Performance

Report

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| Name of service: | Performance report date: |
| Churches of Christ Homesteads Aged Care Service | 10 October 2022 |
| Commission ID: | Activity type: |
| 5189 | Site audit |
| Approved provider: | Activity date: |
| Churches of Christ in Queensland | 19 September 2022 to 21 September 2022 |

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 Homesteads Aged Care Service (**the service**) has been considered by Ms 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.
* the providers response received on 30 September 2022.

# 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 | | 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 stated they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services, and live the life of they chose. Staff were familiar with individual consumer’s personal circumstances, life history and personal preferences. Care planning documentation included information regarding consumers’ background, identity, religion and cultural practices.

Consumers felt culturally safe and said staff respected any culture, religion or diverse group they identified with. Care staff could describe cultural, religious, and personal preferences for consumers. Care planning documentation showed the service sought and captured individualised information related to consumers’ religious, spiritual, and cultural needs. Non-denominational services were provided by the service and consumers were supported to engage with the local church and other places of worship.

Consumers and representatives felt supported to make choices about their care and involve others in the process. Consumers said they could maintain important relationships and their choices and preferences were respected, even when they involved risks. Staff were aware of consumers’ family members and other important relationships and decision makers. Care plans included relevant family, friends and relationships.

Consumers said they were supported to take risks to enable them to live the best life they could. Clinical staff described how risk assessments were undertaken based on a consumer’s identified goals or preferences, such as continuing to access the community, continuing to smoke cigarettes or eating foods with a higher choking risk. Medical officers and allied health professionals were also involved in the risk assessment, as needed. The risk management policy set out the organisation’s commitment to consumer dignity and the effective management of chosen risks. Care staff displayed awareness of the consumers who wished to take risks and how they could support them to be as safe and as independent as possible.

Consumers stated the service provided information that was current, accurate and timely, and it was easy to understand and enabled them to exercise choice. Staff outlined how they communicated suitable information to consumers in a timely manner such as, through newsletters, daily communications, notice boards and emails. The service could provide consumer information sheets, suitable for older audiences, translated into a number of languages.

Consumers and representatives said their privacy and dignity was respected by staff and they were confident the service treated their personal information confidentially. Electronic consumer records required a user password and access was controlled according to the staff roles. Any paper-based records were stored in locked nurse’s stations, accessible by keypad entry.

# 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

Care plans showed assessment and planning, considered risks to consumer’s health and well-being, and informed the delivery of safe and effective care and services. Consumers and representatives said they were partners in the assessment and care planning process which ensured they received the care and services they needed. Staff described the assessment and planning process, and how it informed the delivery of effective care and services.

Care documentation identified and addressed the consumer's current needs, goals and preferences, including advance care planning and end of life (EOL) planning, where the consumer wished. Consumers and representatives said staff involved them in the assessment and planning of their care through regular conversations with clinical staff or management (in person or by telephone) or at case conferences. Consumers said staff talked to them about their advance care and their end of life wishes in detail, if they wanted.

Care documentation showed the involvement of a range of external providers including; physiotherapists, dietitians, wound specialists, general practitioners and speech pathologists. Consumers said they were involved in their care planning and review at all stages.

The service maintained an electronic care management system (ECMS) with detailed consumer records which were continuously updated. Staff said they communicated the outcomes of assessments to consumers by talking to them and their representatives and provided copies of their care plans, as requested. Consumers and representatives confirmed the outcomes of assessments and planning were communicated to them clearly and they could obtain their care plan.

Consumers and representatives were satisfied their care was reviewed when circumstances changed or incidents occurred. Staff said they reported and recorded incidents in the electronic risk management system, according to their delegations. Policies, procedures and training supported staff in responding to incidents appropriately and reviewing care plans when circumstances changed.

# 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 stated care was generally tailored to the needs of consumers and optimised their health and well-being. Staff demonstrated they understood the personal and clinical care needs of specific consumers. Care planning documentation reflected individualised care that was safe, effective, and tailored to the needs and preferences of the consumer. Policies and procedures supported the delivery of best practice care in areas such as wound management, restrictive practices, falls prevention, skin integrity and pressure injury prevention.

High impact and high prevalence risks such as delirium, pressure injuries, falls, hydration, nutrition, medication, hearing loss and restrictive practices were effectively managed. Care documentation identified risks and strategies in place to manage them. At risk consumers and their representatives were satisfied risks to their safety and well-being were effectively managed.

The needs, goals and preferences of consumers nearing the end of life were identified through assessment and communicated via the care plan. Consumers and representatives were confident their advance care and end of life preferences would be met. Staff explained they attended to mouth care, skin care, repositioning, and personal hygiene to prioritise comfort and dignity during end of life care. Clinical management advised families were encouraged to be present and were supported throughout consumers’ end of life stages.

