Performance

Report

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| Name of service: | Performance report date: |
| Churches of Christ Clive Burdeu Aged Care Service | 8 August 2022 |
| Commission ID: | Activity type: |
| 5836 | Site Audit |
| Approved provider: | Activity date: |
| Churches of Christ in Queensland | 28 June 2022 to 30 June 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 Clive Burdeu Aged Care Service (**the service**) has been considered by Melissa Frost, 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 21 July 2022
* 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 said staff treat them with dignity and respect, they can maintain their identity and make informed choices about their care and services. Care plans include details of consumers’ personal needs, goals, culture and spiritual preferences. Staff demonstrated familiarity with consumers’ background, culture, and preferences. The service celebrates cultural holidays.

Consumers are supported to maintain their relationships and make their own decisions to exercise their independence. Staff described how they support consumers to make choices for themselves and encourage independence.

Consumers said they are supported to take risks of their choice. Care plans reflected risk assessments are conducted when relevant, to enable consumers to live their best lives.

Consumers and their representatives said information is provided to consumers about choices, care needs, meals and lifestyle activities. Care plans contain information about interventions to address any communication barriers. The service communicates via meetings, memos, noticeboards and newsletters.

Consumers said their privacy is respected. Staff were observed knocking on doors and asking for permission before entering, and closing doors while care is delivered. Confidential information is secured in storage areas with restricted access.

# 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 and their representatives said they are involved in the assessment and care planning process. Care planning documents are completed on entry. Care planning documents are individualised and reflect current needs and goals, risks to consumers’ wellbeing, advance care and end of life planning.

Care plans reflect ongoing partnership with consumers and their representatives for assessment and planning. They include input and directives from other service providers, including medical officers and allied health professionals.

Consumers and their representatives said staff explain information about their care and services, and they can access a copy of care plans if they wish.

Care plans reflect regular review occurs. Staff described how care plans are reviewed every 3 months, when consumers’ health changes or following incidents.

# 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 their representatives said consumers receive personal and clinical care that is safe and tailored to meet consumers’ needs. Staff described tools and strategies they use to ensure care is effective, and they follow procedures to maintain best practice.

Care planning documents reflect consumers subject to restrictive practices have relevant consent, assessment and behaviour supports in place, and regular reviews occur. Staff monitor skin integrity, provide suitable wound care and engage specialists when required. Pain management is monitored for effectiveness.

Care plans include strategies used to minimise high impact and high prevalence risks. Staff discuss risks at handover and report, manage and review incidents. Clinical indicator data is analysed and used to inform improvements.

Staff described how they deliver and manage care for consumers nearing end of life. Care planning documents reflected consumers’ preferences, and showed the service provides end of life care that maximises consumers’ comfort.

Care planning documentation reflected staff identify and respond to deterioration or changes to consumers’ condition. This includes through referral to other providers, with any updates or changes noted.

Information regarding consumers’ condition is documented and shared. Staff conduct handover and review progress notes to identify any changes.

Staff described how they minimise infection related risks and had a shared understanding of procedures for infection control and minimising the use of antibiotics.

# 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 they can choose activities of interest to them and this promotes their independence and wellbeing.Lifestyle plans reflect consumers’ preferences and supports needed. Staff described consumers’ interests and how these are incorporated into the lifestyle calendar.Consumers were observed interacting and engaging in a variety of activities**.**

Consumers said the service supports their emotional wellbeing by encouraging visitors. Care planning documents include strategies and interventions to support consumers’ psychological and spiritual needs. Staff were observed engaging with consumers about items of interest.

Consumers are supported to participate in the community and maintain relationships. Staff facilitate consumers to communicate with friends and family. The service hosts outings and has a weekly church service.

Representatives said staff know consumers’ needs and preferences. Progress notes and handover sheets reflect changes to preferences or condition. Dietary plans reflect consumers’ dietary requirements.

Consumers said they receive appropriate referrals to other services. Staff access external providers to supplement lifestyle activities.

Consumers were generally satisfied with the variety, quality and quantity of meals provided at the service. Consumers’ dietary needs and preferences are adequately catered to. Staff obtain consumers’ feedback through food focus meetings, surveys and care planning reviews.

Equipment used to support consumers to engage in activities of daily living was observed to be safe, suitable, clean and well maintained.

# 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 the service environment is welcoming and comfortable,and optimises their sense of belonging and independence. Married consumers said they felt at home sharing the same service. Consumers personalise their rooms with personal pictures, belongings and furnishings.

The service environment was observed to be clean and well maintained. Consumers said they can move freely and independently within the service environment, and were satisfied with cleanliness. Appropriate measures are taken to maintain consumers’ safety. Staff described cleaning and maintenance procedures, including preventative maintenance.

Furniture, fittings and equipment throughout the service were observed to be safe, clean and suitable for the use and needs of consumers. Consumers said they were satisfied with the safety of equipment. Review of maintenance logs demonstrated regular maintenance occurs.

**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 their representatives said they are encouraged and supported to provide feedback and make complaints and felt confident to approach staff. They said management quickly addresses and resolves any complaints or concerns. Staff described the complaints process, including how to support consumers in completing a feedback form. Information is made available via posters, the service’s welcome pack and website.

Consumers and their representatives are aware of external complaints and advocacy services. Staff said language services are provided when relevant.

The service maintains a complaints and feedback log that records items for use for continuous improvement, and reflects the status of each item. The log reflected complaints are reviewed, actioned and closed promptly.

**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 and their representatives said the service has sufficient and suitable staff deployed to deliver safe and quality care. The service has rostering processes to meet care needs and staff said they work flexibly so there is minimal impact to consumers when shifts are unfilled.

Consumers said staff are helpful, kind and caring. Staff were observed displaying kindness and respect when assisting consumers during mealtime, with mobility and during activities.

Overall consumers and their representatives considered staff are competent and well-trained for their roles. Training records reflect staff receive mandatory and role-specific training. Staff said the training provided was relevant and they can request additional training if desired. Staff said their performance is reviewed in a proactive and supportive manner.

**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 their representatives said they are actively engaged in the development and evaluation of care and services, including through meetings and contact with management. The service uses consumer feedback to inform continuous improvement regarding meals and activities.

The service’s governing body promotes a culture of safe, inclusive and quality care services and is accountable for their delivery. Regular reporting is provided to the Board regarding clinical and incident data and consumer feedback.

The service has effective governance systems for information management, workforce and financial governance. Regulatory compliance is monitored and legislative change is communicated to staff. Feedback and complaints and audit results are used to inform continuous improvement.

The service has a risk management framework, which includes policies on managing high impact and high prevalence risks, abuse and neglect, incident reporting and supporting consumers to take risks.

The service’s clinical governance framework includes policies regarding antimicrobial stewardship, minimising use of restrictive practices and open disclosure. Clinical reports are generated monthly regarding restrictive practices and infections. Staff described practical applications of the policies for infection control and review of restrictive practices.

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)