Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Churches of Christ Care Warrawee Aged Care Service |
| Service address: | 276-296 Alfred Street ST GEORGE QLD 4487 |
| Commission ID: | 5237 |
| Approved provider: | Churches of Christ in Queensland |
| Activity type: | Site Audit |
| Activity date: | 6 September 2022 to 8 September 2022 |
| Performance report date: | 11 October 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 Warrawee Aged Care Service (**the service**) has been prepared by K. Reed, 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 provider’s response to the assessment team’s report received 04 October 2022
* other information and intelligence held by the Commission in relation to the service.

# 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 were treated with dignity and respect. Staff valued consumers’ culture and identity and demonstrated an understanding of what was of importance to consumers. Staff provided examples of how they treated consumers with respect.

Positive feedback was received from consumers and representatives in relation to the consumers’ cultural background being supported and care provided was consistent with consumer culture and preference. Care documentation identified consumers’ cultural needs and evidenced consumers received culturally safe care and services.

Consumers were supported to make decisions about their care. Consumers confirmed family members were involved in care decisions and they were able to maintain relationships of choice. Care planning documentation identified consumer choice relating to care delivery and who was involved in the care of the consumer.

Risk for consumers was identified and managed to enable them to live their best life. Staff demonstrated an awareness of risks for individual consumers and how they supported consumers to undertake activities which involved risk safely.

Consumers were provided with clear, timely information to allow them to make informed choices. Consumers were provided with newsletters, monthly menus and activities calendars to inform them of the happenings at the service.

Consumers’ private and personal information was kept confidential. Staff practices supported the privacy of consumers were respected. Consumers were satisfied with ways staff respected their privacy.

This Standard is Compliant as all six Requirements are Compliant.

# 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

Consumers and representatives confirmed they were involved in, and were satisfied with, the assessment and care planning processes at the service. Staff described how assessment and planning was completed and how this informed the delivery of consumers’ care and services. Care documentation for demonstrated assessment and planning processes identified the needs, goals and preferences of consumers and any related risks to their health and wellbeing. Contemporaneous policies and procedures at an organisational level guided staff with assessment and care planning.

Consumer care documentation demonstrated, and interviews with consumers and representatives confirmed, individual consumer’s current needs, goals and preferences were addressed, and this included advance care planning if the consumer wished. There were discussions about consumers’ end of life wishes when a consumer entered the service, at care plan review and if a consumer’s condition deteriorated. Key information was collected regarding consumers’ end of life wishes including communication, hygiene, mobility, continence and sleep needs.

Where necessary, other health care providers and organisations were included in assessment and planning for consumers. Staff described the assessment and planning process and how consumers were included in this. Review of care documentation confirmed, staff consulted with individual consumer’s representatives via telephone, face to face or through electronic messages.

A summative copy of the care plan was available in each consumer’s room and a copy was provided to consumers or representatives. The service demonstrated communication with consumers about the outcomes of assessment and planning was effective.

Care plans were reviewed every six months or when incidents impacted on the care of the consumer or their circumstances changed. Consumers confirmed staff discussed their care needs and preferences with them and were responsive when their care needs changed. Staff were aware of reviewing care plans following an incident which included the involvement of relevant allied health staff.

This Standard is Compliant as all five Requirements are Compliant.

# 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

The service demonstrated they were providing safe personal and clinical care that reflected the needs of the consumer including for those consumers with complex care needs who required maintenance of skin integrity, wound management, catheter care, experienced pain or who had restrictive practices in place. Consumer’s care documentation demonstrated, and consumer and staff interviews confirmed, consumers were receiving individualised care which was safe and right for them and was based on best practice.

High-prevalence and high-impact risks were identified, responded to and managed effectively for individual consumers at the service. Strategies to mitigate risks were implemented and management reviewed and analysed clinical incident data which was reported both within the organisation and externally. Staff described the main risks to the consumers including falls and skin tears and the risk mitigation strategies that were used to minimise these.

