Performance

Report

1800 951 822

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| Name of service: | Performance report date: |
| Churches of Christ Care Palms Aged Care Service | 30 September 2022 |
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| Churches of Christ in Queensland | 24 August 2022 to 26 August 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 Care Palms Aged Care Service (**the service**) has been considered by Ms D. McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 provider’s response to the assessment team’s report received 30 September 2022.

# 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 | | Compliant |
| 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 they were always treated with dignity and respect, and they felt accepted and valued whatever their needs, ability, gender, age, religion, spirituality, mental health status or background. Consumers said they were treated fairly and didn’t experience discrimination. Staff could describe what treating consumers with dignity and respect meant in practice and what they would do if they thought a consumer’s dignity wasn’t being respected. Policies, procedures and training records showed the organisation respected diversity and staff had an inclusive, consumer centred approach to delivering care. Staff described how they adapt the way care and services were offered so they were culturally safe and training records showed the organisation supported the workforce to deliver culturally safe care and services.

Consumers said the service supported them, and those they wished to involve, to make decisions about their health and they had as much control over the planning and delivery of their care and services as they wanted. Staff gave examples of how they helped consumers make day-to-day choices, communicate their choices and maintain relationships. The service explained how they ensured consumers and representatives understood their options and how agreement is reached if they can’t meet a particular consumer’s choice.

Consumers said the service understood what was important to them and were not judgemental about their choices, even when they involved risks. Consumers said they were supported to understand benefits and possible harm when they made decisions involving risks in day-to-day life. Staff gave examples of how they supported consumers to be independent and exercise choice. Training records indicated staff were educated about consumers’ dignity and rights to take risks. The service used a standard risk assessment tool with every consumer who wanted to take risks and their decisions were documented in their care file.

Consumers said they were involved in meetings and got information in a way they understood but, if necessary, they could also access translation services. Staff could describe different ways information was communicated to consumers and how they made sure it was understood, particularly consumers with poor cognition, hearing or vision. Management provided examples of how they reviewed information to ensure it was current, accurate and comprehensible.

Consumers confirmed the service protected their privacy and kept their personal information confidential. They felt care and services were undertaken privately and their personal space and privacy was respected when their friends or family visited. Staff demonstrated they understood the importance of confidentiality and consumers’ privacy. Consumer information was kept in the electronic care planning system which was password protected. Policies and procedures were available to guide staff in relation to privacy and handling personal information.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 considered the assessment and planning of their care needs included them as partners and was sound. They felt confident the service would support their health and well-being as the service took the time to assess their needs and consider any risks. Validated assessment tools were used by staff in assessment and planning of consumers’ care and services. Care plans evidenced assessment and planning with input from staff and relevant practitioners.

Staff described their involvement in the comprehensive assessment and care planning processes which were documented on consumers’ care plans. The service had policies to guide staff in discussing advance care directives and end-of-life care with consumers and their representatives. Advance care directives and end-of-life wishes were documented and there was evidence of individualised risk assessments and management strategies recorded.

Consumers and representatives said they were actively involved in the assessment, planning and review of their care and services. Staff described their role in partnering with consumers and/or their representatives to assess, plan and review care and services. Care and services plan for consumers show integrated and coordinated assessment and planning involving all relevant organisations, individuals, and service providers. Documentation evidenced the arrangements or agreements with those outside the service involved in planning care and services, to meet the consumer’s needs, goals, and preferences. Staff were appropriate skilled and qualified for the type and complexity of the assessment and planning of care and services being undertaken.

Staff described the processes for documenting the outcomes of assessment and planning in the care and services plan. Staff said the plans were accurate and reflected the most up-to-date assessments and reviews of consumer needs, goals and preferences. Consumers confirmed staff explained their care plan to them and they knew there was a copy of their summary care plan in their rooms, and they could get a full copy of their care plan if they wanted.

Consumers said the service conducted regular reviews, sought their input and made changes, to ensure their current needs, goals, and preferences were met. Documentation showed the service reviewed care needs regularly and when circumstances changed. Staff could describe when and how they reassess a consumer’s needs, goals, and preferences, and how they updated their care and services plans.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 and representatives said the care delivered was personalised, met their needs and optimised their health and well-being. Care planning documentation contained individualised care that was safe, effective, and customised to the specific needs and preferences of each consumer. Policies and procedures were in place to support the delivery of quality care such as personal care, wound management, restrictive practices, falls prevention, skin integrity and pressure injury prevention.

Consumers and representatives confirmed how the service managed high prevalence and high impact risks with the risks for each consumer assessed, documented and managed in accordance with their life choices. Care documentation recorded risks such as; falls, weight loss and behaviour and effective management strategies.

