Performance

Report

1800 951 822

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| Name of service: | Performance report date: |
| Churches of Christ Care Warwick Aged Care Service | 15 September 2022 |
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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 Warwick Aged Care Service (**the service**) has been considered by Kathryn Spurrell, 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.

# 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
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and Complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | 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 stated that staff treat them well and are respectful and kind. Staff described the culturally diverse background of consumers, demonstrated an understanding of individual life journeys and were able to explain how care delivery aligns with cultural preferences.

Care documentation included risk assessments and consent in line with the service's risk management policies and recorded the consumers’ individual choices, such as, those involved in their care and how the service supports them maintain relationships. Consumers expressed satisfaction with how the service supports them to take risks that enable them to live their best lives.

Consumers and representatives reported that they are kept updated by management on any changes to their care and services. The Assessment Team observed information was available to consumers in a clear and easy to understand way to support decision making.

Staff were observed respecting consumers’ privacy by knocking on doors before entering and closing doors when providing care. Confidential information is secured through a password protected electronic care management system.

**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 identify 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 said they have a voice in the assessment and planning of their care and services and felt they received care and services appropriate to their needs. Staff were able to describe the care planning process in detail, and how it informs their delivery of care and services; this included the comprehensive assessment process and identification of consumer needs, goals, and preferences.

Consumers confirmed end of life wishes were discussed with them at various times, through conversations with staff and during case conferences, with their wishes and preferences recorded appropriately for reference as needed. Staff described how the admission assessment and planning included the consumer’s advance care planning and end of life planning. The service's electronic care management system has a summary page displaying current key information about the consumer including their diagnoses, end of life wishes, communication, ambulation, risk, personal care, and dietary plan.

Consumers and representatives confirmed they were given sufficient information about care and services including updates when circumstances changed. Staff regularly communicated between themselves consumers and representatives through handover discussions, face to face communication, case conferences, and progress notes in the consumer’s file. Consumers and representatives confirmed they had access to care planning and other relevant documentation as they needed.

Care planning documentation evidenced consumers care plans were reviewed on a regular basis either when circumstances changed or as a result of incidents or changes in health. Staff were guided by the service’s assessment and care planning policies and procedures which set out the review, reassessment, and monitoring of consumers health and other needs.

Care planning documentation showed evidence of care conferences, and collaborative involvement of a diverse range of external health providers and services in consumer care planning.

# 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 were satisfied with the personal and clinical care provided by the service. Staff demonstrated their comprehensive knowledge of consumers and their individual clinical and personal care needs. Consumer files included care assessments, care and service plans, progress notes, medication and monitoring charts that reflect care that is safe, effective, and tailored to the specific needs and preferences of consumers. The service has policies, procedures, and work instructions for key areas of care, all of which are in line with best practice.

Management demonstrated the effective management of risks through regular clinical data monitoring, trending, and the implementation of suitable risk mitigation strategies for individual consumers. Consumer representatives were confident care is provided in accordance with needs and preferences and expressed satisfaction with the way the service managed risks and communicated changes in consumers’ condition or incidents. Care planning documentation included an advance care plan and the needs goals and preferences of consumers receiving end of life care.

Consumers said the service recognises and responds to changes in condition in a suitable and timely manner. Staff explained how deterioration is discussed during handovers and staff meetings and may trigger a medical review or hospitalisation if needed and a subsequent review of care planning.

Care planning documentation demonstrated progress notes, and care and service plans provide adequate information to support effective and safe sharing of the consumer’s information to support care. Staff confirmed information about the consumer’s condition, needs and preferences are documented and effectively communicated with those involved in their care.

Consumers said the service is kept clean, and they see staff using Personal Protective Equipment and practicing safe hand hygiene techniques such as hand washing and sanitising. The service has policies and procedures to support the minimisation of infection related risks through the implementation of infection prevention and control principles and the promotion of antimicrobial stewardship. Staff demonstrated knowledge of key infection control practices such as hand hygiene and donning and doffing of personal protective equipment as well as strategies to minimise the use antibiotics where possible.

# 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 and representatives said the service supports activities that are important to the consumer’s well-being, to enable consumers to be independent, while optimising their quality of life and supporting their personal needs, goals, and preferences for daily living.

The service partners with the consumer or their representative to conduct a lifestyle assessment which collects the consumer’s individual preferences, including leisure likes, dislikes and interests, social, emotional, cultural or spiritual needs and traditions.

