Churches of Christ Marana Gardens Aged Care Service

Performance Report

10 Ridgeway Avenue   
SOUTHPORT QLD 4215  
Phone number: 07 5552 6888

**Commission ID:** 5230

**Provider name:** Churches of Christ in Queensland

**Site Audit date:** 28 June 2022 to 30 June 2022

**Date of Performance Report:** 28 July 2022

# Performance report prepared by

Kimberley Reed, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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
* the provider’s response to the Site Audit report received 21 July 2022
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers, asked them about the requirements, reviewed their care planning documentation, for alignment with the feedback from consumers and tested staff understanding and application of the requirements under this Standard. The Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Consumers and representatives considered consumers were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and live the life they chose. Consumers and representatives confirmed staff were respectful towards them, and their individual identity, culture and diversity was recognised and valued as per their preferences. Consumers described ways their social connections were supported, both inside and outside of the service and said they were encouraged to do things for themselves and staff knew what was important to them. Consumers and representatives confirmed consumers’ personal privacy was respected.

Review of documentation identified information provided to consumers was current, accurate and timely. Interviews with staff demonstrated staff knew what was important to consumers and could describe consumers’ personal preferences.

Staff were observed interacting with consumers in a kind, caring and respectful manner, and consumers’ privacy was observed to be respected.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewed their care planning documents in detail, asked consumers about how they were involved in care planning, and interviewed staff about how they used care planning documents and reviewed them on an ongoing basis.

Consumers felt like partners in the ongoing assessment and planning of their care and services. Consumers confirmed they, and those they wished to be involved, were included in the assessment and planning process. Outcomes of assessment and planning were discussed with consumers, and they had access to their care and services plan if they wished.

Initial assessments were completed to identify each consumer’s needs, goals and preferences and any risks to consumers. Assessments included discussions of consumer’s advance care planning and end of life wishes. Care and services plans were reviewed on a three monthly basis or as each consumer’s needs changed and the service had access to external services and allied health professionals as required to support consumer care.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensured the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents.

Consumers considered they received personal care and clinical care that was safe right for them. Care provided was in line with best practice guidelines and was tailored to the needs of the consumer. Consumers had access to a Medical officer or other health professionals as required. Consumers with high-impact or high-prevalence risks related to their care were effectively managed. Consumers and representatives were included in decisions about care, and cares and services were tailored to meet consumer’s needs, goals and preferences.

Consumers nearing their end of life received safe and appropriate care which maintained their comfort and dignity and was in line with their preferences and wishes. Information regarding consumers’ needs and preferences was communicated and documented within the service and with others as required. Consumers were appropriately referred to specialist services including allied health services. Care documentation demonstrated deterioration or changes in the consumer’s health care needs were responded to in a timely manner.

The service had processes in place to minimise infection-related risks, including monitoring of required staff vaccinations and effective processes to manage a potential COVID-19 outbreak.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they liked to do and how these things were enabled or supported by the service and staff were asked about their understanding and application of the requirements. The Assessment Team also examined relevant documents.

Consumers received the services and supports for daily living that were important for their health and well-being and that enabled them to do the things they wanted to do. Consumers and representatives said consumers were supported to engage in activities they were interested in, both inside the service and in the wider community. Consumers stated the service supported and facilitated them to maintain personal and social relationships and remain in contact with people who were important to them.

Consumers and representatives confirmed the lifestyle program was adequate to meet the consumers’ needs and preferences, and that the service involved other individuals and external organisations to supplement the activity schedules as required or when beneficial to the consumer. Consumers said the service met their emotional, social, spiritual and psychological needs by way of the internal support provided by staff, other consumers, and volunteer workers.

Care planning documentation demonstrated each consumer’s condition, needs and preferences were effectively communicated within the organisation and with others who provided services and supports for daily living, and timely and appropriate referrals were made to other providers of care and services as required.

Lifestyle and leisure supports and equipment were observed to be clean, well-maintained, safe and suitable to the needs of the consumer cohort.

Meals provided were varied and of suitable quality and general feedback from consumers in relation to the provision of meals was positive. The site audit report contained observations and documentation that did not support safe food practises. Ihave considered this information alongside the Approved provider’s written response and it is my opinion the actions taken to rectify the issues identified at the site audit were appropriate, comprehensive and effective

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

Meals provided to consumers were varied and of suitable quantity and quality and positive feedback was generally provided in relation to mea service. However, the site audit report contained deficits in food safety practices at the service in relation to the storage and the expiry of food items. I have considered this information in conjunction with the Approved provider’s written response and am satisfied the actions taken following the observations made at the site audit, are reasonable, adequate, sustainable and effective. Therefore it is my decision this Requirement is compliant.