Consumers felt confident when they needed end of life care, the service would support them to be as free from pain as possible, to have those important to them with them and to die in line with their social, cultural, and religious and spiritual preferences. Care plans contained information on consumers’ end of life care wishes. Staff respectfully described how they supported consumers (and their families) who were approaching the end of life. Training records showed staff received relevant training and support.

Consumers were confident staff would identify a deterioration or change in their condition, and would respond appropriately. Staff described how they identified signs of deterioration and what responses they would take. Care documentation showed changes in consumers condition and care needs were recognised and responded to in a timely manner. Policies and procedures set out the processes for responding to a deterioration or change in a consumer’s condition or health status.

Consumers and representatives said the service communicated effectively and they don’t have to repeat their issues or preferences to multiple people. Consumers said the service coordinated with multiple providers and shared necessary information with them. Staff described how changes in consumers’ care and services were communicated effectively and documented in care plans and progress notes.

Consumers and representatives said the service referred them to appropriate providers, organisations, or individuals to meet their changing personal or clinical care needs. Records showed the service made timely referrals to health practitioners, specialised allied health, or other services. Staff described how consumers were actively involved in decisions about referrals and how consent was obtained.

Consumers were confident in the organisation’s ability to manage an infectious outbreak and had been given information on what they could do to minimise the spread of infections. The service had an Outbreak Management Plan which explained how the organisation would prepare for, and manage, any outbreaks. Staff had received training on infection minimising strategies including hand hygiene, the use of appropriate personal protective equipment (PPE) and outbreak management process. Records showed all staff have been appropriately vaccinated.

The service had antimicrobial stewardship policy and processes to support appropriate administration of antibiotics. Clinical staff knew how to minimise the need for antibiotics and ensure they were only used appropriately. Data was collected and used to monitor infections, medication usage and resolution rates.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 said the service supported them to do the things they wanted and enhanced their independence, health, well-being, and quality of life. The needs and preferences of consumers were documented in their care plan and staff described how they assisted consumers to enjoy activities, stay well and do as much for themselves as possible. Documentation reflected strategies and options to deliver services and supports to meet the diverse needs and characteristics of each consumer.

Consumers felt connected and engaged in meaningful and satisfying activities. They said they could observe sacred, cultural, and religious practices and the service supported their spiritual, emotional, and psychological well-being. Staff described how they supported the emotional, psychological, and spiritual well-being of specific consumers and this was consistent their care plans.

Consumers said they had an active social life, could pursue their interests, maintain personal relationships and take part in community and social activities. Staff could describe how they work with other organisations, advocates, community members and groups to help consumers follow their interests, participate in social activities and maintain their community connections.

Consumers advised they consented to information being shared with staff and those involved in their care and don’t have to repeat their information or preferences to multiple people. Consumers said the organisation coordinates their services and supports well and they benefit from different staff and organisations working together and communicating necessary information. Staff described how accurate, up-to-date, and relevant information about consumers’ condition, needs and preferences was communicated. Care plans evidenced regular updates, case notes and communication alerts.

Consumers said the organisation referred them promptly to appropriate individuals, organisations, or providers to meet their changing needs. Care plans showed the service collaborates with other service providers to support the diverse needs of consumers. Staff could identify other providers and describe how they referred consumers to them.

Consumers said they received a variety of well proportioned, quality meals and they could choose from suitable and healthy meals, snacks, and drinks. Consumers said they can take part in planning their menu and the organisation consistently provided meals and drinks in line with their preferences and menu selections. The dining experience was observed to be comfortable, unrushed and consumers received appropriate assistance in a dignified manner. Staff were aware of consumers’ nutrition and hydration needs and preferences. The service accessed specialist nutritional advice and staff were aware of the process to report any changes to a consumer’s appetite or eating/drinking habits, weight loss or signs of dehydration. The service had appropriate systems for ordering, storing and preparing food and records confirmed food safety requirements were met.

The equipment provided to consumers was observed to be safe, suitable, clean and well maintained. Consumers said the equipment provided was suitable, met their needs and they felt safe when using it. They knew how to report any concerns they had about the equipment. Documentation showed the organisation completes suitability assessments before they issue equipment and they followed maintenance and cleaning schedules. Staff said they were trained to safely use the equipment, and ensure it was clean and well maintained. The service had suitable arrangements for purchasing, servicing, maintaining, renewing, and replacing equipment. Equipment was used, stored, and maintained in line with manufacturers’ instructions.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 at home and could personalise their rooms, including bringing in their furniture and possessions of choice. They said the service monitored the condition of the building and renovations were in progress to ensure it met their needs. Staff described how they supported consumers and visitors to feel welcome and at home in the service. The service environment was observed to be welcoming, easy to understand and designed to make consumers feel at home, remain independent and facilitate interaction and function.

