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: | Site Audit |
| Activity date: | 7 February 2024 to 9 February 2024 |
| Performance report date: | 8 March 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 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, Consumers and representatives and others.
* the provider’s response to the assessment team’s report received 6 March 2024.
* other information 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 said they were treated with respect and dignity, and their identity, culture and diversity were valued. Staff showed an understanding of consumers’ individual backgrounds and identities and were observed treating consumers with dignity and respect, while tailoring their care to suit their needs and preferences. Care planning documents reflected what was important for consumers to maintain their identity and culture.

Consumers and representatives confirmed the service recognised and respected their cultural background and provided culturally safe care and services. Management and staff demonstrated how the care and services delivered to consumers were culturally safe through recognising each consumer’s cultural identity, spirituality and relationship status. Care planning documents detailed consumers’ cultural backgrounds and how to tailor care to meet their cultural needs and preferences.

Consumers and representatives said consumers were supported to make choices regarding their care and services, whom they wanted to involve in their care, make personal connections, and maintain relationships of choice. Management and staff provided examples consumers making and communicating independent choices about their care and services. Care planning documents detailed consumers’ care choices and their important relationships.

Consumers and representatives expressed satisfaction with how they were supported to make decisions which involved consumers taking risks to live the life they chose. Staff described risks taken by individual consumers to live the life they chose, and the steps they took to minimise these risks. Care planning documents identified and assessed risks to consumers and recorded the agreed risk management strategies.

Consumers and representatives said they received timely updates regarding changes in health status and were kept informed on all matters relating to the service through meetings, regular case conferences, newsletters and emails from the service. Staff described the various communication channels used to reach consumers which included newsletters, emails, and other communications tailored to their needs.

Consumers and representatives confirmed staff respected consumers’ privacy, such as by closing doors when providing care however, one consumer stated staff did not knock before entering their room. Staff described ways they respected consumers’ privacy and kept their personal confidential by keeping computers locked and using passwords. Staff were observed knocking on doors and closing doors to deliver care. The service’s response to the Site Audit report received on 6 March 2024, acknowledged the feedback about staff not knocking before entering and provided additional details of how they had addressed it.

# 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 they were involved in the assessment and care planning processes and were satisfied with the way risks were identified and managed. Management and staff described the assessment and care planning process, including the consideration of risks to consumers’ health and wellbeing during the admission process. Care planning documents showed comprehensive assessment and care planning which identified the needs, goals, and preferences of each consumer. The service had documented policies and procedures related to assessment and care planning to guide staff practice.

Consumers and representatives confirmed they were involved in assessment and care planning which identified their current needs, goals and preferences, as well as their advance care plans and end of life wishes. Management and staff explained how the assessment and care planning process identified consumers’ current needs, goals, and preferences, and how they discussed end of life and advance care plans with consumers at suitable times. as well as their advance care and end of life plans if the consumer wished. Care plans identified whether there was an advanced care directive in place. The service maintained an electronic copy of the consumer’s advance care directive and end of life plans which the relevant staff could access.

Consumers and representatives described being involved in the assessment and care planning process on an ongoing basis. Management and staff described how the consumer-centred assessment and care planning process was completed in partnership with consumers, representative and other providers of care the consumer wished to involve. Care planning documents confirmed consumers and representatives were closely involved in the assessment and care planning process along with a diverse range of external providers of care and services.

Consumers and representatives confirmed staff provided verbal care updates and communicated proposed changes, and they received a copy of the care plan. Staff and management advised the outcomes of assessments were documented in the electronic care management system and communicated between staff during handover sessions. Care planning documents including assessment outcomes, were accessible to staff and offered to consumers and representatives.

Consumers and representatives said they were regularly involved in reviews when consumers’ care needs changed and when incidents occurred. Care planning documents showed evidence of review on a regular basis, and review when circumstances changed, or incidents occurred. The care planning documentation for one consumer was out of date however this was updated during the Site Audit. Staff and management confirmed care plans were reviewed annually or when circumstances changed, or incidents impacted on the needs, goals or preferences of the consumer.

# 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 were happy with the care provided and said consumers received safe and effective personal and clinical care, tailored to their needs, and that optimised their health and well-being. Care planning documents reflected best practice personal and clinical care that was safe, effective, and tailored to the specific needs and preferences of the consumer. Staff and management described how they delivered best practice personal and clinical care in line with consumers’ care plans. Staff were observed to deliver personal and clinical care in accordance with consumers’ documented care plans.

Consumers and representatives expressed satisfaction with how the service identified and managed risks associated with health and well-being and tailored their care and services accordingly. Staff described the high impact and high prevalence risks to consumers at the service and how they managed these risks. Care planning documents showed high impact and high prevalence risks had been identified and effectively managed by the service. The service had written policies and work instructions processes guiding staff in the effective management of high impact and high prevalence risks to consumers.

