Performance

Report

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| Name: | Churches of Christ Fair Haven Aged Care Service Hervey Bay |
| Commission ID: | 5322 |
| Address: | 130 Pantlins Lane, URRAWEEN, Queensland, 4655 |
| Activity type: | Site Audit |
| Activity date: | 15 January 2024 to 17 January 2024 |
| Performance report date: | 28 February 2024 |
| Service included in this assessment: | Provider: 370 Churches of Christ in Queensland  Service: 3676 Churches of Christ Fair Haven Aged Care Service Hervey Bay |

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 Fair Haven Aged Care Service Hervey Bay (**the service**) has been prepared by Katherine Richards, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.

The provider submitted an email on 13 January 2024 acknowledging receipt of the Site Audit report and acceptance of all findings.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is assessed as compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers said they were recognised as individuals and treated with dignity and respect. Staff outlined their commitment to provision of respectful care for consumers. Documentation, including policies, procedures, and handbooks, reflected the service’s commitment to supporting diversity and inclusion.

Consumers and representatives gave examples of how cultural needs were respected and accommodated. Staff explained cultural supports and celebrations held, reflective of consumer preferences within care planning documentation. The commitment to culturally safe care was outlined within the consumer handbook and code of conduct documentation.

Care planning documentation reflected consumer choices relating to care and services, relationships, and when others should be involved in care, with information aligning to consumer feedback. Staff explained actions to support relationships and how they encourage consumers to make and communicate decisions.

Staff explained processes to support consumers to take risks, including undertaking a risk assessment, and they receive training about this. Care planning documentation demonstrated consultation with consumers on the risk and development of strategies to minimise harm. The consumer handbook outlined the dignity of risk approach, with supporting policies and procedures available to inform staff.

Consumers and representatives said they received clear and frequent communication. Staff outlined different methods of communication, such as meeting minutes, newsletters, calendars, and menus, and were observed providing reminders to consumers throughout the day. Information was also observed displayed on notice boards.

Consumers reported staff ensured they respected privacy and confidentiality through knocking on doors, seeking consent to enter, and ensuring care was behind closed doors. Staff explained how they kept consumer information confidential. The Code of Conduct outlined staff legal obligations to maintain privacy and confidentiality, the privacy policy was displayed throughout the service containing expectations and details of the service’s Privacy officer.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

This Quality Standard is assessed as compliant as 5 of the 5 Requirements have been assessed as compliant.

Clinical staff detailed the care planning process, utilising assessment tools to identify risk and develop mitigating strategies. Care plans demonstrated assessments undertaken to identify risk and develop a personalised care and services plan with tailored strategies to inform care delivery. Policies and procedures are available to guide staff on risk assessment and development of care and services plans.

Staff described the needs and preferences of consumers which aligned with the current care practices, consumer feedback and care documentation. Care planning documentation evidenced consumer’s current needs, goals and preferences are documented to inform staff. Clinical staff explained advance care directives are discussed within the admission process and reviewed regularly or with change in condition. Advance care directives and end-of-life care planning is included within the electronic care management system and a paper copy kept in each nurses’ station to ensure quick access if required.

Consumers and representatives considered the service partners with them in assessment and planning processes, and they can choose to include people or providers. Staff demonstrated awareness of those involved in assessment and planning processes for consumers, detailing the collaboration process. Care planning documentation demonstrated input from other providers.

Consumers and representatives said they receive regular communication from staff about outcomes of assessment and changes to care. Staff explained communication with consumers and representatives to discuss changes in care and services, with a copy of the care and services plan offered afterwards and an updated copy placed in each consumer’s room.

Staff explained care and services plans are reviewed annually and incidents may trigger a reassessment or review of care strategies. Consumers and representatives confirmed care and services were constantly reviewed with outcomes shared by staff. Care planning documentation demonstrated regular review for effectiveness and new strategies were developed to meet changing needs or preferences.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

This Quality Standard is assessed as compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives identified consumers received tailored personal and clinical care. Staff demonstrated awareness of consumers’ individualised needs in line with care and services plans. Clinical staff explained policies and procedures were available to ensure delivery of best practice clinical care, and the service is supported through the organisation’s specialists including clinical support, a dementia specialist, and wound care consultant. Care planning documentation showed consistent monitoring and delivery of safe and effective personal and clinical care in line with consumers’ needs.

Consumers and representatives considered risks were effectively managed, and staff demonstrated understanding of risks for individuals and explained mitigating strategies developed and used in daily care. Staff received training in prevention and management of high impact and high prevalence risks and had policies and procedures available to guide practice.

