Performance

Report

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| Name: | Churches of Christ Oak Towers Aged Care Service |
| Commission ID: | 3077 |
| Address: | 139 Atherton Road, OAKLEIGH, Victoria, 3166 |
| Activity type: | Site Audit |
| Activity date: | 20 February 2024 to 22 February 2024 |
| Performance report date: | 14 March 2024 |
| Service included in this assessment: | Provider: 370 Churches of Christ in Queensland  Service: 1836 Churches of Christ Oak Towers 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 Oak Towers Aged Care Service (**the service**) has been prepared by Katherine Richards, 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 consumers, representatives, staff, management, and others; and
* the Approved Provider’s response, dated 14 March 2024, acknowledging and accepting findings within the Site Audit report.

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

Consumers confirmed staff treated them with dignity and respect. Staff were aware of consumers’ backgrounds, and would tailor the delivery of the consumers’ care based on their identity. Management advised policies and procedures were in place to guide staff to deliver person-centred care with dignity and respect.

Consumers said their cultural needs were considered and incorporated in the delivery of their care. Staff identified consumers with unique cultural needs, and described the strategies to meet these needs. Care documentation evidenced information relating to the consumer’s cultural background.

Consumers confirmed their choices to maintain relationships were supported. Staff were aware of consumers’ preferences, and described how they encouraged consumers to make their own choices and involve consumers and representatives in decisions regarding their care. Care documentation evidenced consumers’ care decisions including who was involved in their care.

Consumers said they were supported to engage in their chosen life activities which contained an element of risk. Care documentation evidenced risk assessments were conducted and risk mitigation strategies were in place. Staff were aware of the risks taken by consumers, and how they supported consumers through mitigating strategies.

Consumers said they received current information regarding lifestyle activities, menu options, newsletters and consumer meeting minutes. Staff described how they communicated in line with consumer needs and preferences, including by speaking in a louder tone, using cue cards, and ensuring consumers were wearing their hearing aids or glasses if required. Posters of upcoming events and menu choices were observed to be displayed on noticeboards.

Consumers confirmed their personal privacy was respected, and staff knock on their doors prior to entry. Staff explained how they ensured privacy and confidentiality by keeping computers containing personal information password protected when not in use and closing doors during personal care. Nurses’ stations were observed to be locked to secure confidential information, and staff knocked on consumers’ doors and awaited a response prior to entry.

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

Care documentation evidenced the completion of a range of assessments to assess various risks to consumers including those relating to falls, dietary requirements, medication and pain management, and weight monitoring. Staff were aware of the assessment and care planning process, and described how these informed the delivery of the consumer’s care. Management confirmed they reviewed care documentation to ensure risks were identified and appropriate intervention strategies were documented.

Consumers confirmed their care was delivered in alignment with their documented needs and preferences, and their end of life care had been discussed with them. Care documentation evidenced consumers’ needs, goals, preferences, inclusive of end-of-life care, was captured. Policies and procedures were in place to guide staff practice to assess and plan for new and existing consumers’ care needs.

Consumers and representatives confirmed they were consulted and involved through care conferences. Care documentation reflected the involvement of consumers, representatives medical officers and allied health therapists in the development of consumers’ care plans. Staff advised they included consumers and nominated representatives in care planning upon their entry to the service, and on an ongoing basis.

Consumers and representatives said they were contacted to be informed of the outcomes of assessments, and could request a copy of the consumer’s care plan if required. Care documentation evidenced consumers and their representatives, medical officer and allied health therapists were notified following the completion of relevant assessments.

Staff outlined how care plans were reviewed on a 6-monthly basis, or in response to an incident. Care documentation evidenced the care plans of consumers were reviewed following incidents. Consumers confirmed their care plans were reviewed on a regular basis.

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

Staff were aware of consumers’ personal and clinical needs, and advised best practice was guided by training, policies, and procedures. Care documentation evidenced application of tailored strategies to ensure consumers’ needs and preferences were met. Representatives explained consumers’ health and well-being was optimised through management of care needs.

Staff demonstrated knowledge of the high impact or high prevalence risks associated with each consumer, and the strategies in place to manage these risks. Consumers and representatives advised the risks to the consumer’s well-being were appropriately managed. Care documentation identified individual risks to consumers and appropriate risk mitigation strategies with effective communication and monitoring.

