Performance

Report

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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 Fassifern Aged Care Service (**the service**) has been considered by D. McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* 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 |

# Areas for improvement

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

# Standard 1

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

## Findings

Consumers said they were always treated with dignity and respect, felt accepted and valued whatever their individual circumstances. Staff described what treating consumers with dignity and respect meant in practice. Staff demonstrated familiarity with consumer’s history and care plans when asked about specific consumers.

Consumers said they were able to express their identity and felt staff supported them to meet their cultural preferences. Staff described how they adapted the way care and services were offered so they were culturally safe for each consumer. Lifestyle services, dietary and religious choices, were observed to be accommodated to meet consumer’s needs and preferences.

Consumers said they were supported to make decisions and had control over care planning and delivery of services affecting their health and well-being. Staff gave examples of how they helped consumers make day-to-day choices, including assisting consumers with communication barriers. Consumer choice and independence was supported and if a consumer’s choice was unable to be met, this was explained, and an agreement reached.

Consumers said they were supported to take risks in day-to-day life, such as accessing the community independently. Staff described how they supported consumers to have choice and control, including when the choice involved risk. Documentation evidenced how the service conducted risk assessments and all decisions regarding risk were documented in the consumer’s care plan.

Consumers said they received information in a way they understood and enabled them to make choices balancing risk and their quality of life. Staff described different ways information was communicated to make sure it was accessible to all consumers including those with poor cognition, vision and hearing impairments. Information provided was observed to be accurate, timely and relevant and was in a way which met consumer’s needs.

Consumers stated the service respected the confidentiality of their personal information as well as their personal space and privacy when their friends, partners or significant others visit. Staff explained how they followed the services privacy policy by knocking and ask for permission before entering a consumer’s room and always close the door when attending personal.

# 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 said they participated in assessments and planning of their care and staff took the time to understand how to support them. Staff described the assessment and care planning process and said the needs and wants of the consumer were always considered. Care planning documentation evidenced how risks to the consumer were considered and identified as the service consulted with the consumer during assessment and planning.

Consumers said the service involved them in the assessment of their care and services. Care planning documentation included advance care plans and consumer preferences for end-of-life care. The policies and procedures which supported assessment and care planning guided staff in a consumer centred approach.

Consumers and representatives stated they were actively involved in the assessment, planning and review of their care and services. Care and services plan for consumers demonstrated involvement of relevant organisations, individuals, and service providers including the consumers doctor, allied health professionals and other health care providers. Staff described their role in partnering with consumers and representatives for the assessment, planning and review of care and services.

Consumers said staff regularly communicate with them about their care, explained their care plan to them and confirmed a copy of their summary care plan was in their rooms. Care planning documents were observed to be updated frequently and assessments included, but were not limited to, mobility, nutrition, pain, behaviour management, sleep, and communication.

Consumers and representatives said they were notified when there were changes in the consumer’s health or when incidents occurred. Documentation identified how the service’s fall management process was followed for all falls, consumers were assessed by the physiotherapist within 2 days, and every fall was analysed for the cause and how the service could prevent further falls.

# Standard 3

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

## Findings

Consumers and representatives said care provided met consumer needs and optimised their health and well-being. Care documented was safe, effective, and customised to each consumer’s needs and best practice. Consumers who were receiving restrictive practices had appropriate consent and reviews with restrictive practices used as a last resort.

Consumers and representatives believed risks were effectively managed. Effective strategies were in place to manage identified risks and these were recorded in care plans and progress notes. Clinical data is used to monitor high impact and high prevalent risks to inform interventions and actions.

Staff respectfully described how they supported consumers who were approaching end of life, including providing mouth care and repositioning, and also supporting the representatives when the consumer reached the end of their lives. Consumer files contained either an advance care directive or a statement of choices documenting the consumers end of life wishes.

Consumers said they were confident members of the workforce would identify a change in their condition and respond appropriately. Staff described the signs of deterioration and the response they would take, including escalating to clinical staff. Policies and procedures documenting the organisation’s processes for responding to deterioration or change, including who should be involved and what actions they should take are available to guide staff.

Staff described how changes in consumers care and services were communicated through verbal handover processes, meetings, accessing care plans, or through electronic notifications. Care planning documentation showed evidence of updates, reviews and communication alerts and clinical hand over sheets contained current and accurate information relating to consumer care. Consumers confirmed they don’t have to repeat their preferences indicating say know them well.