Consumers and representatives confirmed the service had discussions with them in relation to advance care planning or end of life planning. Care plans contained advance care directives and end of life preferences. Staff and management described the way care delivery changed for consumers nearing the end of life and the practical ways the ensured consumers’ comfort was maximised and their dignity preserved. The service had policies and work instructions in place to inform staff practice in providing palliative and end of life care.

Consumers and representatives said the service was responsive to a deterioration in consumers’ condition, health, or ability. Staff and management explained the process for identifying and responding to changes or deterioration in consumers’ health. Care planning documents showed deterioration or changes in condition were responded to appropriately.

Consumers and representatives expressed satisfaction with the communication between staff at the service, and others involved in providing care and services. Staff described how information about consumers’ current needs and condition was documented in the electronic care management system and shared effectively within the organisation, and with others involved in their care. Care planning documents were up to date and showed staff and others involved in providing care, had access to current information about consumers’ condition, needs and preferences.

Consumers and representatives said consumers had access to other relevant health professionals and referrals to these services were timely and appropriate. Staff described effective processes for referring consumers to other health providers, when necessary. Care plans confirmed the timely input of other health professionals such medical officers, allied health professionals, medical specialists and palliative care specialists.

Consumers and representatives confirmed staff took appropriate infection prevention and control measures and managed COVID-19 well. The service had 3 infection prevention and control leads and staff described how they were trained and prepared in the event of an infectious outbreak, and how they implemented infection prevention and control practices and promoted antimicrobial stewardship. The service has documented policies and procedures to guide staff in preventing and controlling infections and promoting antimicrobial stewardship. Staff were observed to be following appropriate infection minimisation practices.

# 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 were satisfied the services and supports for daily living met consumers’ needs, goals, and preferences. Staff knew what was important to specific consumers, what they liked to do, and the supports needed to optimise their quality of life. Care planning documents included information about the services and supports required for consumers to optimise their quality of life, health, wellbeing, and independence.

Consumers and representatives said they received emotional, spiritual and psychological support which promoted and maintained their mental well-being. Management and staff described various programs available to support consumers emotional, psychological and spiritual well-being. Consumers’ care planning documents contained information about their emotional, spiritual or psychological well-being and how staff were to support them. Staff were observed providing emotional support to consumers.

Consumers and representatives confirmed consumers could participate in activities and events inside and outside the service and maintain important social and personal relationships. Staff identified consumers’ lifestyle interests and described how they supported them to keep in touch with family and friends by phone and electronic messaging. Care planning documents detailed how consumers participated in their community, did things of interest, and stayed connected with their family and friends.

Consumers and representatives described how current information about consumers’ needs, preferences and condition was communicated within the service and with others responsible for providing care. Staff explained how the handover process and care plans kept them informed about consumers’ daily living needs and preferences. Care planning documents provided adequate information to support the delivery of effective and safe care.

Consumers and representatives confirmed the service supported them to access external service providers with timely and appropriate referrals. Staff and management described how they referred consumers to external individuals and organisations to provide additional services and supports to consumers. Care planning documents showed consumers had been referred to external services and the service had written policies and procedures to guide the referral process.

Consumers and representatives provided positive feedback about the quality, quantity and variety of food provided, and confirmed it met their dietary needs and preferences. Staff were well informed about each consumer’s dietary needs and preferences, which were reflected in their care plans. The chef advised they could make changes to the menu based on consumers’ preferences or prepare alternative meals if consumers do not like the menu offering. Meal service appeared enjoyable with staff being kind and helpful to consumers.

Consumers stated the equipment was safe, clean, and suitable for their use. Staff described how they kept equipment clean, and reported maintenance requests to ensure equipment was kept safe and suitable for use. Equipment throughout the service appeared 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 open, welcoming and they felt at home. Consumers’ rooms were personalised, and the service was quiet, easy to navigate and maintained at a comfortable temperature. Management and staff described features of the service that helped consumers feel at home, and made it easy for them to navigate, mobilise and socialise. Consumers were observed moving freely between their rooms, the common area for meals and activities and the garden.

Consumers were satisfied with the cleanliness of the service and said they were comfortable requesting cleaning or maintenance. Consumers said they could move freely around the service, both indoors and outdoors. Staff described the effective cleaning and maintenance processes and schedules in place. The service was observed to be clean and tidy, with walkways clear and free of obstructions.

