Performance

Report

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| Name of service: | Churches of Christ Care Little Mountain Aged Care Service |
| Service address: | 211 Parklands Boulevard LITTLE MOUNTAIN QLD 4551 |
| Commission ID: | 5770 |
| Approved provider: | Churches of Christ in Queensland |
| Activity type: | Site Audit |
| Activity date: | 15 November 2022 to 17 November 2022 |
| Performance report date: | 3 January 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 Care Little Mountain Aged Care Service (**the service**) has been prepared by M. Nassif, 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 and 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 | | 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 said that they are treated with dignity and respect, and believed their identities, culture and diversity were valued. Care planning document identified consumers’ backgrounds, personal preferences, identities, and cultural practices. Staff demonstrated knowledge of the consumers’ needs and preferences.

Consumers said they were supported by staff and management to make choices which met their cultural needs. Care planning document included cultural and religious priorities of consumers.

Staff demonstrated knowledge of what was important to consumers including who was to be included in decision making regarding care. Consumers said they are supported to exercise choice and encouraged to be independent.

Consumers said they are supported to take risks and continue to do the things that are important to them. Risk assessment report listed consumers that have had an identified risk reported due to an activity of choice included risk mitigation strategies in place, risk rating and review date. Staff demonstrated an understanding and provided examples on how the consumers took risks.

Consumers said they were provided with timely and accurate information presented in a way that enables them to make choices. Relevant information was observed to be in a clear and easy to understand format to consumers and provided through a variety of channels, including meetings.

Consumers felt their privacy is respected and their information is kept confidential. Staff and management articulated how consumers’ privacy was protected.

# 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

Consumers and representatives said that they receive the care and services they require and are involved in the care assessment and planning processes. Staff demonstrated knowledge of consumers’ risks and described strategies to ensure their safe and effective care. Care planning documents demonstrated assessment and planning is undertaken and this included consideration of risks to consumer’s health and well-being.

Staff demonstrated an understanding of the consumers’ needs and preferences, in line with care planning documents. Assessment and care planning documents were observed to be individualised to consumer needs, reflecting their preferences for care. Consumers and representatives confirmed that the service has discussed and documented their preferences for their end of life care.

Care planning documents identified consumers and their representatives were consulted in assessments and care planning and included input from other health professionals. Consumers confirmed that they are involved in the care planning process. Staff reported regularly liaising with consumers and family members to ensure a partnership throughout the assessment and care plan process.

Consumers and representatives reported they are informed about the outcomes of assessment and planning and have access to care and services plan. Staff described the processes for documenting and communicating assessment outcomes. Care planning documents evidenced that outcomes of assessment and care planning are communicated effectively to consumers and representatives.

Care planning documents were reviewed and found to have been evaluated as per the organisation’s expectations. Consumers reported that staff regularly communicated with them following any change in circumstances or incident, including any updates or changes to the consumer’s care plan. Staff explained the process of care planning and the importance of updating care plans in a timely manner when circumstances change or when incidents impact on a consumer’s needs, goals and preferences.

# 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 reported they felt consumers are receiving care that is safe and right for them and tailored to their needs. Staff reported they receive support and guidance in relation to best practice, care and processes, where care needs have changed. Care planning documents reflected consumers receive individualised care that is tailored, safe and effective. Consumers subject to restrictive practices had appropriate consent and reviews in place.

Consumers and representatives felt that the service is effectively managing risks to consumers' health. Care planning documents evidenced consistent assessments and planning to address individual consumer’s risks and the review process. Staff specified individual consumer’s risks and strategies in place to mitigate these.

Consumers and representatives confirmed they have made their wishes known and documenting their advance care directives. Care planning documents contained the statement of choice documentation including instructions for end of life care. The service had policies and procedures in place in relation to palliative care and end of life care and education as part of the annual training process.

Care planning documents reflected any changes to consumer’s condition were identified and responded to in a timely manner.

Consumers and representatives stated that they were confident that consumer information was well documented and shared between staff. Staff said changes in consumers care and services are documented in electronic care management system and communicated at handovers, which were observed to be effective.

Consumers stated the service had facilitated appropriate referrals when required by the consumers. Care planning documents reflected timely and appropriate referrals occur. Staff described the process for referring consumers to other health professionals and provided outcomes of referrals to other services.

Staff described how they minimise infection-related risks by following the service’s infection control policies and promoting antimicrobial stewardship. Consumers and representatives provided positive feedback on how the service managed COVID-19 outbreaks.

# 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 were satisfied that they are supported by the service and are able to participate in activities of interest to them. Care planning documents reflected strategies and options to deliver services and supports for daily living that reflected the diverse needs and characteristics of consumers. Staff demonstrated an understanding of what is important to consumers and how they support consumers to promote independence and enhance their quality of life.