Staff described how they delivered end of life care to consumers, including through regular hygiene, repositioning, and ensuring symptoms were managed. Representatives expressed positive feedback regarding the delivery of end of life care to consumers. Policies and procedures were in place to guide staff on the palliative care pathway.

Care documentation evidenced deterioration or changes in consumers’ health was recognised and responded to in a timely manner. Representatives said deterioration to the consumer’s health was promptly recognised and they were kept informed. Management advised changes to the consumer’s well-being was promptly recognised through monitoring processes, such as scheduled reviews of progress notes, care plans, incident reports, and clinical charts.

Consumers and representatives confirmed relevant information regarding the consumer’s condition was collected and known by staff. Management advised multidisciplinary meetings were held to ensure the consumer’s needs were known, and this information was shared during handover. An allied health therapist said they received regular communications from staff regarding the consumer’s condition.

Representatives provided positive feedback relating to timely referrals created in response to a change in the consumer’s condition. The service has policies and procedures in relation to clinical referrals to support consumer assessment and care. Management and staff described referral avenues for individual consumers’ needs in line with care documentation.

Consumers felt outbreaks, including COVID-19, were well managed and said staff wore masks and washed their hands to prevent the spread of infections. Staff described the strategies in place to mitigate infection risks to consumers, and received training in infection prevention principles and antimicrobial stewardship. Staff and visitors were observed to wear appropriate personal protective equipment and practice hand hygiene.

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

Consumers and representatives said consumers’ needs, goals and preferences were met, with the service developing services and supports to optimise their independence. Staff advised activities were adapted to enable participation by consumers with differing abilities, understood through assessment and planning processes. Consumers were observed to participate in lifestyle activities and received assistance from staff when required.

Consumers said their emotional and spiritual needs were met through chaplaincy and religious services, and staff spending extra time to support them. Care documentation identified information regarding the emotional, spiritual and psychological needs and preferences of consumers, and described how staff could assist them. Staff advised one to one support was provided to promote consumers’ emotional health.

Consumers confirmed they were supported to make connections through engaging in group activities with other consumers. Care documentation evidenced the activities of interests to consumes were captured. Consumers were observed accessing the community to socialise and engage in activities, including with other family members.

Staff said information about consumers documented within the electronic care management system and shared as relevant, for example, changes to dietary needs were shared with kitchen staff. Consumers felt information regarding their preferences were effectively communicated between staff. Care documentation was accessible to staff, and identified consumers’ condition, needs and preferences.

Consumers gave examples of referrals made to meet emotional and social needs. Care documentation confirmed the collaboration with external organisations and individuals to meet the diverse needs of consumers. Staff described the various organisations and volunteers they partnered with for referral.

Consumers provided positive feedback regarding the quality, quantity, and variety of the meals they received. Consumer input was sought into development of the menu, and said they could see how suggestions from the food focus group were incorporated, and staff said options were available at lunch and dinner and alternates and after hours snacks could be provided. Care documentation evidenced the dietary needs and preferences of consumers were captured and accessible to staff.

Staff described the process to log a maintenance request to ensure equipment was maintained and suitable for consumers. Consumers confirmed their mobility equipment was regularly cleaned, and any issues were promptly addressed. Maintenance logs evidenced requests were addressed in a timely manner, and preventative maintenance was up to date.

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

Consumers and representatives confirmed the service environment was safe and welcoming. Staff advised walkways were kept free of obstructions and hazards, and if a hazard was identified it would be promptly actioned. The service environment was observed to be well furnished with multiple areas available for consumers to meet with their friends and family to socialise.

Consumers said the service environment was safe and well maintained, and they could move freely throughout the service. Preventative and scheduled maintenance records evidenced identified issues were resolved in a timely manner. Staff advised communal areas were cleaned on a daily basis and consumers’ rooms were cleaned weekly.

Consumers confirmed maintenance issues were responded to in a timely manner. Staff outlined the process to lodge a maintenance request to ensure equipment was suitable for use. Furniture, fittings, and equipment were observed to be clean, safe, and well maintained.

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

Consumers felt encouraged and supported to provide their complaints and feedback, and advised management were welcoming and accommodating of their suggestions. Management described the various avenues available to consumers and representatives to provide feedback, including through feedback forms, during meetings, and by phone or email. Consumer meeting minutes evidenced consumers were engaged in meetings with opportunities to provide feedback.

