved Provided was able to demonstrate it supports consumers/representatives to be involved in the development, delivery and evaluation of care and services. Consumers said they believe they have a say in how care and services are delivered. Management provided examples of different ways the service incorporates consumer feedback and suggestions into changes implemented to care and services at the service and organisational level.

The governing body promotes a culture of safe, inclusive and quality care and services. The Assessment Team interviewed management who provided examples of how the governing body monitors the service is compliant with the Quality Standards, and how the governing body ensures it is accountable for the delivery of care and services across the organisation.

Effective governance systems are established relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The Approved Provider was able to demonstrate established governance frameworks, policies and procedures support the management of risk associated with the care of consumers. Management and staff interviewed provided examples of these risks and how incidents are managed within the service.

The Approved Provider has a documented Clinical Support and Governance Framework in place that is underpinned by policies and procedures to guide staff.

I have considered the information presented by the Assessment Team and I am persuaded by the Approved Provider’s ability to demonstrate compliance, and consumer/representative feedback in determining my findings.

I find all Requirements compliant and therefore the overall Standard rating is compliant.

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)