Consumers at the end of life had care delivery including their pain and dignity needs. A palliative care team was available to provide support when a consumer moved into the palliative care phase. Alongside care delivery staff provided comfort measures including an essential oil diffuser, music and pastoral care, which included support to the consumers’ families. Care planning for a recently deceased consumer identified the consumer’s end of life wishes were respected, medications were administered, and the consumer was kept comfortable and their family were consulted and supported.

Staff recognised and responded to consumers’ deterioration or changes in their health condition in a timely manner. Consumers’ representatives provided feedback they were satisfied with staffs’ timely response and communication following change in their loved one’s condition. Care staff notified registered staff if they had concerns about a consumer and described what they observed including loss of appetite and changes in mood or behaviours. Changes and updates were reported through verbal handover, written progress notes, updated care plans and via staff meetings. Consumers and representatives were satisfied that staff knew about consumers’ needs and preferences and that communication from and with the service was effective.

Referral to other healthcare providers were timely and appropriate. Staff had a shared understanding when and how to refer consumers to a relevant health professional. Care documentation supported the involvement of other health professionals and their directives were followed.

Effective infection control and outbreak practices were in place at the service. Consumers and representatives provided positive feedback in relation to COVID19 prevention processes. The service had an updated outbreak management plan and staff trained to lead the service in the event of an outbreak. Staff promoted evidence-based use of antibiotics to promote antimicrobial stewardship.

This Standard is Compliant as all seven Requirements are Compliant.

# 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 were supported to pursue activities of interest to them, to optimise their independence and were provided with the appropriate support to do so. Lifestyle staff encouraged and supported consumers to participate in activities of interest to them. Staff were able to describe what was important to individual consumers, what was of interest to them, and their social, emotional, cultural and spiritual needs. Consumer’s care documentation aligned with the information provided by staff.

Consumers had services and support to promote their emotional, spiritual and psychological well-being. Consumers were supported to stay in touch with people of importance to them. Access to the Chaplain and various religious services was provided. Consumers provided feedback to evidence they were supported to participate in their community and outside the service as they wished. Personal relationships between consumers and their loved ones were encouraged.

Consumers provided feedback that staff had knowledge about their condition, needs and preferences and this information was shared effectively. Care planning documentation demonstrated adequate information to support safe and effective care delivery as it related to services and support for daily living.

Lifestyle staff worked in conjunction with external individuals and organisations to supplement the services and supports for daily living offered to consumers. Staff engaged with other organisations and providers to provide timely referrals, for example referring consumers for hairdressing services. Consumers were confident appropriate referrals were made to ensure each consumer received the service and support they required.

Consumers stated the meals were satisfying, varied and of suitable quality and quantity. All meals were cooked fresh onsite and modified to suit individual consumer needs and preferences. Alternative meal options were available, and consumers’ nutrition and hydration needs were documented and accessible.

The service had a process for maintaining, cleaning, servicing, replacing and purchasing equipment. Equipment to support consumers in their day to day lives and engage in lifestyle activities was observed to be suitable, clean and well maintained.

This Standard is Compliant as all seven Requirements are Compliant.

# 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 provided a safe and comfortable environment for consumers to live which was easily navigated, had freely accessible indoor and outside areas and provided consumers with a sense of belonging. Consumers described the service as welcoming and easy to navigate. The service’s environmental design was conducive to consumers with cognitive impairments. Consumer rooms were personalised with furniture, photos and personal items on display.

Consumers were satisfied with the cleanliness and maintenance of the service. The service was observed to be safe, clean and well maintained. Maintenance staff completed preventative and reactive maintenance and records demonstrated this was completed in a timely manner. Consumers with differing levels of mobility were observed moving freely around the service.

Furniture, fittings and equipment were observed to be safe, clean and well maintained. Furniture in communal areas were in good condition and consumers were observed to be sitting in communal areas and on patios. Cleaning staff were observed cleaning communal areas and consumer’s rooms, while maintenance staff were observed to be cleaning outdoor walkways and furniture with a high-pressure hose.

