Performance

Report

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| Name of service: | Churches of Christ Lady Small Haven Aged Care Service |
| Service address: | 60 Allchurch Ave BENOWA QLD 4217 |
| Commission ID: | 5063 |
| Approved provider: | Churches of Christ in Queensland |
| Activity type: | Site Audit |
| Activity date: | 18 July 2023 to 20 July 2023 |
| Performance report date: | 11 August 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 Lady Small Haven Aged Care Service (**the service**) has been prepared by J Miaris, 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 the site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# 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 Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers said staff respect their preferences and support their independence. Staff described what was important to consumers and how they engage with them to support their individual identity, cultural needs, and diversity. Care planning documentation reflected consumers’ reflected consumers’ cultural identity, values, lifestyle preferences, and interests. The service had a ‘diversity and inclusive care’ policy. Staff were observed consistently engaging with consumers in a kind, caring and respectful manner.

Consumers said the service recognises their cultural background and supports their preferences. Staff described their role in cultural safety as enabling consumers to feel safe in expressing their beliefs, knowing they will be respected and supported and to access services aligned with their cultural needs and diversity. The organisation had a diversity and inclusive care policy and processes in place which provide staff guidance in the provision of consumer care and services, demonstrating cultural safety for consumers.

Consumers said they were supported to exercise choice and independence, communicate their preferences for care and services, and maintain relationships. Staff and management described how they support consumers to identify and communicate their preferences and make decisions about relationships of their choice. Care planning documents reflected consumer choices and what was important to them, including maintaining personal and social relationships, and lifestyle choices.

Consumers said the service supports them to make decisions which involve risk, and the service supports them to exercise choice, whilst minimising the risk of harm where risk is identified. Staff described the process to assess, communicate and manage risk in partnership with consumers and or representatives. Care documentation reflected consumers’ choice in taking risk, with identified risk mitigation strategies, in line with policies and procedures.

Consumers and representatives said the service communicated timely information that is easy to understand and assisted them in making informed choices about care and services. Staff described how they communicate information to consumers and support them with decision-making. Monthly newsletters, lifestyle calendars, menus were observed to be on display throughout the service accessible to consumers.

Consumers said staff respected their privacy and described staff practices such as knocking on doors prior to entry. Staff said they provide privacy for consumers prior providing personal or clinical care. Staff described how they ensure consumers privacy is maintained and gave examples of how they maintain the privacy of consumers. The service had documented privacy protocols in place to protect consumer privacy.

# 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 Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Care planning documents demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals and wishes of consumers, including the identification of risks. Consumers and representatives said they were involved in assessment and care planning processes. Staff described how regular care assessments are completed to ensure safe and effective care is delivered in accordance with their organisational policy and procedures.

Consumers and representatives said consumers needs and preferences were identified through assessment and care planning processes, including end of life care. Staff said end of life planning is discussed on admission if the consumer wished to and during review processes. Care planning documents reflected end of life care wishes and advance care directives were in place for consumers.

Care planning documentation evidenced referrals, consultations, and reviews. Staff described ongoing collaboration and engagement with care and service providers within, and external to the service. Consumers and representatives said they were involved in the assessment and care planning process with the service, and with other care and services providers. The organisation had policies and procedures in relation to individualised assessment, care planning and review in partnership with consumers, and others the consumers wish involved in their care.

Consumers and representatives said the service involves them in assessment and planning reviews, staff provide them with updates, they are involved in ongoing care assessment and planning, and they have been offered a copy of the consumers care plan. Staff described how they effectively communicate outcomes of assessment and planning to consumers and their representatives. Documentation evidenced regular staff communications with consumers and representatives regarding details of assessments and care planning.

Care planning documents evidenced they were reviewed on a regular basis and updated when circumstances change. Staff described the initial and ongoing assessment process, with regular review processes occurring 6-monthly, or when consumer needs or preferences changes, in line with the organisational policy. Consumers and representatives said staff regularly discuss care needs with them when circumstances change, or incidents occur which impact consumers’ 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

This Quality Standard is Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers said they felt safe at the service and received the care and services they needed. Staff described the importance of providing safe care aligned with the individual needs and preferences of consumers to optimise their health and well-being. The service had policies and procedures in place to support the delivery of care provided. Care planning documents reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. For consumers subject to restrictive practices, care planning documents included restraint authorisation, informed consent, and a behaviour support plan.