Staff described the process the service followed to refer consumers to ensure care and services remained safe and effective. Progress notes demonstrated timely review of consumers following referral and care plans contained input from other providers such as the consumer’s medical officer, podiatrists, physiotherapists, speech pathologists and dieticians.

An outbreak management plan was in place which explained how the organisation prepared for, identified and managed outbreaks. Consumers said they were assessed every day for symptoms of COVID-19 and other respiratory conditions. Staff demonstrated knowledge on infection minimising strategies including hand hygiene, the use of appropriate personal protective equipment and outbreak management. Staff were observed wearing appropriate personal protective equipment, practicing hand hygiene, maintaining social distancing, and sanitising and cleaning.

# 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 explained how the supports for daily living had improved their independence, health, well-being, and quality of life. Care Plans contained strategies and options to deliver services and supports and reflected the diverse needs and characteristics of consumers. Staff described how they supported consumers to stay well and healthy and do as much for themselves as possible.

Care plan’s contained information about the consumer’s emotional, spiritual, and psychological needs, goals, and preferences. Consumers said while living at the service they felt connected and were engaged in meaningful activities which were rewarding to them, including celebration of events which had significance in their culture or religion and said the service supported and promoted their spiritual, emotional, and psychological well-being. The lifestyle calendar contained a variety of activities including exercise, games, multiple church services of different denominations, and volunteer run programs.

Documentation evidenced how the organisation maintained social supports for consumers and increased opportunities for social interaction. Staff described how they work with other organisations, advocates, community members and groups to help consumers connections. Consumers said they had an active social life and were supported to maintain personal relationships, take part in community and social activities, and have day-to-day control over their participation in activities inside and outside the service.

Consumers said the organisation coordinates their care needs well and they benefit from different organisations working together and sharing information about them. Staff described how accurate, up-to-date, and relevant information was shared with others as consumers move between care settings. Care documentation showed evidence of updates, reviews and communication alerts which included information from multiple sources, updates from reassessments and their results.

Consumers said where the service had been unable to provide a suitable service or support, the service promptly referred them to appropriate individuals, organisations, or providers to meet their needs. Staff described how the consumer was actively involved in referrals and the organisation had established links with other providers, to make sure consumers have access to a range of service and supports. Care planning documentation showed the organisation collaborated with others to support the diverse needs of consumers.

Consumers said they could choose from suitable and healthy meals, snacks, and drinks, they could take part in planning the menu and received a variety of well proportioned, quality meals. The consumer dining experience showed it was comfortable, unhurried and consumers who required assistance with eating and drinking were receiving appropriate assistance in a dignified and timely manner. Staff demonstrated awareness of consumers’ nutrition or hydration needs and preferences including preferred meal size, dietary or cultural needs and any support they need to their meals.

Consumers said they felt safe when using equipment and they knew how to report any safety concerns they had. Management described how the organisation planned and followed maintenance and cleaning routines for equipment. Staff described the process of service, repairs and regular maintenance checks of consumer equipment and the external service program for equipment.

# 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 service was observed to be welcoming, bright and easily accessible with clear and colour coded maps displayed thorough. Consumers said they were encouraged to personalise their rooms, including bringing in the furniture and possessions of choice. Consumer’s personal arts and crafts were displayed around the service with several items sighted such as knitted and crocheted items. Staff described how consumers are supported to make the facility feel like home, and how they support consumers to maintain independence and individuality.

Consumers were observed moving freely within the internal and external service environments and were observed spending time in their rooms or the communal areas available. A range of loungerooms, dining rooms and common areas were available and suitable for consumer use. The service was observed to be clean and well maintained and consumers confirmed the facility was cleaned very well, and maintenance was done quickly.

A range of furniture and equipment was available within the service and staff said they had access to sufficient, well-maintained equipment needed for consumer care. Specialist equipment such as hoists, handrails, air mattresses, crash mats, and sensor alarms were available, and its routine maintenance was evidenced. Consumers said equipment was well maintained and clean. Staff were observed cleaning equipment between use and checking for damage or issues.

# 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, their representatives, and others were encouraged and supported to provide feedback and make complaints through various means including a formal feedback form, raising issues at consumer meetings or via direct contact with management. Consumers confirmed they were encouraged and supported to make complaints and provide feedback. Information on complaints mechanisms was displayed within the service.