Staff provided examples of care provided to support consumers nearing end-of-life, such as ensuring comfort, managing pain, and maintaining hygiene. Management explained monitoring processes to ensure end-of-life signs are recognised and responded to, with engagement of palliative care specialists where necessary. Care planning documentation for a late consumer demonstrated monitoring and management of symptoms, with regular positioning for comfort, provision of emotional support, and honouring end-of-life wishes.

Care planning documentation and incident reports demonstrated timely identification and response to deterioration or change of consumer condition. Staff explained observing for and escalating changes in consumer health status, and monitoring for key signs of deterioration. Policies, procedures, and flow charts guide staff in identifying and responding to acute deterioration. Consumer and representatives said changes in health were promptly and appropriately managed.

Consumers and representatives said consumer needs and preferences were communicated and known by staff. Staff explained communication processes, including documentation in the electronic care management system, with options to use this to send messages too, and verbal handovers. Care planning documentation demonstrated information is shared with and from other providers, such as the Medical officer and Allied health staff.

Staff described referral processes for various providers, with monitoring processes from management to ensure timely and appropriate referrals are made. Consumers and representatives described appropriate involvement of Allied health professionals and specialist providers to meet their needs. Care planning documentation demonstrated referrals to health care providers appropriate to consumer needs, with input and consent from consumers and/or representatives.

Consumers and representatives described infection control practices and effective management of outbreaks. The outbreak management plan details preventative measures, such as vaccination programs and infection control training, and responsive management actions for infectious outbreaks. Staff were aware of consumers with long term infections, describing necessary use of personal protective equipment and avoiding transmission of infection. Management explained processes to minimise use of antibiotic, ensuring pathology results are obtained and updating infection registers. Whilst the service did not have an infection prevention and control lead at the time of the Site Audit, management explained interim measures until the new Clinical care coordinator commences and fills this role.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is assessed as compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives explained how services and supports enabled consumers to participate. Staff explained assessment processes to understand consumers’ capabilities and preferences and tailor services and supports to optimise their health, well-being, and quality of life, for example, activities are developed to cater for consumer abilities and preferences.

Consumers detailed the emotional, spiritual, and psychological supports received, including regular ‘check-ins’ and pastoral care visits. Chaplain visits and church services were observed to be occurring during the Site Audit. Lifestyle staff explained arranging visits from church representatives to meet consumer needs and ensured consumers at risk of isolation received personalised one-to-one activities or companionship.

Consumers and representatives said systems were in place to support consumers connect with the community, develop and/or maintain relationships, and undertake activities of interest. Staff explained how they provide opportunities for consumers to participate in activities, including external outings, and capture preferences and connections of importance in care planning.

Staff explained how information about consumers’ conditions, needs, and preferences is communicated with staff and external providers, for example, kitchen staff said they document changes in dietary needs and preferences in registers. Consumers said staff are aware of their needs and preferences.

Policies and procedures informed referral processes to meet consumer needs. Consumers said, and care planning documentation verified, referrals were made to external providers where appropriate to their needs.

Consumers were satisfied with the quality, quantity, and variety of food provided, and said the service catered for their individual preferences. Staff explained menus are developed at organisational level using feedback from consumers and Dietitian input, and meals can be altered at service level to meet consumer preferences.

Staff explained processes for cleaning and maintenance of equipment and could provide schedules and records to demonstrate adherence. Consumers said provided equipment was clean and well maintained. Staff were observed cleaning personal and shared equipment, including items used for leisure activities.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is assessed as compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers described the environment as welcoming and easy to navigate. Clear wayfinding signage was available, communal areas were uncluttered, and consumer rooms were observed to be personalised with belongings, photographs, and artwork.

Staff described cleaning and maintenance programs to ensure a safe, clean environment, and consumers were aware of how to report maintenance or cleaning concerns. Consumers were observed moving between communal and private rooms and had easy access to outdoor areas.

Consumers said equipment, fittings, and furnishing were always clean and well-maintained. Staff explained the preventative maintenance program, with scheduled reviews, and said they took a proactive approach to identifying and addressing potential problems with equipment or hazards. Staff receive mandatory training on cleaning processes.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is assessed as compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they felt encouraged and supported to provide feedback or make complaints through discussions or emails with staff, using feedback forms, or raising within meetings. Staff explained various available feedback and complaint processes and said they would escalate anything said to them they couldn’t remedy immediately. Meeting minutes included feedback and complaints as a standing item, and opportunities for feedback also provided through surveys, and readily available feedback forms with information on the importance of complaints displayed on posters in each wing.