Care planning documents identified that high impact and high prevalence risks were effectively managed, with strategies in place to minimise risks. Staff explained and provided examples of how they identify, assess, and manage risks. The service had policies and procedures in place to guide staff practice in the identification and management of high impact, high prevalence risks, including falls, pressure injuries and wounds, nutrition, and hydration.

Care planning documents identified consumers’ personal choices and preferences for end of life care, with advance care plans in place. Staff described the importance of ensuring consumer’s needs and preferences for end of life care are respected, with effective monitoring and management of symptoms. Consumers and representatives said staff were very respectful, caring and kind, in meeting their end of life needs and preferences.

Staff described and provided examples of how they identify and respond to deterioration or change in consumers’ condition. Representatives said consumers receive the care they need, and staff contact them immediately if there are any changes in consumers’ condition. Care planning documentation demonstrated deterioration in consumers’ health, capacity and function were recognised and responded to. The service had policies and procedures in place to guide staff practice in identifying change or deterioration in a consumer’s condition.

Care planning documentation contained adequate information to support effective and safe sharing of consumer’s information in providing care, including communication with external providers. Staff described how changes in consumers’ care and services are documented and communicated within the organisation, such as, via staff daily handovers, and with others where clinical care is shared.

Consumers and representatives said the service facilitates timely, appropriate referrals to other care and service providers. Staff described processes for timely and appropriate referrals to other care and service providers. Care planning documentation included input from other services and health professionals and reflected timely and appropriate referrals made to a range of allied health professionals.

The service had policies and procedures to guide staff in relation to antimicrobial stewardship, infection control management and for the management of an infectious outbreak. Consumers and representatives were satisfied with the service’s management of COVID-19 precautions and infection control practices. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

# 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 Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said consumers were provided safe and effective services and supports for daily living that aligned with consumers’ needs, goals, and preferences. Care planning documentation identified consumers’ choices, services, and supports to do the things they want to do and were observed independently engaging in various activities. Staff described how they support consumers with their daily living skills, to optimise their independence, health and well-being and quality of life.

Consumers said their emotional, spiritual, and psychological needs were supported. Staff said if they identified a change in a consumer’s mood or emotional needs, they provided additional support by spending one-on-one time with them and supporting them to communicate with those important to them and described other services available to consumers. Care planning documentation reflected care and services that aligned with consumers’ needs and preferences.

Consumers and representatives said consumers were supported to participate in the community within and outside the service, do things that are of interest to them and maintain social and personal relationships. Care planning documents identified the activities individual consumers enjoy, their specific interests and who they wish to maintain relationships with. Staff described specific interests of consumers and identified who is important to them.

Staff described how they record and communicate consumer information and changes to consumer’s needs. Consumers and representatives said the service communicates information about consumers condition, needs and preferences. Care planning documents included adequate information to support safe and effective care.

Care documentation for consumers evidenced timely referrals were initiated in response to identified consumer needs, and in consultation with consumers and their representatives. Staff described the referral process in response to identified consumer needs. Consumers said the service supports them with timely and appropriate referrals to other care and service providers.

Consumers were satisfied with the quality and quantity of food provided at the service, and there are multiple meal options to choose from. Staff were aware of consumers’ dietary needs and care planning documentation captured consumers dietary needs and preferences. Staff said consumers have input on menu choices and consumers were offered alternative meal options.

Equipment was observed to be suitable, clean, and well maintained. Consumers said equipment is safe, suitable, and clean. Staff said described the process for cleaning and reporting maintenance issues. Management described risk assessment processes in place to ensure equipment is safe and suitable, and aligned with consumers’ goals, needs and preferences.

# 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 Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service environment was welcoming, and consumers feel at home. Consumers said it was easy to move around the service environment and all areas of the service were accessible. The service environment had communal seating available indoors and outdoors, with signage to support navigation around the service and consumers’ rooms were personalised.

Consumers said the service environment is safe, clean, well maintained, and comfortable. Consumers said they were supported to move freely around the service both independently and with staff assistance when required. Staff described the processes for cleaning, documenting, and reporting maintenance issues, and how maintenance is managed at the service.

Consumers and representatives said fittings, furniture and equipment were in working order, and maintenance issues are reported and repaired promptly. Maintenance documentation demonstrated maintenance checks were up to date, with a reactive maintenance schedule in place.