Consumers and representatives were confident changes in condition and care needs would be recognised and responded to in a timely manner. Staff provided recent examples of when a deterioration or change in consumers conditions was recognised and responded to, and this was reflected in the consumers care documents, progress notes and charting.

Consumers and representatives said information about changes to the consumer’s condition needs and preferences was documented and effectively communicated to them, and others involved in their care. Staff described how changes in consumers’ condition and care needs was communicated through verbal handover processes, meetings, accessing care plans, communication diaries and electronic notifications. Staff demonstrated current knowledge of changes in consumers’ care needs.

All consumers and representatives said timely and appropriate referrals were made to other health services when they were needed. Staff could describe the process for referring consumers to other health professionals and allied health services. Care documentation evidenced input from other providers of care such as physiotherapists, occupational therapists, podiatrists, wound specialists, psychologists, geriatricians, speech pathologists and dieticians.

Policies and procedures describing infection control practices were available and all staff received training on infection control measures, including donning and doffing of personal protective equipment and handwashing. A documented vaccination program was in place for all consumers and staff. Consumers and representatives said they were satisfied with the service’s management of COVID-19 precautions and infection control practices generally. Staff said they had received training and demonstrated knowledge of infection control practices and outbreak management processes.

# 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 and representatives said they received safe and effective services and supports for daily living that met their needs and preferences and optimised their health and well-being. Consumers felt supported to maintain their independence and pursue activities of interest to them. Staff demonstrated knowledge of consumers’ needs and preferred activities. Care documentation identified consumers’ choices and preferences and detailed information about the services and supports needed to live the life they wanted.

Consumers described services and supports available to promote their emotional, spiritual, and psychological well-being. Consumers felt connected and engaged in meaningful and satisfying activities. Staff gave examples of how they supported consumers with their emotional and psychological well-being.

Consumers felt supported to participate in activities within the service and outside in the community as they choose. Consumers were supported to maintain social and personal connections that were important to them. Staff provided examples of how they adapted lifestyle supports to meet consumers’ changing needs or preferences and this was reflected in the relevant care plans.

Consumers and representatives said their needs and preferences were well known and effectively communicated between staff and others responsible for their care. Staff described how consumer information was shared at shift handovers and recorded in the service’s client management system. The service had documented processes and systems in place for recording each consumer’s condition, needs and preferences and communicating with other providers of care and services when necessary.

Consumers stated they would be referred to an appropriate external provider promptly, when the service was unable to provide suitable support. Care documentation confirmed the timely and appropriate referral of consumers to other organisations and individuals providing care and services. Staff provided examples of consumers being regularly being referred to other providers of care and services.

Consumers and representatives said the service provided meals that were varied and of suitable quality and quantity. Management advised the service actively included consumers in the development of the menu and asked for feedback on the meals provided. Consumers were offered a range of alternative choices when the menu was not to their liking. Staff described how they met individual consumer’s dietary preferences and needs, and this information was consistent with their documented care plans.

Consumers felt safe when using the services equipment and said their equipment was easily accessible and suitable for their needs. Consumers were comfortable raising issues if equipment needed repair, knew the process for reporting an issue and said items were replaced when necessary. Equipment used for activities of daily living were observed to be safe, suitable, clean and well-maintained. Suitable and clean equipment was observed being provided for consumers.

# 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 environment was observed to be friendly and welcoming, with communal and private areas for consumers and their visitors to use. Spacious and well-appointed dining rooms and lounge areas were available in each house. Consumers’ rooms were observed to be personalised, with their own furniture, decorations, soft furnishings and bedding. There was sufficient light throughout the service and signs were printed in large lettering. Consumers said they were comfortable and safe, and felt a sense of belonging and independence.

Consumers said the service was clean, safe and well maintained. Consumers stated their rooms were cleaned regularly and maintenance issues were dealt with quickly. Communal areas and outdoor spaces were observed to be tidy and free of hazards and consumers were observed moving freely in and outdoors, including leaving the premises through the main reception doors. Consumers and staff confirmed there was sufficient equipment available. Staff could describe what to do if they identified a hazard or safety issue, and how maintenance was managed at the service. Staff were observed requesting maintenance and the job was completed efficiently.

The furniture in the communal areas and individual consumer rooms was observed to be comfortable, clean and suitable for purpose. Mobility aids were observed to be in reach of consumers and were maintained and cleaned regularly. Staff described how shared equipment, used for moving and handling consumers, including hoists, slings and shower chairs were cleaned. Staff described how they checked the equipment was safe and appropriate for the consumer and how to get faults rectified.

