Performance

Report

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| Name: | Churches of Christ Golden Age Aged Care Service |
| Commission ID: | 5060 |
| Address: | 60 Ridgeway Avenue, SOUTHPORT, Queensland, 4215 |
| Activity type: | Site Audit |
| Activity date: | 15 May 2024 to 17 May 2024 |
| Performance report date: | 26 June 2024 |
| Service included in this assessment: | Provider: 370 Churches of Christ in Queensland  Service: 3417 Churches of Christ Golden Age Aged Care Service |

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 Golden Age Aged Care Service (**the service**) has been prepared by P. Wallner, 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 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 | |  |
| 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 and representatives said consumers were treated with dignity and respect by all staff and management, who were familiar with their identity and backgrounds. Staff demonstrated how they respected and valued consumers' identity, culture and diversity. Care plans detailed consumers' background, identity and culture, and strategies to support them. Staff were observed interacting with consumers in a respectful manner.

Consumers and representatives said staff recognised, respected and supported consumers’ cultural needs and preferences. Management and staff described how consumers’ cultural background and diversity influenced the delivery of their care and services. Care planning documents captured consumers’ specific cultural needs and preferences.

Consumers and representatives said the service supported them to make independent decisions about their care, including who was involved in it, and to maintain personal relationships. Staff described how they supported consumers to make independent choices about their care and services, and who delivered them. Care planning documents identified consumers’ independent care choices, including who else was involved in their care, and the relationships they wished to maintain.

Consumers and representatives said the service supported consumers to take risks, to live the best life they could. Staff were aware of the risks taken by consumers and explained how they supported consumers to take risks to live the way they chose. Care planning documents showed evidence of appropriate risk assessment, including information about identified risks and relevant mitigation strategies. The service had a written dignity of risk policy and procedure to guide staff practice.

Consumers and representatives said the service provided clear and timely, clear, and easy to understand information to inform their choices. Staff described various communication methods they used to inform consumers in line with their individual needs and preferences. Posters and notices about upcoming events, activities, services, and the menu were observed throughout the service.

Consumers and representatives said the service respected consumers’ privacy and kept their personal information confidential. Staff explained how they protected consumers’ privacy such as by knocking and waiting for permission to enter their rooms and discussing personal information in private areas. Management described how personal information was kept on password protected computers in staff only areas. The service had a documented policy and training to guide staff in protecting consumers’ privacy and confidentiality.

# 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.

Consumers and representatives said assessment and care planning, including the consideration of risks, was suitable to inform the delivery of safe and effective care and services. Care planning documents confirmed assessment and care planning informed the delivery of safe and effective care and services and assessed risks to consumer’s health and well-being. Staff detailed the risk assessment and care planning processes. The service had documented policies and procedures to guide staff practice in assessment and care planning.

Consumers and representatives said staff regularly discussed consumers’ care needs, goals and preferences, including their end of life wishes, if they agreed. Care plans reflected consumers’ individual needs, goals and preferences and advance care directives were in place for consumers who had provided this information. The service had a policy and procedure to guide staff in advance care and end of life planning.

Consumers and representatives said they were involved as partners in the assessment, planning and review of consumers’ care and services, along with other health care providers they wanted to involve. Staff described how consumers, representatives and other providers were consulted in the assessment and planning process. Care planning documents confirmed consumers, representatives and other organisations and individuals were involved in the assessment and planning process.

Consumers and representatives said the service regularly communicated with them about consumers’ health and well-being, and they knew they could access a copy of the care plan however, most said they did not feel a need to. Staff described the processes for documenting and communicating assessment outcomes. Care planning documentation showed outcomes of assessment and care planning were communicated to consumers and representatives in a timely and appropriate way.

Consumers and representatives said consumers’ care and services were regularly reviewed to ensure it was effective, and any changes were discussed and addressed in a timely manner. Care plans showed evidence of regular reviews of their effectiveness, and reviews in response to a deterioration in health or change in circumstances. The organisation had policies and procedures to guide staff in reviewing care for effectiveness every 12 months, and when circumstances changed, or incidents impacted on the needs, goals, or preferences of consumers.

# 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 said consumers received individualised personal and clinical care that was safe, effective, and optimised their health and wellbeing. Staff knew consumers’ individual care needs and described how they delivered best practice personal and clinical care in line with consumer’s documented care plans. Care plans detailed safe and effective personal and clinical care tailored to each consumer’s needs, goals and preferences. The service conducted quality audits to ensure each consumer’s care was best practice in line with the organisation’s suite of clinical care policies and procedures.

Consumers and representatives expressed satisfaction with how the service assessed and managed risks to consumers’ health and well-being. Management and staff showed how they identified and assessed the high impact or high prevalence risks to consumers at the service, and the relevant risk mitigation strategies in place. Care documentation and performance indicator reporting confirmed the service was effectively monitoring and managing high impact and high prevalence risks.

