

**Performance Report**

**1800 951 822**

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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: | 6 November 2024 |
| Performance report date: | 27 November 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 Kimberley Reed, 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, older people/representatives and others
* the provider’s response to the Assessment Team’s report received 22 November 2024
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all Requirements were assessed |
| **Standard 8** Organisational governance | **Not applicable as not all Requirements were assessed**  |

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 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. | Compliant |

Findings

The service was found to be non-compliant in this requirement following an Assessment contact – site, conducted on 18 June 2024, and this related to ensuring consumer choices and consent relating to vaccinations and antivirals is documented and shared within the organisation and others who provide care to consumers. There was a lack of information in the service’s electronic care management systems, particularly relating to consumers’ preferences for vaccinations.

The Assessment Team report from the Assessment contact – site, on 6 November 2024 indicated the service had taken actions to address the previous non-compliance which included: updated consumers’ preferences around vaccinations and administration of antiviral medication and conducted informed consent discussions which were then documented in the service’s electronic care management systems.

Consumers and representatives confirmed the service discussed COVID-19 and seasonal influenza vaccinations, and consumers interested had signed informed consent forms. Consumer files evidenced consumers had current and signed informed consent forms in place, with discussion details documented in progress notes.

The service held three on-site COVID-19 vaccination clinics; one each in August, September, and October 2024 and two additional clinics were scheduled for February and August 2025. Consumer consent information was shared with the local pharmacy and medical officers prior to the vaccination clinics and further consent was sought on the day of vaccination administration to ensure consent currency prior to administering vaccinations for consumers. Consumer vaccination records and service documentation evidenced consumers who were interested in, and consented to, seasonal COVID-19 vaccination attended the vaccination clinics.

The service’s plan for continuous improvement included the above actions with completion dates in June 2024.

Following consideration of the above information, I have decided that this Requirement has returned to compliance.

# 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. | Compliant |

**Findings**

The service was found to be non-compliant in this requirement following an Assessment contact – site, conducted on 18 June 2024, and this related to a lack of effective oversight and accountability for COVID-19 and 2024 seasonal influenza vaccination practices and procedures. The service did not actively promote a vaccination campaign or engage with consumers in relation to vaccinations.

The Assessment Team report from an Assessment contact – site on 6 November 2024 indicated the service has taken actions to address the previous non-compliance which included, incorporated trends around vaccination rates and vaccination clinics into the Board report and clinical meetings, displayed additional posters promoting COVID-19 safety and immunisation programs throughout all service areas, conducted information session on vaccinations and the use of antiviral treatment, and discussed vaccinations and antiviral treatment at medication advisory committee meetings.

The infection prevention and control work instruction was updated in October 2024 and gave staff direction on discussions required with consumers in relation to vaccinations and antiviral treatment. The vaccination monitoring procedure was updated on 9 October 2024 indicating consent is to be obtained one month prior to each clinic.

Consumers and representatives said they were confident the service culture supported consumers’ health, safety, and well-being in relation to COVID-19 and influenza vaccinations, that they were assured the staff were managing influenza or COVID-19 outbreaks effectively, and informed consent was sought prior to vaccinations. Consumers and representatives described service communication about vaccinations included through email correspondence and newsletters.

The service’s plan for continuous improvement included the above actions with completion dates in June 2024.

Following consideration of the above information, I have decided that the Requirement has returned to compliance.

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)