**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 and representatives confirmed they were encouraged and supported to give feedback and make complaints. The organisation had policies, procedures and associated data collection systems to foster and record consumer feedback and complaints. The organisation had information resources for consumers explaining options for making complaints and provided forms to make the process easier. Complaints information was available in different languages when consumers required it. Staff gave examples of how they supported and escalated consumer feedback and complaints in accordance with organisational policy.

Consumers and representatives said they were provided with information on advocacy and language services and alternative avenues for raising and resolving complaints. Management provided an overview of the translation, advocacy and specialist support services made available to consumers, including multilingual staff. Printed material was provided to consumers and representatives on admission to the service, and this was reinforced through flyers, posters, newsletters and at resident meetings. Staff described how they assisted consumers who had a cognitive impairment, or difficulty communicating, raise a complaint or provide feedback.

Consumers and representatives said management promptly addressed and resolved their concerns and responded appropriately when an incident had occurred. Consumers and representatives confirmed management and staff used open disclosure and provided an apology when things went wrong. An electronic data system facilitates an effective feedback and complaints management process that was supported by policy, procedures and training. Meeting minutes and quality reports provided evidence of actions taken and use of open disclosure in response to complaints. Staff said they had received training on open disclosure and demonstrated a shared understanding of the principles of open disclosure, including providing an apology to the impacted person/s, and implementing actions to prevent recurrence of the incident or complaint.

The service demonstrated that all feedback and complaints were reviewed and used to improve the quality of care and services. The service monitored its performance by trending and analysing complaints and feedback and by undertaking an annual self-audit in relation to the complaints system. Management showed how feedback and complaints were linked to the continuous improvement plan and used to inform improvement actions.

**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

Most consumers and staff said there were enough staff at the service and if staff were on leave it did not impact on consumers’ care or services. Consumers said they knew the staff and the care they provided was very good. Consumers said their call bells were answered promptly. Records indicated the majority (98.5%) of call bells were answered within ten minutes. Rosters showed there were no unfilled shifts for the fortnight prior to the site audit.

Consumers said staff were very kind and caring and respected their individuality, identity, culture and diversity. Consumers said staff provided care according to their preferences and understood what was important to them. Staff were observed interacting kindly and respectfully with consumers on all occasions during the site audit.

Consumers and representatives said staff knew what they were doing, and they felt confident in their abilities. Recruitment practices and position descriptions set out the requirements for each role and these aligned with staffs’ competencies, skills and qualifications. Staff said they received comprehensive ongoing training to deliver quality care and to improve their skills and competencies. Management described how they deemed staff were competent and trained to perform their role, including in relation to meeting the Quality Standards. Management described what was done if someone needed extra training.

Consumers said staff were well trained and did not think there were any training needs. When staff make a mistake, they felt supported and were not afraid to tell someone. The mandatory training register indicated most staff had completed the required modules. The service provided comprehensive training to staff in areas including infection control, personal protective equipment, restrictive practices, serious incident reporting and open disclosure.

Records showed the service conducted regular performance reviews and all staff had yearly performance appraisals. Management detailed how staff appraisals were conducted and how they deal with staff members who have made a mistake. Current policies and procedures were in place, setting out how performance appraisals and performance management was to be undertaken, and these policies aligned with the practices described and observed.

**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

Management described how consumers were actively engaged in the design, delivery and evaluation of care and services, and gave relevant examples. Consumers and representatives confirmed they were consulted in relation to the delivery and evaluation of care and services. Management described various mechanisms in place for staff, consumers and representatives to provide input and participate in decisions about the service, these included resident meetings, feedback and complaints processes, care reviews and the resident of the day program.

Management described how the governing body promoted a culture of safe, inclusive and quality care and services and was accountable for their delivery. Management described different committees reporting to the Board, and how information about the service was provided to the Board and vice versa. The Board ensured staff and consumers received necessary information and oversighted the performance of the service to ensure the Quality Standards were being met.

The organisation demonstrated appropriate governance arrangements across all aspects of the service, including information, continuous improvement, incident management, human resources and complaints management. The organisation had up to date and relevant policies and procedures in place for all governance systems and staff were familiar with them.

The service had effective risk management systems and practices in place in relation to; high impact/high prevalence risks, abuse and neglect, supporting consumers to live their best lives, and incident management. The service identified their main high impact/high prevalence risks and described what they were doing to address these risks. Policies and procedures in relation to risk and incident management were up to date and staff understood their responsibilities in implementing them.

The service had a clinical governance framework in place encompassing policies for antimicrobial stewardship, restrictive practises, and open disclosure. Staff demonstrated an applied understanding of the policies and how they implemented them in on a day-to-day basis. Management understood and described their accountabilities and responsibilities under the clinical governance framework and how data was collected and used to inform the delivery of safe and quality care and services.

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)