Consumers and representatives confirmed consumers’ needs, goals, and preferences, including their end of life wishes, had been discussed with them. Staff could articulate how they provided end of life care to maximise comfort and preserve dignity, in accordance with the palliative care plan and policies. Care documentation confirmed staff involved consumers and representatives in palliative care planning and delivery.

Consumers and representatives said a deterioration or change in a consumer’s condition was recognised and responded to in a timely manner. Staff described the processes for identifying and responding to a change in consumers’ condition, including any subsequent referrals where clinically indicated. Care planning documents showed the service recognised and responded to a deterioration or change in consumers’ condition promptly.

Consumers and representatives said information about consumers’ condition, needs, and preferences was documented and communicated effectively between staff and others involved in providing care. Staff were aware of consumers’ current needs and preferences, and said they received up to date information during effective shift handovers. Care planning documents provided adequate current information to support safe and effective care. Staff were observed being updated on individual consumer’s condition and needs during the shift handover.

Consumers and representatives said consumers had access to appropriate other providers of care and services, and the service provided timely referrals, when needed. Staff described the process for referring consumers to their medical officers, and other health care professionals, and how this informed their care delivery. Care planning documents confirmed the input of a range of external health professionals.

Consumers and representatives expressed satisfaction with the service’s infection prevention and control measures, and staff hygiene practices. Management and staff demonstrated an understanding of infection prevention and control practices and antimicrobial and confirmed they had received competency training in infection prevention and control and antimicrobial stewardship. The service had two infection prevention and control leads and documented policies and procedures to guide staff in infection prevention and control and to promote antimicrobial stewardship.

# 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 expressed satisfaction with the services and supports for daily living which optimised consumers’ independence, well-being, and quality of life. Staff were aware of consumers’ needs, goals, and preferences for daily living support. Care planning documents reflected the services and supports for daily living required by consumers to optimise their quality of life, health, wellbeing, and independence.

Consumers and representatives said consumers’ emotional, spiritual, and psychological needs were supported. Care plans included information on supporting consumers' psychological and emotional well-being. Management and staff explained the different programs available to support consumers’ emotional, spiritual, and psychological well-being, such as providing religious services, activities, or spending one on one time with them. Care planning documents described how to support consumers’ emotional, spiritual, or psychological well-being.

Consumers and representatives confirmed the service supported consumers to engage with their community, inside and outside the service, have personal relationships, and do things they enjoyed. The service’s had documented policies detailing principles for helping consumers to participate in their communities, keep in touch with people, and do things they were interested in. Care planning documents detailed how to support consumers to participate in the community, do things of interest, and stay connected with their family and friends.

Consumers and representatives said information about consumers’ current condition, needs and preferences was communicated effectively between staff, and to other relevant providers of services and supports for daily living. Staff explained how accurate and up-to-date information about consumers’ condition, needs and preferences for daily living was shared within the service, and with external providers, where necessary. Care planning documents provided adequate current information to support safe and effective care and services for daily living.

Consumers and representatives said the service made timely referrals to appropriate other providers of services and supports. Care planning documents confirmed the service collaborated with other providers of services and supports for daily living to support consumers. Staff and management described the referral process to external providers.

Overall, consumers and representatives said the meals provided were of suitable quality, quantity, and variety. One consumer provided mixed feedback about the variety of salads and access to snacks at night, which was addressed by management during the Site Audit. Staff were knowledgeable about consumers’ dietary needs and preferences which were accurately reflected in their care documents. Consumers had various avenues to provide input to the menu and give feedback about the meals, including through food focus meetings. The menu was displayed in the dining area and the kitchen appeared clean and tidy. Meals appeared well portioned with staff assisting, encouraging, and offering choices to consumers at mealtime.

Consumers said they had access to suitable equipment, which was safe, clean, and well-maintained. Staff knew appropriate systems and protocols for keeping equipment safe, clean, and well-maintained. The service’s equipment was observed to be safe, clean, and well-maintained.

# 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 and representatives said the service environment was welcoming, comfortable, easy to get around, and they felt at home. Consumers said they could decorate their rooms the way they liked. Management and staff detailed various aspects of the service that helped optimise consumers’ sense of independence and belonging. The service was well lit with wide corridors, and clear signage to aid navigation. Consumers, staff, and visitors were observed socialising in different areas of the service and participating in activities.

Consumers and representatives said they felt safe in the service, and it was clean, well maintained, and they could move around freely, both inside and outside. Cleaning staff were observed actively cleaning various areas and surfaces. Records confirmed the service was cleaned and maintained according to schedules. The service was observed to be clean, well maintained, and consumers moved freely throughout the service.

