Performance

Report

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| Name: | Churches of Christ Gracehaven Aged Care Service |
| Commission ID: | 5245 |
| Address: | 71 Dr Mays Road, BUNDABERG, Queensland, 4670 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 18 June 2024 |
| Performance report date: | 23 July 2024 |
| Service included in this assessment: | Provider: 370 Churches of Christ in Queensland  Service: 3602 Churches of Christ Gracehaven 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 Gracehaven Aged Care Service (**the service**) has been prepared by Dee Kemsley, 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers and their representatives and others.
* the provider’s response to the assessment team’s report received 9 July 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Compliant |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 3(3)(e) – the service should ensure information about the consumer’s condition, needs and preferences, as it relates to each consumer's clinical need, choice or preference to receive a vaccination for influenza or COVID-19 is documented, monitored and communicated within the organisation, and with others where responsibility for care is shared.
* Requirement 8(3)(b) – the service should ensure the organisation’s governing body promotes a culture of safe, inclusive quality care and services and is accountable for their delivery, particularly in relation to their obligations to have oversight and provide effective strategic direction to ensure appropriate seasonal influenza and COVID-19 vaccination for 2024 occurs.

# Standard 3

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| Personal care and clinical care | |  |
| 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. | Not Compliant |

Findings

The Quality Standard is assessed as not compliant as one of the seven specific Requirements has been assessed as not compliant.

At the Assessment Contact conducted on 18 June 2024, as part of the Commission’s Vaccination Regulatory Program, the Assessment Team found the service was unable to demonstrate effective communication and documentation of each consumer's choice or preference to receive a vaccination for influenza or COVID-19. Care documentation evidenced not all consumers’ preferences were recorded, including the decision to consent or decline to antiviral treatment for the consumer when positive for COVID-19.

The Assessment Team identified in the last 12 months, most consumers had not received a COVID-19 vaccination, and just over half of consumers had received the 2024 seasonal influenza vaccination. However, clinical documentation evidenced COVID-19 vaccination refusals were not consistently recorded for consumers. Not all consumers could recall being offered the COVID-19 vaccination, and while some consumers said the COVID-19 vaccination was discussed and offered by their medical officer, they either had underlying health conditions or experienced adverse effect from a previous dose. However, documentation did not record consumers’ preferences to not be administered a COVID-19 vaccination. Some consumers said they had been offered the seasonal 2024 influenza vaccination. However, while one consumer’s clinical documentation reflected discussion and review with the medical officer for the influenza vaccination, this was not evidenced as being administered at the time of the Assessment Contact, nor had consent been obtained. Not all consumers said discussions had been initiated by the service regarding the administration of antiviral medication; where discussions had occurred this happened after the consumer had previously tested positive to COVID-19.

Management advised the Assessment Team the last influenza vaccination clinic conducted by the service was in October 2022. These vaccinations were now being administered the consumer’s medical officers. The service had not recently arranged/held a COVID-19 vaccination clinic. If a consumer wanted a COVID-19 vaccination, they could arrange this with their medical officer. Monitoring consumer consent for vaccinations occurred through the vaccination register, refusal was recorded, and no further consumer consultation was undertaken regarding their refusal. Management advised administered vaccinations or discussions regarding antiviral administration/consent were recorded in consumer’s clinical records; consents for influenza vaccination were held by medical officers. However, management was unable to provide the Assessment Team with each consumers’ vaccination status, or evidence consents were obtained. Management was unable to demonstrate risk discussions with consumers choosing not to have an up-to-date COVID-19 or influenza vaccine as these discussions had not occurred, or they were not consistently recorded.

Management said they did not obtain prior consumer consent to receive antiviral treatment; consent was obtained/documented once a consumer was infected with COVID-19. The service had a supply (impress stock) of antiviral medication and arrangements with pharmacies to dispense the medication as needed. The Assessment Team identified inconsistencies with consumer clinical documentation and the service’s vaccination policy. Management completed a review of the service’s continuous improvement plan stating discussions were to take place and consent sought from consumers for antiviral treatment, as well as if consumers would like vaccinations for COVID-19 or influenza; the service would arrange for this to occur.

The approved provider, in their response to the Assessment Contact report, provided an updated plan for continuous improvement and said discussions were held with all consumers or their representatives regarding consumers’ preferences for vaccinations and antiviral medications. All consumers have signed consent forms of their choice to have the Influenza and/or the COVID-19 vaccination, including their preference for anti-viral medications if needed; refusals are recorded. While the approved provider said the vaccination register had been updated, a copy of the register was not submitted with the approved provider’s response. The service’s entry processes are being reviewed to include consumer discussions by Registered Nurses regarding COVID-19 and influenza vaccinations and antiviral medications preferences. A COVID-19 vaccination clinic is planned on for later in July 2024, with a large number of consumers intent on attending. Documented discussions with consumers or their representatives have occurred relating to risks associated with choosing not to have an up-to-date COVID-19 or Influenza vaccination.

I accept the service is working towards ensuring effective process for the communication and documentation of each consumer's choice to receive a vaccination for influenza or COVID-19, and the decision to consent/decline antiviral treatment for the consumer when positive for COVID-19. However, I am concerned the service had not considered or taken actions earlier to address the deficits identified by the Assessment Team. Multiple forms of communications had been issued (May and June 2024) to residential aged care services and approved providers, noting the rise in COVID-19 and influenza cases in aged care and to remind them of their responsibilities. Further, in their response the approved provider has not addressed how the service is to assess and/or monitor for age related vaccination due dates. For example, consumer aged 75 years and over may receive a COVID-19 vaccine dose 6 monthly, and consumers aged 65 who are severely immunocompromised, are eligible to receive a COVID-19 vaccine dose 6 monthly based on individual risk benefit assessments.