Consumers and representatives said they were aware of other avenues for raising a complaint, such as through the Commission or an advocacy service. Staff demonstrated an understanding of the internal and external complaints and feedback processes and described how they assisted consumers who had a cognitive impairment or difficulty communicating to raise a complaint or provide feedback, such as through advocacy and translation services. The consumer handbook contained the contact details for external organisations available to assist consumers with feedback and complaints.

Consumers and representatives said the service promptly apologised, addressed and resolved their concerns following the making of a complaint, or when an incident has occurred. Staff said they had received education regarding the management of complaints and were able to describe the process followed, including the use of open disclosure and implementing actions to prevent recurrence of the incident or complaint. Documentation supported all complaints and feedback was logged and recorded with actions completed.

The actions contained within the continuous improvement plan were linked to feedback and complaints and demonstrated improvements made to the meal service and communication between the service and consumer representatives. Management described every comment and complaint as an opportunity to improve the processes and systems at the service.

# Standard 7

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

## Findings

Consumers stated staff were skilled, available to meet their needs and call bells were answered promptly. Observations identified there were an adequate number of staff who were sufficiently skilled to enable the delivery and management of safe and quality care and services. The service developed and published a roster which was based on the needs of the consumer and included a mix of staff including registered nurses, personal carers, and hospitality services staff.

Staff were observed interacting with consumers and each other in a kind, caring and respectful manner, including addressing consumers by their preferred names and taking time to speak and interact with consumers during care and services delivery. Consumers said staff treated them with respect, understood their individual preferences and choices. The staff handbook contained a Code of Conduct and scheduled training contained activities on appropriate workforce interactions with consumers.

The service maintained an up-to-date register of staff qualifications and reviewed this register regularly. Consumers and representatives said staff across the service had the knowledge and skills to perform their roles effectively and consumer needs were met in a friendly and helpful manner.

Consumers and representatives said staff were knowledgeable and well trained. Systems and processes were implemented to ensure appropriately trained and skilled staff were recruited and supported. Staff were recruited using a formal recruitment process which included qualification and safety checks. Ongoing training and development was provided for all staff and their participation in the training programs were logged and recorded.

Documentation demonstrated the service had a process to regularly assess, monitor, and review the performance of staff at the service. Management said the performance of staff was formally reviewed at least once a year using a performance appraisal process. Staff demonstrated awareness of the service’s performance development processes, including performance appraisals which included discussions of their performance and areas where they would like to develop their skills and knowledge.

# 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 said they were engaged in the development and evaluation of services, including care planning. Management advised all feedback or suggestions made by the consumers and representatives were included in the continuous improvement register for investigation and actioning. Minutes of resident committee meetings evidenced consumer input and evaluation of services, such as the hospitality services and the activity program.

The Board and the overseeing committee used information from consolidated reports to identify the service’s compliance with the Quality Standards; initiate improvement actions to enhance performance; and monitor care and service delivery. Staff advised how each of the board members were allocated services within the organisation and was scheduled to attend at least 2 consumer meetings each year.

Effective organisation wide governance systems were in place which guided information management, continuous improvement, financial governance, the workforce, regulatory compliance, and feedback and complaints. Staff advised they could readily access information they need to deliver safe and quality care and services, through the care management system, staff intranet, meeting minutes, memos and handovers. The organisation monitored changes to legislation and accesses external industry peak bodies and legal services to ensure timely updates of changes to legislation which impacted on the organisation’s policies and overall operations.

An effective risk management system was in place to identify and manage risks to the safety and wellbeing of consumers. Management described how incidents were analysed, used to identify risks to consumers and inform improvement actions. Monthly clinical governance meetings used internal benchmarking across the organisation’s suite of services to improve service compliance and best practice. Staff demonstrated an understanding of risk and how it applied to their role, such as an understanding of what constituted elder abuse and neglect, its inclusion within SIRS and also discussed how to support consumers to take risks and make informed decisions.

A clinical governance framework ensured the quality and safety of clinical care, and promoted antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process. Management received notifications of all incidents and ensured correct process was followed. Open disclosure was evident in progress notes and incident reports included records of open disclosure. Staff described how they had received education about open disclosure and were able to demonstrate their understanding of open disclosure and how it applied to their practice.

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