# 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 compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they knew how to make complaints and felt comfortable and supported to provide feedback and make complaints. Staff were aware of the process to follow when an issue is raised with them directly. Management said the service supported consumer feedback through an open-door management policy, various meetings, during care evaluation conversations, surveys and auditing process. Information, feedback forms and secure lodgement boxes for complaints were displayed at the service accessible to consumers.

Consumers and representatives were aware they could raise their concerns externally, although they felt most comfortable raising any issues with management and staff directly. Staff were aware of the process to engage advocacy and language services should a consumer or representative require them. The service had feedback forms and brochures with advocacy and language services displayed throughout the service.

Consumers and representatives said that management promptly responds and seeks to resolve their concerns after they make a complaint. Staff and management demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer in the event of something going wrong. The service had policies in place to guide staff in relation to managing complaints and open disclosure.

Consumers reported their feedback has been used to improve care and services. Management described detailed processes in place to escalate complaints, and how feedback and complaints are used to improve the care and services. Documentation reflected the various ways the service captured feedback and complaints and how data is used to inform improvements.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said there is enough staff to meet consumers’ care needs and staff answer call bells promptly. Staff said there are enough staff to assist with care, and they have time to support consumers with their needs. Management said the workforce is planned on a 2-weekly rotation and described how they ensure there is enough staff to provide safe and quality care to consumers, ensuring shifts were covered. Documentation demonstrated the service had a planned workforce to provide safe and quality services to consumers.

Consumers and representatives said staff were kind, caring and gentle when providing care to consumers. Staff demonstrated an awareness of consumers’ cultural and personal backgrounds and the service had policies in place to guide staff in relation to delivering culturally safe care. Staff were observed treating consumers with kindness, dignity, and respect.

Consumers and representatives said staff know what they are doing, and staff were competent. Management detailed processes for ensuring the workforce is competent and have the qualifications or knowledge to effectively perform their roles and described ways in which they ensure staff at the service are competent. Documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Consumers and representatives said staff were competent. Staff said they have completed initial training, including annual mandatory training, and complete additional training when required. Management described the annual face to face mandatory training and online training resources for staff to complete and how completion of mandatory training is monitored. The service had a documented training program that included mandatory training and demonstrated the workforce is satisfactorily recruited, trained, equipped, and supported.

Documentation demonstrated that the service regularly undertakes assessment, monitoring, and review of the performance of each member of the workforce. Staff demonstrated an awareness of the service’s performance development processes and management described how staff’s performance is monitored through annual reviews, ongoing observations of staff practice and feedback.

# 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 Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said the service is well run and they have ongoing input into how care and services are delivered, and this is sought in a variety of ways, including during care plan reviews, meetings, surveys, and face to face discussions. Management provided examples of changes made in response to consumer feedback. The service provided documented evidence to demonstrate that consumers are engaged and supported in providing input on service delivery and that the service is actively working to improve care and services.

Consumers and representatives advised the service promotes a culture that is safe and inclusive. Management demonstrated how the governing body and the board are involved and informed in the delivery of care and services via platforms such as committee meetings and reports where service performance and trends are reviewed. The service gathers quality indicator data to ensure the service is meeting the Quality Standards. The organisation had documented policies outlining the organisational governing structure and their responsibility in promoting a culture of safe, inclusive, quality care and services and is accountable for their delivery.

The service had policies and procedures to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. For example, in relation to financial governance, management explained how the service is supported by effective financial management systems and discussed expenditure to support the changing needs of consumers and provided examples. Management outlined the process to obtain additional funding through business planning, capital expenditure and board approval.

The service had a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed and how incidents are managed and prevented, supporting consumers to live the best life they can. Staff said risks are reported, escalated, and reviewed by management at the service level, including the governing body. Staff explained the processes of risk management at the service, including key areas of risk that are identified, responded to, and reported in the incident management system. Staff detailed training they had received and their responsibilities in identifying and responding to abuse and neglect of consumers.

The organisation’s documented clinical governance framework has been implemented at the service, and staff apply the principles of the framework when providing clinical care. Staff interviewed described processes in relation to the clinical governance framework, such as minimising restrictive practices, implementing antimicrobial stewardship strategies and providing open disclosure to consumers and representatives when things go wrong.

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)