Consumers and representatives advised food was a regular agenda item at the consumer monthly meetings and consumers and representatives felt comfortable in raising any concerns in relation to food and meal service. Consumers and representatives confirmed the service was receptive to the feedback provided, and that changes were made to the menus and dining experience where possible.

Care planning documentation identified dietary requirements and preferences for the consumers. Care planning documentation recorded dietary and nutritional information for consumers captured upon entry to the service in collaboration with the consumer and representative. Consumer dietary needs and preferences were updated in accordance with any changes to a consumer and communicated to staff.

Staff described how they were made aware of consumers’ dietary needs and preferences and dietary profiles are located in the cottage kitchens. Staff were aware of the consumers’ specific dietary needs and preferences. Management advised consumers provide feedback about the meals through feedback and complaints processes, and via consumer meetings. Staff discussed measures implemented to ensure meals were safe and of suitable quality which included temperature checking of all meals, safe food handling training, food satisfaction surveys and food and kitchen compliance audits conducted monthly.

The Assessment Team observed food items stored that had expired used by dates. The Aproved provider responded to this information by conducting an immediate audit of fridge and freezer contents and expired items were removed and discarded. To decrease the risk of this reoccurring the dutylist for night staff was updated to include a daily check of unlabelled or expired food items. To further support this process a memorandum was sent to staff for awareness of the appropriate decanting process of food items, monthly audits will be completed for six months and the daily duty lists for kitchenettes have been reviewed and amended. The service has assigned an administrative staff member who will review and check for any expired products prio to placing a replacement order. All staff have been enrolled in refresher training for food safety.

In reviewing the information above it is my decision this Requirement is Compliant.

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The Assessment Team also examined relevant documents.

Consumers considered they belonged in the service, and felt safe and comfortable in the service environment. Consumers confirmed they could access indoor and outdoor areas, should they choose to do so. Consumers and representatives advised the service environment, equipment and furniture was well-maintained. Consumers and representatives confirmed visitors were welcome in the service and they had various areas where they could sit comfortably and enjoy each other’s company.

The Assessment Team observed furniture and equipment to be clean, well-maintained and suitable to the needs of the consumer cohort. Staff interviewed demonstrated an awareness of how to report items requiring maintenance. Documentation identified reactive maintenance was attended to in a timely manner and preventative maintenance was undertaken as scheduled.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – asked them about how they raised complaints and the organisation’s response. The Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Consumers and representatives were encouraged and supported to give feedback and make complaints, and that appropriate action was taken in response to complaints. Consumers and representatives were aware of the service’s formal processes for raising a complaint, said they felt safe raising any issues directly with staff or management and did not express concern about potential retribution if they were to provide feedback. Consumers and representatives were satisfied that appropriate action was taken in response to feedback and complaints and felt confident that if there were any issues in future, these would be promptly resolved by the service. The service demonstrated, and consumers/representatives confirmed appropriate action was taken in response to complaints and an open disclosure process was used when things go wrong.

The organisation’s approach to reviewing and acting on complaints was reviewed through discussion with management and an examination of the service’s policies, complaints data and plan for continuous improvement. The review demonstrated that the service had effective processes and systems for dealing with feedback and complaints which informed continuous improvement in care and service delivery.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

To understand the consumer’s experience and if the organisation understood and applied the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Consumers and representatives considered that consumers received quality care and services when they needed them from staff who were knowledgeable, capable and caring. Consumers and representatives confirmed that staff knew what they were doing and were confident that staff were adequately trained and competent in their roles. Consumers and representatives confirmed that staff were kind, caring and treated them well. Consumers and representatives stated staffing numbers were generally adequate and staff were available to attend to their needs.

Most staff interviewed considered there were enough staff and they were allocated enough time to complete their assigned tasks.

The service demonstrated policies, processes and systems to implement the effective recruitment, training and performance management of staff across all areas of service delivery.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

To understand if the organisation understood and applied the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services.

Consumers considered the organisation was well run and they could partner in improving the delivery of care and services by attending consumer meetings, participating in consumer surveys and submitting feedback forms.

Interviews with management and review of documentation identified the organisation’s governing body promoted a safe and inclusive culture at the service and was accountable for the delivery of safe and quality care and services. Policies, procedures and risk management systems were in place to guide staff practice and ensure safe and effective care and service delivery.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.