Consumers were aware they could contact external complaint organisations to assist them to raise their complaints. Posters and pamphlets regarding advocacy services were accessible within communal areas. Staff demonstrated an understanding of interpretation services available to consumers with communication barriers.

Consumers and representatives provided examples of complaints they had made, and said appropriate action was taken. Staff confirmed they would be honest with consumers and representatives in response to adverse events, and would document the complaint in line with the principles of open disclosure. The complaints register evidenced all complaints were acknowledged and open disclosure practices were applied when discussing and resolving the complaints with consumers and their representatives.

Consumers and representatives confirmed feedback and complaints were used to improve care and services and provided examples of responsive changes implemented. The continuous improvement plan evidenced feedback was used to improve the quality of care and services. Management advised feedback and complaints were reviewed for trends on a bi-monthly basis, and service improvements were added to the continuous improvement plan for ongoing monitoring.

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

Consumers confirmed there were enough staff to meet their needs, and their calls for assistance were answered promptly. Staff said staffing levels were sufficient to attend to consumers’ care needs, with strategies to cover vacant shifts through permanent staff or regular agency staff. Rostering documentation evidenced a sufficient number and mix of staff were available to support consumers and adjusted in response to consumer needs, with ongoing recruitment strategies to ensure sufficiency.

Consumers and representatives confirmed staff were kind, courteous and respectful. Staff demonstrated an in depth understanding of consumers’ life histories and what was important to them. Training and policies supported provision of respectful and inclusive care.

Management confirmed they tracked and ensured staff had the appropriate qualifications, criminal history checks, and visa status to undertake duties outlined within position descriptions. Consumers and representatives felt staff were competent and had the required knowledge to perform their roles. Personnel records confirmed staff had current registrations for their respective roles with monitoring of competency through observation, feedback, and performance reviews.

Staff confirmed they received trained on skills such as manual handling, open disclosure, serious incident reporting, restrictive practices, and antimicrobial stewardship in order to ensure delivery of safe and effective care. Management advised staff received face-to-face and online training which was to be completed on an annual basis. Consumers were confident staff were skilled to meet their needs, and have observed staff receiving ongoing training.

Staff were aware of the annual performance appraisal process, and said they were provided an opportunity to reflect on their performance and receive feedback from their supervisor. Management advised performance appraisals were completed after 3 and 6 months of employment for probationary staff, and on an annual basis thereafter. Personnel records evidenced performance appraisals were completed in accordance with scheduled dates, with outstanding appraisals attributed to staff on annual leave.

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

Consumers considered the service was well run, and they were asked to provide their input into how care and services were delivered. Management advised a consumer advisory body had been created, and consumers were invited to participate. Consumer meeting minutes evidenced positive consumer engagement into the delivery of their care and services.

Management advised they met regularly with the governing body to keep them informed of any feedback and incidents. The governing body monitored and reviewed routine reporting data regarding clinical indicators and consumer experience which was benchmarked across the organisation. Consumers said they felt safe, and lived in an inclusive environment with access to quality care and services.

Policies and procedures guided staff practice on continuous improvement, information management, financial and workforce governance, regulatory compliance and feedback and complaint management. Staff confirmed they had access to policies and other documents relevant to their roles through the intranet. Senior management monitored and reviews routine reporting and analysis of data related to complaints, continuous improvement, financial budgets, workforce requirements, and changes in regulation and compliance. The Board then ensured systems and processes were in place to provide safeguards and deliver care in accordance with the Quality Standards.

Management confirmed incidents were analysed to identify trends, leading to care and service improvements for consumers. Staff demonstrated an understanding of elder abuse and neglect, and their responsibilities for mandatory reporting within the Serious Incident Reporting Scheme. An electronic reporting system was used to document incidents and reviewed on a monthly basis.

The Board ensures the implementation of robust clinical governance arrangements by training and empowering the workforce and practitioners to deliver safe, quality care, monitors, audits and analyses clinical care performance data as a priority, and delegates responsibility to the senior executive and relevant committees to action and steward. The organisation has policies, procedures, monitoring processes, access to specialist staff, and other tools supporting effective clinical governance in place to guide staff.

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)