Consumers and representatives said the furniture, fittings and equipment were clean, well maintained, and they felt safe using them. Maintenance staff described how they maintained the furniture, fittings, and equipment using documented corrective and preventative maintenance systems. Staff said there was enough suitable equipment for all consumers and described the process for logging maintenance requests. The furniture, fittings and equipment appeared safe, clean and suitable for use.

# 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 the service encouraged them to provide feedback, or make complaints, and could describe various ways to do so. Staff and management described different ways they encouraged feedback, such as through feedback forms, speaking to staff or management, raising issues at resident meetings or via the website. Information about feedback and complaint options was in the resident handbook and displayed around the service. Records confirmed staff received training in managing complaints and could access relevant policies.

Consumers and representatives were aware of advocacy and language services and described alternative ways they could raise and resolve complaints, such as the Commission. Management and staff were knowledgeable about the internal and external complaint avenues and how to assist consumers access language and advocacy services. Leaflets containing information about making a complaint and accessing advocacy and language services was available around the service.

Consumers and representatives confirmed the service took effective and timely action in response to feedback and complaints, and described how staff used open disclosure when something went wrong. Management and staff described how they escalated and resolved complaints using open disclosure. The complaints and feedback register showed complaints had been followed up promptly using open disclosure. The service had written policies to guide staff in managing complaints and using open disclosure.

Consumers and representatives said the service took appropriate action in response to complaints and used them to improve the quality of care and services. Management and staff described how the service used complaints to identify opportunities for continuous improvement, which were implemented. The service used feedback and complaints to inform the Plan for Continuous Improvement.

The service’s response to the Site Audit report received on 6 March 2024, acknowledged several opportunities for improvement had been identified as a result of the Site Audit and provided additional details of how they were being addressed through the service’s continuous quality improvement process.

# 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 confirmed there were enough staff and consumers had access to suitable and timely care and support, without being rushed. Management advised the workforce was planned through a master roster to ensure the number and mix of staff was adequate to provide safe and effective, quality care. Staff members indicated there was enough staff at the service. Records showed most call bells were responded to within 3.5 minutes and any excessive delays were investigated by management. The service met 24/7 registered nursing requirements.

Consumers and representatives said staff were kind, caring and respectful, and respected their identity, culture and diversity. Management and staff described how they knew consumers’ background and identity and treated them with kindness and respect. Staff and management were observed treating consumers and representatives in a kind, respectful and friendly manner.

Consumers and representatives said staff were capable and had suitable knowledge and experience to perform their roles. Management explained how during recruitment and ongoing performance review they determined whether staff were competent and had the appropriate qualifications, knowledge and security checks to perform their duties. Workforce documentation showed staff had the appropriate qualifications, knowledge and experience to perform their duties.

Consumers and representatives considered staff to be adequately trained and equipped to do their jobs and meet the needs and preferences of consumers. Management described the comprehensive induction and orientation program and ongoing training and support provided to staff. Staff confirmed they received adequate training and support to perform their assigned duties. Workforce and training records showed the workforce was recruited, trained, equipped and supported to deliver the outcomes required by the Aged Care Quality Standards.

Consumers felt encouraged to provide feedback on the staff's performance. Management explained various ways they assessed, monitored and reviewed staff performance such as through consumer feedback, supervision, observations, training sessions, staff meetings and performance appraisals. Staff received feedback immediately after any incidents, observations, complaints, or compliments. Management and staff described the annual performance appraisal process and records showed these were current.

# 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 managed and they could participate in the development, delivery and evaluation of care and services. Management described different ways they encouraged consumers’ input such as meetings, feedback and complaints, surveys, care conferences and daily interactions with staff and management. Documentation confirmed consumers and representatives were supported to provide input into the operation of the service on an ongoing basis. Suggestion forms and boxes, along with information were available around the service.

Consumers expressed feeling safe and included in the service. Management described how the organisation’s governing body (the Board) actively monitored and evaluated the service’s performance and was accountable the delivery of quality care and services by setting clear expectations. Organisational documents and frameworks showed the Board promoted a culture of safe, inclusive, and quality care and services and was accountable for ensuring compliance with the Quality Standards.

The organisation demonstrated effective documented governance systems in place relating to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. The Board was actively in satisfying itself the governance systems and processes in place were effective and that the Quality Standards were met.

The organisation demonstrated effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, preventing and responding to abuse and neglect, supporting consumers to live their best lives, and managing and preventing incidents. Management and staff could describe the processes for identifying and managing risks and were guided in risk management by documented policies, procedures and relevant training.

The service had a documented clinical governance framework in place which included policies, procedures, and staff training addressing antimicrobial stewardship, restrictive practices and open disclosure. Staff and management demonstrated an understanding of their role within the clinical governance framework, and their associated responsibilities.

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)