Consumers and representatives said the equipment, furniture and fittings in the service were clean, safe, suitable, and well maintained. Staff described effective processes in place for ensuring furniture, fittings and equipment was clean and well maintained. Furniture, fittings, and equipment appeared suitable, safe, clean, and well-maintained.

# 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 comfortable providing feedback or making complaints through different ways, such as speaking to staff/management, and at consumer and representative meetings. Management and staff described the processes in place and how they supported consumers and representatives to provide feedback and make complaints in various ways. The organisation had resources to guide staff in managing and resolving complaints. Information on how to make complaints, feedback forms and secure lodgement boxes were distributed throughout the service. The consumer handbook included information on both internal and external complaints processes.

Consumers and representatives knew they could make complaints externally and access advocacy and language services. Management and staff explained how the service actively promoted external complaints avenues, language, and advocacy services. The service displayed information on advocacy and language services, and how to escalate complaints externally.

Consumers and representatives said the service took action to resolve complaints and practiced open disclosure. Several complaints related to a disruptive consumer were recorded but had not yet been resolved. Management and staff detailed how they responded to complaints and practiced open disclosure when things went wrong. The service had written policies and provided training to all staff in open disclosure. The electronic feedback register showed the service responded appropriately to complaints and it prompted staff to practice open disclosure.

Overall, consumers and representatives felt their feedback and complaints led to improvements being made at the service. However, a pattern of complaints related to the management of a consumer that was disruptive to other consumers had not yet been resolved to the satisfaction of the complainants. Management described the systems for monitoring and analysing feedback and complaints which led to improvements in the delivery of care and services. The feedback register, the Plan for Continuous Improvement and other records confirmed feedback and complaints were informing improvements at the service.

# 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 the service had enough staff to deliver the care and services they needed. Staff said they were resourced to provide the level of care required by consumers, and the service engaged agency staff to fill unplanned absences. Management described how the workforce was planned and rostered to meet the legislated requirements for care minutes and 24/7 nursing. Call bell data showed the average response time was less than 2 minutes.

Consumers and representatives said staff were kind, caring, and respectful of each consumer’s identity, culture, and diversity. consumers. Staff were observed interacting with consumers in a kind, caring and respectful manner. The service had policies, procedures and training to guide staff in delivering respectful care.

Consumers and representatives said staff were skilled and competent in their roles. Management demonstrated how they ensured the workforce was suitably qualified and knowledgeable to effectively perform their roles. Records confirmed all staff met the minimum qualification, registration, vaccination, and security requirements for their roles, prior to commencing employment. Staff confirmed they had to complete various competencies to work in their role.

Consumers and representatives said staff had appropriate training and support to deliver safe and effective care and services. Management detailed the ongoing support provided to staff including the ongoing mandatory training and competencies staff were required to complete. Management explained the service’s systems for monitoring and managing staff learning, and maintaining qualifications and registrations. Staff confirmed the service provided training and support to enable them to provide quality care in accordance with the Quality Standards.

Consumer and representatives said they were comfortable providing feedback on the performance of staff. Staff said they regularly undergo performance appraisals with their manager and had the opportunity to request additional training and discuss their career goals. Management described how the performance of staff was continually monitored and reviewed, including through a formal annual performance appraisal process. The service had documented policies and processes for managing staff performance.

# 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 said the service was well run, and they were engaged in the development, delivery and evaluation of the care and services. Management explained various ways they encouraged consumers and representatives to be involved in the development, delivery, and evaluation of the care and services. Meeting minutes, the feedback register and the Plan of Continuous Improvement confirmed consumers and representatives were engaged in the development, delivery and evaluation of care and services.

Consumers and representatives considered the service to be well managed and consumers felt safe living at the service. Management detailed the organisational structure, governance frameworks and reporting processes that enabled the Board to oversight the performance of the service and be accountable for complying with the Quality Standards. Records confirmed the Board actively promoted a culture of providing safe and inclusive quality care. The organisation had established a Quality Advisory Body and a Consumer Advisory Body which provide written reports to the Board.

The organisation demonstrated effective documented governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Staff and management were aware of the governance systems and the associated policies and procedures, and how they supported compliance with the Quality Standards.

The service had effective risk management systems and practices addressing the management of high-impact and high-prevalence risks to consumers, identifying and responding to abuse or neglect, supporting consumers to live their best lives, and managing and preventing incidents. Management and staff demonstrated an applied understanding of these policies and how they implemented them in the course of their work.

The service had a documented clinical governance framework which included policies related to antimicrobial stewardship, minimising the use of restrictive practice, and practising open disclosure. Management explained how the organisation developed and delivered staff training on these topics. Staff demonstrated how these policies and procedures were applied in the delivery of care and services on a daily basis.

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