Performance

Report

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| Name of service: | Churches of Christ Kolan Gardens Aged Care Service |
| Service address: | 6 C Mulgrave Street GIN GIN QLD 4671 |
| Commission ID: | 5400 |
| Approved provider: | Churches of Christ in Queensland |
| Activity type: | Site Audit |
| Activity date: | 6 June 2023 to 8 June 2023 |
| Performance report date: | 7 July 2023 |

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 Kolan Gardens Aged Care Service (**the service**) has been prepared by D. McDonald, 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. 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.
* other information and intelligence held by the Commission in relation.

# 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

Consumers said they were treated with dignity and respect. Staff identified each consumer as an individual and their interactions with consumers were respectful. Care documentation detailed each consumer’s background, family, culture, preferences, and interests.

Consumers said they felt safe to practice their cultural preferences. Staff confirmed they had access to information to support cultural safety. The lifestyle activities program promoted cultural inclusivity, including cultural themed food days.

Consumers said they were supported to make decisions regarding who they wanted involved in their care and which relationships they wished to maintain. Staff were knowledgeable of the consumer’s personal care preferences. Care documentation evidenced consumers had choice over their care and services.

Consumers were supported to take risks and live the best life they can. Staff were knowledgeable of consumers who wished to undertake activities which presented potential risks. Care documentation included dignity of risk forms and strategies to mitigate risks were recorded.

Consumers confirmed information was easy to read as it was in large font. Staff confirmed various methods of communication were used including verbally advising consumers of daily activity and menu options. Activity programs and menus were displayed on notice boards and a monthly newsletter was distributed to consumers.

Consumers said their privacy and confidentiality was respected. Staff were observed to knock on doors prior to entering consumer rooms and shut down computers after use. Policies guided staff to obtain consumer consent prior to sharing their information or image.

# 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

Consumers confirmed they have been involved in assessments to determine their care needs. Staff advised where assessments identify risk, mitigation strategies are documented in the consumer’s care plan. Care documentation included the outcome of risk assessments.

Consumers and representatives confirmed their needs, goals and preferences, including advance care or end of life planning had been discussed and documented. Staff described the needs and preferences of consumers, which aligned with care documentation. Policies guided staff in discussing advance care directives and end of life care with consumers.

Consumers and representatives confirmed they were involved in assessment and planning processes. Staff described processes to collaborate with allied health professionals, with care documentation evidencing a consumer centred, integrated and coordinated process.

Consumers said they could access a copy of their care plan. Care documentation evidenced outcomes of assessment are communicated during care conferences. Staff were observed accessing consumers care plans.

Care documentation evidenced, and consumers confirmed, care was reviewed every 6 months, or earlier if changes or an incident occurred. Staff demonstrated knowledge of the review process which included full re-assessment of the consumer’s care needs.

# 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

Consumers said they received personal care and clinical care which was tailored to their needs and preferences. Staff were guided by policies and procedures informed by best practice. Care documentation evidenced delivery of care in accordance with planned strategies, including for management of restrictive practices, wounds and pain.

Care documentation evidenced high impact and high prevalence risks had been identified and staff were observed to implement relevant strategies to manage those risks. Consumers and representatives said risks were effectively managed.

Care documentation for consumers who were nearing end of life showed their needs, goals and preferences were recognised, and their comfort maximised. Staff demonstrated knowledge of how care changed when providing palliative care and confirmed palliative care support was available if needed.

Care documentation reflected deterioration of a consumer was identified and escalated quickly. Staff demonstrated knowledge of the signs or symptoms to monitor which may indicate a consumer was unwell. Policies and procedures defined parameters and established escalation pathways.

Consumers and representatives said consumers’ needs and preferences were effectively communicated between staff. Staff confirmed reporting changes in a consumer’s condition during handover and within the electronic care management system. Care documentation provided adequate information to support information was shared.

Consumers and representatives said referral processes were effective. Staff described the process for referring consumers to health professionals. Care documentation included referrals to, and input from physiotherapists and dieticians.

Consumers and representatives gave positive feedback on the management of a recent COVID-19 outbreak. Staff understood strategies used to minimise the use of antibiotics and to prevent transmission of infection. An outbreak management plan guided staff practice and public health units were engaged when required.

# 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

Consumers said the service supported them to do the things they want to do, and they received safe and effective care. Staff gave examples of how they assisted consumers to enjoy individual or group activities. Care documentation contained strategies to deliver services and supports to meet the diverse needs of each consumer.

Consumers said they have access to pastoral care to support their spiritual and religious needs. Staff confirmed technology is used to support emotional and psychological needs through maintaining connections to family or friends. The activities calendar included celebration of religious events and communion occurred weekly.

