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: | on 3 April 2024 |
| Performance report date: | 30 April 2024 |
| 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 S Turner, 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 11 April 2024
* the Performance report dated 20 December 2023 for the Assessment contact conducted 28 November 2023

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Other relevant matters:

The approved provider’s response received 11 April 2024 acknowledged the assessment team’s report and stated the service is committed to delivering care and services of a high standard and will continue to maintain a strong focus on continuous improvement.

# 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 |

Findings

Following an Assessment Contact conducted 28 November 2023, the service was found Not compliant in Requirement 1(3)(a). Deficiencies related to staff interactions with consumers, with some staff interactions identified as failing to support consumer dignity.

The Assessment Contact conducted 3 April 2024 identified the service has taken action to improve its performance under this requirement. Actions included:

* Education to support staff knowledge of consumers’ care needs was delivered by a dementia specialist. This education was delivered to staff who provide care in the memory support unit including lifestyle staff.
* Visual adjustments to the memory support unit were recommended by the dementia specialist to reduce exit seeking behaviours through a more engaging and appealing environment. Some changes to the environment have been implemented including names on doors and strategies to create visual illusions across exit points; the service reported this was an ongoing project.
* Staffing levels in the memory support unit were reviewed to ensure sufficient staff were allocated on each shift to support consumers.
* The activity calendar was reviewed to ensure individualised activities were available to consumers including those in the memory support unit.

Consumers and representatives spoke highly of staff and said consumers were treated with dignity and respect and that staff knew consumers’ care requirements and took the time to understand the consumers’ background, their needs and abilities. Consumers said staff use their preferred names, knock prior to entering consumers’ rooms, explain the care that is being delivered and deliver care in private. Staff were observed interacting respectfully and professionally with consumers and implemented strategies to promote consumers’ dignity, such as knocking on doors and seeking permission to provide care.

Staff said they know the consumers and the consumers’ backgrounds, and that each consumer requires a different approach to care delivery. Staff were observed providing prompt, individualised care to consumers when a need was identified.

Care documentation provided guidance to staff and included individualised, non-pharmacological strategies to support consumers with changed behaviours. Care documentation used respectful language and detailed the consumers’ backgrounds and significant events in their lives including their culture, diversity and care preferences.

I am satisfied consumers are valued and are treated with dignity and respect. For the reasons detailed, I find Requirement 1(3)(a) is Compliant.

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