Consumers and representatives said they were aware of advocates and language services and knew of complaint services outside the organisation. Staff gave examples on when they had accessed advocates and interpreter services to meet consumer needs, with further information available in consumer handbooks and in pamphlets displayed in reception. Management said they were in the process of coordinating a visit from the local advocacy organisation to visit and explain their role to consumers.

Staff demonstrated understanding of the open disclosure process used when things go wrong. The complaints register demonstrated use of open disclosure and timely management of complaints, in line with the organisation’s policies and procedures. Consumers and representatives confirmed complaints and concerns were resolved and actions were timely.

Consumers and representatives gave examples of how feedback had been used to improve the quality of care and services. Management explained they analysed feedback and complaints for trends to identify and develop improvement activities, which were monitored at organisational level.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is assessed as compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said that whilst staff were busy, there were enough to ensure delivery of care that was timely and not rushed. Staff said there were enough staff to deliver care in a timely manner and spend additional time with consumers who remain in their rooms. Management explained staff numbers were increased to meet regulatory care minutes, with ongoing recruitment to ensure sufficiency for rostering. Rostering documentation demonstrated processes were available to successfully fill all shifts, including for unplanned leave.

Consumers and representatives described staff as being kind, respectful and caring, with interactions observed to be considerate of consumer needs. Policies, work instructions, and training guide staff interactions and supporting consumers’ identity, culture, and diversity.

Management explained how they ensure all staff have required qualifications, registrations, and security checks to perform their roles. Staff said they were well supported by management through orientation training and buddied shifts and undertake training and competency assessments to undertake their work. Position descriptions and duty lists provide guidance to staff on their responsibilities and duties. Consumers and representatives considered staff to be capable and knowledgeable.

Training records were monitored for staff compliance with mandatory training, such as incident reporting including obligations through the Serious Incident Response Scheme, application of restrictive practice, infection control measures, and use of open disclosure. Staff said they received ongoing training and could request additional education to improve knowledge and consumer care. Management explained processes to ensure training is completed on time, and staff are surveyed for training ideas to develop a training calendar.

Staff explained structured performance reviews undertaken during probation and annually thereafter. Management said continuous assessment of staff performance was undertaken through team meetings, consumer and other feedback processes, and observations, with actions taken to address under performance. Management had identified performance appraisals were not all being completed by due dates and created continuous improvement activities to resolve this.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

This Quality Standard is assessed as compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives were aware of engagement opportunities through meetings, feedback pathways, surveys, and the new consumer advisory body. Management said consumers and representatives were encouraged to be involved and gave examples of how their input informed change. The consumer advisory body is being set up by a consumer engagement partner, with meetings commencing in January 2024, and a body member will attend the quality advisory body meetings.

The governing body is informed of the performance of the service through reporting processes, reviewing information on consumer experience, complaints, incidents, and clinical indicators and benchmarking against other services to identify and address emerging trends. Regular meetings are held at service level, supporting staff suggestions and input, and outcomes are reported through organisational management with regular discussions and feedback. The leadership team and Board are responsible for the development of policies, work instructions, systems and controls, and members have appropriate skills to manage and monitor care.

The organisation has a governance framework which includes policies, work instructions. and flowcharts to guide staff practice. Regional management and subject matter experts within the organisation monitor and review routine reporting and analysis of data, and ensures appropriate systems and processes are available to inform staff in care delivery.

Risks are identified, reported, escalated, and reviewed by management at service level, with oversight from organisational management, subject matter experts, and clinical governance teams. For example, the subject matter expert overseeing falls worked with the service and Allied health staff to develop and oversee management strategies for individual consumers, with the Physiotherapist to participate in discussions in clinical governance meetings. Staff were aware of obligations to report incidents within an electronic system, and management said these were analysed for issues and trends before being escalated through subcommittees to the Board for review. Policies, procedures, and training guided staff, including relating to the identification, prevention, and reporting of elder abuse. Consumers detailed being supported to live their best lives, with risks recorded in the Dignity of risk register.

The clinical governance framework included systems to ensure the quality and safety of clinical care delivery. Policies, procedures, education, and other tools informed staff practice, and subject matter experts and the leadership team were responsible for monitoring and oversight. Appropriate recruitment, including for the Infection prevention and control lead, ensured staff were sufficiently skilled to provide best practice clinical care to meet the outcomes required within the Quality Standards.

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