This Standard is Compliant as all three Requirements are Compliant.

# 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 felt encouraged, safe and supported to provide feedback or make complaints. Consumers were aware of various ways they could provide feedback including conversations with management or submitting feedback forms. Staff described they ways they could assist consumers to provide feedback or make complaints, including assistance with feedback forms and providing satisfaction surveys. The consumer handbook provided instructions for submitting feedback or making complaints.

Staff had knowledge of the internal and external ways of making complaints, including advocacy and translation services. Posters on display at the service provided information relating to external complaints mechanisms including advocacy services. Information relating to advocacy services was printed in the latest service newsletter.

Appropriate and timely action was taken in response to complaints. Consumers were satisfied their concerns were addressed in a timely manner. Management provided examples when open disclosure had been used when things have gone wrong.

Complaints have been used to improve the quality of care and services including male specific activities and menu choices. Analysis and trending of complaints and feedback occurred to inform continuous improvement activities across the service.

This Standard is Compliant as all four Requirements are Compliant.

# 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 were satisfied with the number and availability of staff. Consumers confirmed that did not wait for extended periods for assistance. Consumer satisfaction results supported the feedback provided by consumers, with high levels of satisfaction recorded. Staff provided feedback they work as a team to ensure care and services are provided within the allocated timeframes.

Staff were described by consumers as kind and caring, and consumers confirmed staff treated consumers well and had positive workforce interactions. Staff position descriptions included the responsibility, knowledge, skills and qualifications relevant to each role. Staff competency was determined through skills assessments and was monitored through consumer or representative feedback, audit results, surveys and reviews of clinical records and care delivery. Consumers provided positive feedback in relation to the knowledge and skills of staff.

Staff received training, support, professional development and supervision during orientation and on an ongoing basis. There are processes to ensure staff have completed all mandatory training, including, infection control, manual handling incident management and fire safety. Staff performance was monitored through observations, analysis of clinical data and consumer or representative feedback. Issues identified through monitoring mechanisms were addressed immediately and triggered a performance review.

This Standard is Compliant as all five Requirements are Compliant.

# 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 were supported in various ways to be engaged in the development, delivery and evaluation of care and services. The service conducted monthly consumer meetings and surveys and provided feedback forms to engage consumers and solicit feedback. Consumers and representatives considered the service was well run, and they could provide feedback and suggestions to management.

The organisation had a suite of policies and procedures to guide staff in the delivery of culturally safe and inclusive care and services. The organisation’s governance framework identified a leadership structure, and the governing body held overall accountability for quality and safety.

The organisation had effective governance systems relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Information was readily available through the service’s electronic care management system, including consumer documentation and policies and procedures. The service’s plan for continuous improvement captures planned and completed improvement actions in relation to various areas of care and service delivery. The executive team prepared and finalised the yearly budget and forecast based on workforce review and consideration of capability development and quality improvement investments. Workforce governance processes were effective as evidence through the Compliance rating of Standard 7. Communication were sent in relation to changes in regulatory compliance, changes were monitored through the Executive team and distributed appropriately. Feedback and complaints management processes were effective as demonstrated through the Compliance rating of Standard 6.

Policies and procedures described how to manage high impact and high prevalence risk, responding to abuse and neglect, supporting consumers choice and decision-making and managing and reporting incidents. Staff were aware of the policies and were able to describe how the policies were used in their daily tasks. Clinical data review was used to identify and peaks in high impact or high prevalence risk, for example additional manual handling training was conducted following a spike in skin tears.

The organisation implemented a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices and open disclosure. As evidenced in Standard 3 Requirement 3) g) antibiotic usage is based on best practice and evidence-based testing. Restraint usage is kept to a minimum and was appropriately documented and authorised. Open disclosure processes were implemented when things went wrong, and apologies were required.

This Standard is Compliant as all five Requirements are Compliant.

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)