Consumers felt connected and engaged in meaningful activities that are satisfying to them and considered their emotional and spiritual well-being is supported. Care planning documents included information regarding the emotional, spiritual, and psychological needs of the individual consumers. Staff described how they support the emotional, psychological, and spiritual well-being of consumers and provide examples of cultural awareness in their everyday practice.

Consumers said they are supported to maintain personal relationships, can take part in community and social activities, and have day-to-day control over their social life. Staff described how they work with other organisations, advocates, community members and groups to help consumers follow their interests and maintain their community connections. Records showed the service designed services and supports with the consumer and these are adjusted to reflect the consumer’s changing needs, goals, and preferences.

Consumers reported they are fully informed and able to consent to information being shared with others about them. Staff advised how accurate, up-to-date, and relevant information is shared with others as consumers move between care settings. Care planning documents included adequate information to support effective and safe care with respect to services and supports for daily living.

Care planning documents evidenced the service collaborated with external providers to support the diverse needs of consumers. Consumers said the service refers them to external providers to support their care and service needs. Staff identified individuals, organisations, or providers where they can make referrals and described the referral process.

Consumers said they received well proportioned, quality meals. Care planning documents confirmed consumers’ dietary requirements and preferences are documented and were consistent with consumer feedback. Staff were aware of consumers’ nutrition and hydration needs and preferences.

Staff were aware of the process for identifying equipment that required maintenance and responsibilities they share for the safety, cleanliness, and maintenance of equipment. Equipment provided was observed to be safe, suitable, clean, and well maintained. Consumers said they feel safe when they are using equipment and were aware of reporting process if they have any concerns about equipment.

# 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

Staff described how consumers are supported to make the service feel like home, and how they support consumers to maintain independence and individuality. Consumers were able to personalize and decorate their rooms according to their preference. Signage assist consumers to navigate around the service.

Consumers and representatives reported that usually the service is cleaned very well, and maintenance is completed quickly. Consumers were observed to be moving freely both indoors and outdoors.

Consumers said that equipment is well maintained and clean. Staff said that they have access to sufficient, well-maintained equipment needed for consumer care. Staff were observed cleaning shared equipment between use.

# 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

Staff described the avenues available for consumers and representatives if they wished to make a complaint or provide feedback, and the process that they follow should a consumer or a representative raise an issue with them directly. Consumers and representatives were aware of avenues for raising a complaint and expressed their confidence in raising complaints and providing feedback.

Staff reported, and documentation review confirmed, information about external complaints mechanisms was provided to consumers and representatives throughout the service in the form of brochures, posters and in the consumer handbook. Management reported the service has a translation application installed to assist consumers who speak languages other than English and are able to access phone interpreter services if required.

Consumers said that the complaints raised had been managed and dealt with appropriately. Staff demonstrated a shared understanding of the principles of open disclosure and explained the steps taken in response to a complaint or incident.

Staff and management explained the issues that impacted consumers and the action taken to address those issues. Consumers provided examples of the improvements made after feedback was provided.

# 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

Consumers, representatives, and staff reported there have been issues with a shortage of staff at times, however, did not identify any negative impacts on consumer health and well-being, with needs being consistently met. Management explained that recruitment for care staff is continuous to ensure adequate staff numbers are available. Documentation, including staff roster, demonstrated strategies are in place to replace staff on planned and unplanned leave.

Consumers and representatives reported that staff engaged with them in a respectful, kind, and caring manner. Staff interactions with consumers were observed to be kind and respectful.

Consumers felt staff were skilled in their roles and competent to meet their care needs. The service had documented position descriptions that included, qualifications, knowledge, experience and key selection criteria required for each role.

Consumers and representatives reported that they are confident with staff abilities and practices. Staff described various training options available regularly for them. Staff said they are well supported by management in undertaking the ongoing training.

Consumers confirmed they provide feedback to staff and management regarding staff performance or concerns and the service actions these accordingly. Staff reported that they have an annual appraisal, although will receive feedback more frequently in direct response to their work performance.

# 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

Documentation reviewed evidenced consumer engagement with activity development to improve services. Consumers reported they felt the service was well run with a management team that is approachable and supportive, and discussed their experiences and input into service planning and evaluation through the team meetings, surveys and other feedback avenues.

Management team elaborated on a range of strategies when describing how the governing body promotes a culture of safe, inclusive, and quality care and services. For example, a Board member has been assigned as the service’s contact to receive feedback directly from consumers and representatives and their contact information was observed on site.

The service demonstrated it had effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. For example, the service is supported by the organisational clinical governance team to identify and respond to regulatory and legislative changes.

The service had a risk management framework which included policies describing how high impact or high prevalence risks associated with the care of consumers are managed, the abuse and neglect of consumers is identified and responded to, and consumers are supported to live the best life they can, and incidents are managed and prevented. Staff demonstrated knowledge of various risk minimisation strategies and their reporting responsibilities.

The service had organisational policies relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure as evidenced through care planning documentation. Staff provided examples of the relevance of these policies to their work.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018 [↑](#footnote-ref-1)