While I was not provided sufficient evidence in the approved provider’s response to satisfy me the service has fully understood and addressed the deficiencies identified, I acknowledge the approved provider is undertaking improvements and I encourage them to embed these into their usual practice to ensure information about the consumer’s condition, needs and preferences, as it relates to each consumer's clinical need, choice or preference to receive a vaccination for influenza or COVID-19 is documented, monitored and communicated within the organisation, and with others where responsibility for care is shared. Accordingly, I find that Requirement 3(3)(e) is not compliant.

# Standard 8

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| Organisational governance | |  |
| 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. | Not Compliant |

Findings

The Quality Standard is assessed as not compliant as one of the five specific Requirements has been assessed as not compliant.

At the Assessment Contact conducted on 18 June 2024, as part of the Commission’s Vaccination Regulatory Program, the Assessment Team found the service was unable to demonstrate the organisation’s governing body promoted a culture of safe, inclusive quality care and services and was accountable for their delivery, particularly in relation to their obligations to have oversight and provide effective strategic direction to ensure appropriate seasonal influenza and COVID-19 vaccination for 2024 occurred. Management and the governing body placed the responsibility of vaccinations on the consumer and representatives, and their medical officers.

The Assessment Team identified in the last 12 months most consumers had not had a COVID-19 vaccination and 25% of consumers had not had an influenza vaccination. Management advised the previous COVID-19 vaccination clinic occurred in October 2022; the responsibility of vaccinations was now with consumers’ medical officers. Management acknowledged receipt of the letter sent by the Commission and The Chief Medical Officer to Board chairs of residential aged care providers in May 2024, promoting and encouraging vaccination uptake. The letter had been shared with the Board for their discussion/directions at their next Board meeting. However, at the time of the Assessment Contact, no directions had not been provided by the Board to the service.

While management said vaccination posters were placed throughout the service, at the time of the Assessment Contact minimal COVID-19 posters were observed by the Assessment Team within the service. Management advised vaccination campaigns had been promoted via letters sent to consumers and their representatives, the service’s monthly magazine, and vaccination reminders were a standing agenda item at all consumer meetings during influenza season. However, the Assessment Team noted meeting minutes did not demonstrate organisational promotion of vaccinations, did not reflect an agenda item relating to vaccinations, and directives were provided for consumers to consult with their medical officer if vaccinations were required.

The Assessment Team identified the service’s medication advisory committee meeting minutes did not contain discussions on the consumers’ COVID-19 and influenzas vaccination rates or consideration for obtaining proactive consent from consumers for the use of antiviral medication. The service’s vaccination policy reflected the policy was workforce centred and did not contain directives or procedures for the vaccination of consumers; management confirmed there was no vaccination policy specific for consumers. Management completed a review of the service’s continuous improvement plan, which reflected communication with consumers regarding the rise in COVID-19 and Influenza will occur, a newsletter will be sent to consumers encouraging vaccinations, discussions and documented consent will be sought from consumers for antiviral treatment, and implementation of an infection prevention and control governance self-checklist to ensure practices/procedures was in place.

The approved provider, in their response to the Assessment Contact report, advised the Board report has been amended to include vaccination rates and vaccination clinics as a standing agenda item at meetings held two monthly. Additional posters have now been displayed in the foyer and throughout all service areas promoting COVID-19 safety and immunisation programs. Consumers and their representatives were invited to an information session on vaccinations and the use of anti-viral medications, and the service’s medication advisory committee meeting standing agenda now includes discussion on vaccinations and anti-viral medications. Infection prevention and control work instruction have been updated and give staff direction on discussions required with consumers in relation to vaccinations and anti-viral medications.

While the organisation has commenced some improvement in response to the deficiencies identified at this Assessment Contact, work is still underway or further work is still required, which needs evaluation to ensure it is effective. I am also concerned the organisation did not respond more proactively with actions, to the multiple forms of communications recently issued in 2024 to residential aged care providers reminding them of their responsibility to ensure consumers have access to recommended Influenza and COVID-19 vaccinations. While the approved provider in their response attached a copy of the organisation’s current vaccination policy, I note it has not been reviewed or updated, the policy remains workforce centred, and does not include information or directives on the organisations’ processes and procedures for the vaccination of consumers. Further, the policy also does not address the organisation’s monitoring or assessment requirements regarding vaccination due dates, particularly for consumer aged 75 years and over who are recommended to get a COVID-19 vaccine dose every 6 months, or consumers aged over 65 who are severely immunocompromised, who are eligible to receive a COVID-19 vaccine dose every 6 months based on individual risk benefit assessments.

I was not provided sufficient evidence in the provider’s response to satisfy me that the organisation has addressed all of the deficiencies identified in the Assessment Contact report. However, I acknowledge the approved provider is still undertaking improvements and I encourage them to embed these improvements into their usual practice in the service to ensure the organisation’s governing body promotes a culture of safe, inclusive quality care and services and is accountable for their delivery, particularly in relation to their obligations to have oversight and provide effective strategic direction to ensure appropriate seasonal influenza and COVID-19 vaccination for 2024 occurs. Accordingly, I find Requirement 8(3)(b) is not compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)