Staff gave practical examples of consumers being supported to follow their interests, social activities and maintain their community connections. Consumers said they feel like they were still part of the local community. Staff were observed seeking consumer preferences for the next external bus outing.

Consumers and representatives said information about consumers’ condition, needs and preferences were communicated and shared. Care documentation was updated in response to changes to consumers’ condition, needs and preferences. External organisations, involved in supporting consumers, confirmed relevant information was shared with them.

Care documentation evidenced timely and appropriate referrals were made to support consumers. Staff demonstrated knowledge of other support services which they could refer a consumer to if they required additional support. Consumer confirmed they were referred to external organisations including disability support and the public guardian.

Consumers provided positive feedback regarding the variety, quality and quantity of meals. Hospitality staff were familiar with consumers’ nutrition and hydration needs and preferences, and said consumers were consulted with the development of the menu. Training records evidenced staff undertake food hygiene training.

Consumers said they have access to equipment, including mobility aids, to assist them with their daily living activities. Staff described their role in ensuring shared equipment was kept clean, and the process for reporting maintenance issues. Equipment was observed to be in adequate supply and in good condition.

# 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

Consumers said they were encouraged to personalise their room with furniture and possessions of their choice which made them feel at home. Staff gave examples on how the service monitors the environment to ensure it is suitable for consumers. Handrails and seating of various sizes and height were available, to promote consumer independence and the internal environment was of a comfortable temperature.

Consumers were observed accessing outdoor and shared areas freely. Consumers said the environment was cleaned well by staff and repairs completed quickly. Maintenance documentation evidenced the environment was monitored and preventative maintenance routinely scheduled.

Consumer confirmed their equipment and fittings within their room are inspected for safety by staff. Maintenance documentation evidenced manual handling equipment was serviced regularly by contracted suppliers. Furniture was observed to be supplied in various heights to ensure suitability in meeting consumer needs.

# 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

Consumers said they were comfortable providing feedback and raising concerns. Staff and management described their role in supporting consumers and their representatives to provide feedback or make complaints. Feedback forms and suggestions boxes were available within common areas.

Consumers said they were aware of advocacy services if needed. Staff knew how to engage external agencies including language services, when required. Translation and advocacy services were promoted through flyers, posters and at consumer meetings.

Complaints documentation evidenced, and consumer feedback confirmed, open disclosure was used, and prompt action was taken in response to complaints. Policies, procedures and work instruction guide staff in management of complaints.

Consumers and representatives said improvements are made in response to their feedback or suggestions. A Plan for Continuous Improvement included actions implemented from consumer feedback. Training records confirmed staff undertake education on continuous improvement.

# 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

Consumers provided positive feedback regarding staffing numbers and said call bells were answered quickly. Staff said there was workforce allocated was adequate to provide care and services. Call bell data evidenced staff were responding to calls for assistance promptly.

Consumers and representatives said staff were kind, caring and they respect their individuality. Staff were observed interacting with consumers in a respectful and personable manner. Staff undertake mandatory training which encompasses respect, care, preservation of dignity and culture.

Consumers and representatives considered staff perform their duties effectively, confident staff were trained appropriately and skilled to meet their care needs. Position descriptions set out the expectations for each role and recruitment processes include verification of minimum qualification and registration requirements.

Training records evidenced staff completion of training is scheduled and monitored. Staff said they receive training, on commencement, annually and in response to consumer feedback. Management confirmed targeted learning was scheduled in response to incidents, audit results and feedback.

Management outlined the performance of staff is monitored through informal monitoring and formal performance appraisals. Staff described the performance appraisal process and confirmed appraisals are held annually. Personnel files evidenced staff performance reviews were up to date.

# 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

Consumers and representatives said they partnered in improving the delivery of care and services by participating in meetings, surveys and care plan reviews. The Plan for Continuous Improvement evidenced suggestions from consumers are used to evaluate and improve care delivery.

Management described an organisational and reporting structure, headed by a governing body, who are responsible for overseeing the quality of care and service. Management said regular internal audits, feedback, clinical indicator reports, along with continuous monitoring of the service’s practices all ensured compliance with the Quality Standards.

The service had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Managed outlined how the Director of Governance oversees regulatory and legislative changes.

The organisation had an effective risk management system to monitor and assess high impact or high prevalence risks associated with the care of consumers. Members of the workforce had been trained in their obligations to identify and respond to abuse and neglect, under the Serious Incident Reporting Scheme.

A clinical governance framework consisting of policies and procedures supported staff to understand their role in antimicrobial stewardship, open disclosure and minimising restrictive practices. Staff demonstrated knowledge of, and confirmed they had received training on these concepts, and were able to provide examples of how it applied to their work.

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)