The service provides supports for daily living and promotes consumers’ emotional, spiritual, and psychological well-being by facilitating connections with people important to them through technology and lifestyle staff to support chaplaincy and religious services.

Staff support consumers to participate in the community or engage in activities of interest to them and could describe specific consumers who undertake individual activities outside the service. Consumers' care planning documentation aligns with the information provided by consumers, representatives, and staff regarding their desired involvement in their community and maintaining personal and social relationships.

Staff described ways in which they share information and are kept informed of the changing condition, needs and preferences for each consumer. Care planning documentation provided adequate information to support safe and effective care as it relates to services and supports for daily living and also identified referral to other organisations and providers of other care and services and specific consumers who utilise these services.

Overall consumers and representatives expressed satisfaction with the variety and quantity of food being provided at the service and said there are plenty of choices for each meal and they can request different meals if they do not like what is on the menu that day. The dietary requirements are updated as per consumers charts, and menus is updated daily for any changes.

Consumers and staff have access to equipment, including mobility aids, shower chairs and manual handling equipment, to assist them with their daily living activities as well as providing resources and equipment for the leisure and lifestyle activities.

# 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

The Assessment Team observed the service to be modern, clean, and well maintained with a spacious courtyard with garden beds, seating, and shaded areas for consumers. Clear signage was visible throughout the service and consumers described a sense of belonging within the service and found the grounds easy to navigate.

The service environment was safe and clean, and consumers can move around freely indoors and outdoors. Cleaning staff described the established schedule, which is followed, and maintenance staff provided the preventative maintenance schedule and explained how external contractors were managed and the process for arranging any repairs to the building or equipment

Consumers were observed using a range of equipment aids, including walking frames, wheelchairs, and comfort chairs. Furniture in communal areas was observed to be clean and in good condition and consumers were seen to be sitting in the lounge, balcony, and outdoor areas

**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 and representatives described the process to give feedback or make a complaint and said they feel comfortable doing so. Consumers described the various avenues they use to provide feedback on their care and services such as consumer meetings, verbal feedback, surveys and using the locked suggestion boxes in the foyer areas.

Consumers were aware of external services that are available to them and felt confident using these services if needed. Management reported that the service did not currently have any consumers who require advocacy or interpreter services but information on accessing these was available around the service and included in the consumer handbook.

Staff demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer in the event of something going wrong. Management explained how staff are guided by a documented policy on open disclosure and complaints, which were in line with best practice.

Consumers and representatives provided examples of how their feedback is used to improve services, such as changes to meals. Management described the processes in place to escalate complaints and explained how they are used to improve the care and services and staff described improvements, which were driven by consumer feedback.

**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

The service demonstrated adequate staffing levels and mixes to meet the needs of consumers. While some consumers and representatives said staff seem busy, the overall feedback was that there are enough staff at the service to meet the needs of consumers.

Staff demonstrated familiarity with each consumer's individual needs and identity and stated that the service has a suite of documented policies and procedures to guide staff practice and ensure that care and services are delivered in a respectful, kind, and person-centred manner, which was supported by the observations of the Assessment Team.

Management said the service requires staff to complete role-based training, annually that is monitored centrally and followed up by management at the service. Position descriptions include key competencies and qualifications that are either desired or essential for each role, and staff are required to have relevant qualifications

Consumers and representatives believe staff have the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Management explained mandatory training is completed every month and the online training portal that includes the mandatory scheduled training, non-mandatory training, as well as training that can be pushed out to staff at any point if a need is identified.

The Assessment Team reviewed the performance review schedule and could see where staff had had their review completed and the outstanding reviews had been booked for the coming weeks to be completed by the end of the month. The service could demonstrate performance reviews are mostly conducted annually for all staff and after an initial probation period for new staff.

**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 are engaged in the development and delivery of services through a variety of ways including monthly consumer meetings, regular surveys, care planning conversations and conferences, and a robust feedback management system.

The service demonstrated that it has central policies and procedures with the governing body promoting a culture of safe, inclusive and quality care and services and is accountable for their delivery. The Board maintains executive oversight of the service through regular reporting functions, direct engagement with consumers, and guidance on clinical governance factors.

The service demonstrated appropriate processes and mechanisms in place for effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints

Staff demonstrated an understanding of consumers with high impact or high prevalence risks and demonstrated how they implement the service's policies in alignment with best practice

Policies and procedures regarding the use of restrictive practices define the types of restraint and documents processes such as, risk assessment and consideration for the need for restraint, use of least restrictive form of restraint, monitor, regular reviews, and the minimisation of restraint usage

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-2)