Performance

Report

**1800 951 822**

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| Name: | Churches of Christ Lady Small Haven Aged Care Service |
| Commission ID: | 5063 |
| Address: | 60 Allchurch Ave, BENOWA, Queensland, 4217 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 28 November 2023 |
| Performance report date: | 20 December 2023 |
| Service included in this assessment: | Provider: 370 Churches of Christ in Queensland  Service: 3420 Churches of Christ Lady Small Haven 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 Lady Small Haven 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, consumers/representatives and others
* the provider’s response to the assessment team’s report received 15 December 2023
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not Compliant |

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

# Areas for improvement

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

* Staff interactions with consumers must support consumers’ dignity.

# Other relevant matters:

In addition to the assessment of performance against Requirement 1(3)(a), the Assessment Team monitored the service’s performance against the Quality Standards in relation to behaviour management and found:

* Consumers’ representatives were satisfied with how the service manages care and changed behaviours.
* Consumers were calm and engaged in activities or with others, and some staff were observed using documented strategies to support consumers that appeared successful.
* Most staff interviewed knew consumers well and described how they use behavioural strategies documented in consumers’ care plans. Staff said when strategies are not effective, they advise the Clinical Manager who arranges a review. Staff described how they support the safety and provide reassurance to those consumers who may be affected by the changed behaviours of other consumers. Staff also noted a reduction in instances of changed behaviours over the past month following a medical officer review of some consumers.
* Care documentation reviewed for two consumers included comprehensive and individualised behaviour support plans with strategies for staff to support the consumers. There was also evidence of ongoing assessment and monitoring and the involvement of several health professionals including medical officers, Dementia Support Australia, and Geriatrician Outreach Service.

While the information recorded above indicates appropriate behaviour management strategies are in use for consumers at the service, the Approved provider in its response to the Assessment contact report submitted an example of a handover sheet, as evidence to support care and lifestyle staff are involved in the handover process. The handover sheet does not support appropriate behaviour management strategies and lists pharmacological interventions for two consumers as first, second and third line interventions. This information does not support that alternate strategies are trialled prior to pharmaceutical interventions.

The Approved provider was contacted 19 December 2023 to provide additional information to support alternate strategies were utilised prior to the administration of medication to manage the two consumers’ behaviours. The Approved provider submitted progress notes, medication charts, medication administration records and behaviour support plans for the two consumers identified on the handover sheet. A review of these documents evidenced generally other strategies are listed as trialled prior to the administration of as required medication to manage the consumer’s behaviours. The behaviour support plans for the two consumers contained individual strategies to manage their behaviours which were not pharmaceutical. The service may benefit from reviewing information recorded on handover sheets to guide staff practice.

# 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. | Not Compliant |

Findings

Whilst most of the service’s staff treated consumers with dignity and respect, one consumer reported feeling disrespected by staff and the Assessment Team observed a staff member not treating several consumers in a respectful or dignified manner. For example:

One consumer described feeling disrespected by staff on occasions when staff do not let her finish her sentences when she is talking about her care.

The Approved provider in its response to the Assessment contact report has refuted the information regarding the consumer’s feedback and following a discussion with the named consumer has stated the discussion with the consumer was taken out of context, and at no time did the consumer feel disrespected.

A lifestyle staff member working in the memory support unit was observed by the Assessment Team over a two hour period, on multiple occasions treating consumers in a disrespectful and undignified manner that did not value their diversity. Examples included the staff member instructing a consumer to speak in English and not to speak to the staff member in their native language. Bending over a consumer and pointing to their chest asking in an authoritative tone “who is the boss?” and responding with “I am the boss and what I say goes”. Asking a consumer if they were “a bit precious” when they were not using their hands during an activity. The staff member also stated to a consumer who was observed to be mobilising using their four-wheeled walker “Why are you walking around? Either sit, sleep or play a game”. The staff member then ridiculed the consumer’s ability to participate in the activity with another consumer. The staff member was observed to fail to assist two consumers at different times to sit at the table, despite the consumers standing and waiting. Another staff member came to assist the consumers.

When the staff member was interviewed by the Assessment Team, the staff member made remarks about one consumer including that the consumer needs to be reminded the service is not their home and they are not in control of the area, that they purposely ensure that consumer does not get their preferred seat on the service’s bus by placing other consumers on the bus first and they need to be assertive with the consumer to “control” them.

The Approved provider in its written response to the Assessment contact report stated the staff member was stood down following feedback from the Assessment Team and a counselling session was held with the staff member 29 November 2023. File notes from the counselling session held with the lifestyle staff member indicated the staff member felt they had a good relationship with the consumer who they pointed their finger at and instructed them to speak English, and the observations made by the Assessment Team were part of a ‘banter’ the staff member had with the consumer. It is recorded in the file note the staff member explained other consumers are loaded onto the bus first as a behaviour management strategy for the named consumer as they can become aggressive to other consumers when they observe the bus arriving. The file note states the named consumer is placed on the bus last in their preferred seat and they do not miss out on outings. The staff member involved stated assistance should have been provided to consumers who were observed to require assistance to sit at a table. The file note indicates the staff member agreed their communication style could be perceived as blunt and overfamiliar, that they needed a holiday, and they should have displayed a more professional approach towards the consumers. The staff member apologised if they were perceived as rude or unprofessional and was happy to complete training to improve their knowledge. Planned actions included in the file note are for the staff member to complete Code of conduct, Cultural competence, Elder abuse and Managing behavioural and psychological symptoms of dementia, this training is to be completed by 31 December 2023. The staff member’s body language and verbal tone is to be monitored when speaking to consumers, and a volunteer who speaks a second language is to assist the staff member to have positive relationships within the memory support unit. I am unable to determine if the staff member involved still works in the memory support unit or if their employment was reinstated after being stood down.

In relation to the named consumer who was told (by a staff member) to speak English and not to speak in their first language, the Approved provider in its response has included the consumer’s behaviour support plan which indicates the consumer’s refusal to speak English is a behaviour, and staff try to reorient and encourage the consumer to speak English when they are expressing their care needs. I note the consumer has a diagnosis of Dementia, and it would be reasonable to expect a consumer with dementia to revert to their first language. It is my opinion it is unreasonable to categorise the consumer’s use of their first language as a behaviour categorised as a refusal to speak English. I note there are strategies including the use of cue cards and bilingual staff to assist the consumer to communicate their needs included in their behaviour support plan. It is my opinion these strategies are more supportive of a consumer with dementia who has reverted to their first language than reorienting the consumer to speak to staff in English.

Following feedback provided by the Assessment Team during the Assessment contact visit, management created an initial list of strategies to be implemented in the memory support unit. This included a review of staffing levels and a review of skills of staff working in the memory support unit. The service will try and recruit additional bilingual staff and a volunteer who is bilingual attended the service 01 December 2023, to support the consumer whose native language is not English. I note the volunteer will be attending the service weekly, however the consumer’s behaviour support plan includes information a referral was to be made for a volunteer to attend the service three times per week. A review of the current activity calendar was to be undertaken to offer more individualised activities in the memory support unit.

I acknowledge the actions taken and planned by the service in addressing the deficiencies identified during the Assessment contact visit, however I am also cognisant the observations made by the Assessment Team identified inappropriate and undignified communication to consumers. Therefore, this Requirement is Non-compliant.

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