Consumers and representatives reported the facility was cleaned very well, and maintenance was done quickly. Consumers were observed moving freely around the facility in the loungerooms and gardens. The service was observed to be clean and well maintained

A range of furniture, fittings and equipment in the service was observed to be safe, clean and well-maintained. Consumers said the furniture and fittings was well maintained and clean. Staff said they had access to suitable furniture and equipment needed for consumer care. Furniture and equipment was maintained under a schedule maintenance plan with specialist contractors in place where required.**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 confirmed they were encouraged, and were comfortable, to give feedback and make complaints. Consumers and representatives said they understood various ways to give feedback or make a complaint and were comfortable doing so. The resident booklet included information on how to give feedback and make complaints and a feedback form was provided in the welcome pack. Feedback forms, posters and suggestion boxes were available around the facility. Resident meeting minutes showed consumers and representatives were encouraged to provide feedback.

Consumers and representatives said they were provided with information on advocacy, language services and various ways for raising and resolving complaints. Staff were aware of external complaints and advocacy services, and information on accessing external complaints, language and advocacy services was available around the service. A multilingual staff member described how they would support consumers in communicating issues or concerns to other staff or management.

Consumers said management takes action in response to complaints and feedback, and they provide an apology. An electronic quality management system is used to track and manage feedback and complaints. Written policy, procedures, work instructions, and staff and consumer training underpin complaints handling and the use of open disclosure. Meeting minutes and quality reports showed action was taken and open disclosure was used, when things went wrong, or in responding to complaints.

Consumers reported complaints and feedback were used to improve how care is delivered and service was provided. Records showed staff were trained to foster a culture of continuous improvement driven by feedback and complaints. There were systems in place to record and trend consumer input, and reports and meeting minutes confirmed feedback and complaints were used to improve service. The service’s Quality Improvement Plan included status of the complaint, actions taken/planned and responses to consumers and representatives.Standard 7

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| Human resources | | Compliant |
| 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 stated there were enough staff, they were not rushed during care, call bells were answered promptly, and staff delivered the care they needed. Care delivery was observed to be calm, professional, and planned. The roster demonstrated there were minimal unfilled shifts and the service made sure there were enough staff to provide continuous safe and quality care. Management described their strategies to ensure there were enough staff to provide safe and quality care. Call bell reports showed the majority of calls were answered within 10 minutes and call bells over 10 minutes were investigated.

Consumers said staff were kind and caring and respectful of their identity, culture, and diversity. Staff demonstrated how they provided care that was gentle and respectful. Interactions were observed to be caring and respectful with staff taking time to ask consumers for preferences. Recruitment processes, policies and training ensured staff acted in accordance with values of the organisation.

Consumers said the staff were suitably skilled and knowledgeable to provide effective care and they were referred to other specialist services when needed. Staff said they received excellent training and support to perform their role and could access additional training provided by the organisation. Staff said they were supported and encouraged to continue study and upskill. All staff said they could access the online training program and were reminded to do so when training was due. Records indicated the recruitment, selection, and onboarding of staff was rigorous, and management were able to confirm the extensive training given according to different roles.

Consumers said they were asked to provide feedback on the care and services provided by staff. All staff said they had an annual performance review where their performance was assessed against their role description. Staff files demonstrated management monitored, and reviewed staff performance, including for probation periods. Audit reports showed consumers were involved in evaluating care and service delivery and customer service.**Standard 8**

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| Organisational governance | | Compliant |
| 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 were actively supported to engage in the development, delivery and evaluation of care and services. Management described a variety of arrangements in place to ensure consumers could provide input and make decisions about the care and services provided to them. Documents showed suggestions were followed up by staff and used to plan improvements.

There was a robust organisational structure that governed the delivery of quality care and services across the organisation. Management described how the Board was accountable for the delivery of quality care and services. Board meeting minutes and monthly clinical indicator reports evidenced regular performance monitoring by the Board. The Board communicates legislative and policy changes to the service and monitors the implementation of any changes.

The service had effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Management could describe the processes and mechanisms in place for each governance system and how they were checked.

The service had effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Policies, procedures and staff training were in place to protect consumers. The organisation had an incident management system and framework to manage and prevent incidents.

The service provided a documented clinical governance framework with policies related to antimicrobial stewardship and infection, minimisation of the use of restraint, and open disclosure. Staff demonstrated an applied understanding of the policies and how they implemented them in on a day-to-day basis. The Care Management System had built in care planning and clinical tools linked to the clinical governance systems and a library of clinical practice guidelines. Reports were generated from the systems were used for measuring clinical indicators and performance. Staff said they could access these resources and were trained to use them.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)