Performance

Report

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| Name of service: | Performance report date: |
| Churches of Christ Petrie Gardens Aged Care Service | 30 June 2022 |
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| Approved provider: | Activity date: |
| Churches of Christ in Queensland | 6 June 2022 to 7 June 2022 |

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 Petrie Gardens Aged Care Service (**the service**) has been considered by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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, representatives and others.
* other information and intelligence held by the Commission in relation to the service.

# 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 felt they were always treated with dignity and respect. Staff described consumers’ culture, preferences and how they facilitated activities which were culturally important to individuals. Care planning documents reflected important details of a consumers’ identity and cultural practices, including religious and spiritual needs.

Consumers felt supported to make decisions in their lifestyle choices including which family or friends were involved in their care. Staff were aware of the risks taken by consumers and described how they supported consumer’s wishes to take risks to live the way they chose. Risk assessments and mitigation strategies were documented in consumer’s files.

Timely, accurate information was provided to consumers and representatives to make choices regarding care and lifestyle activities. Staff were observed interacting kindly and adapting communication styles to ensure consumers understood.

Consumers said care and services were undertaken in a way which respects their privacy; staff were observed knocking on doors before entering, confidential information was secured in a password protected electronic management system and consumer’s paper-based records were stored in a locked office.

# 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 confirmed they were involved with the assessment and planning of care and services, including the identification of risk for the consumer. Staff described how they used assessment and planning to inform how they delivered safe and effective care.

Consumer needs, goals and preferences were initially assessed when entering the service, when circumstances changed or when incidents occurred; reviews otherwise occurred every 3 months.

Care plans evidenced consultation occurred with relevant parties including medical officers, allied health professionals or medical specialists during assessment and planning. Staff advised advance care and end of life care needs were discussed and documented when the consumer and/or representative wished and when care needs changed; a palliative care specialist was involved in assessment and planning of end of life care and visits. Consumers and representatives said staff explained information about the consumer’s care and services and they could access the consumer care plan when they wanted to.

Policies and procedures guide staff practice regarding assessment and care planning for consumers including guidelines on the entry process and timelines for assessments and care plan completion.

# 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 said they received personal and clinical care which was safe, right for them and was tailored to their individual needs. Consumers considered they had access to medical officers, allied health professionals and medical specialists when needed and staff described other services available onsite and through external providers to optimise consumers’ health and wellbeing. Referrals to other services were documented in progress notes and followed up by staff; the service had procedures to guide staff on referrals to health professionals.

Care planning documentation showed high impact and high prevalence risks were effectively managed by the service and the organisation had policies and procedures to guide staff in the provision of care; including restrictive practice, skin integrity, pain and falls management; these were available to staff electronically including information on best practice handling of consumer deterioration. Staff were aware of their responsibilities in managing risks and described various risk minimisation strategies used in providing effective care. Wound management documentation evidenced skin integrity and wound care was delivered appropriately. Pain management was addressed through assessment, monitoring and tailored medication and strategies. The service had a documented risk management framework guiding how risk was identified, managed, recorded and key clinical data was used to inform improvements.

Care planning documentation identified consumers were receiving safe and effective personal and clinical care including at end of life and in accordance with the needs, goals and preferences of consumers. Consumers and representatives felt the service would support them when the consumer needed end of life care, assisting them to be as pain free as possible and have those important to them, with them.

Clinical records indicated changes in a consumer’s condition were responded to in a timely manner, this was confirmed by representatives who said staff were very responsive to any changes in care or condition and they were kept well informed of any concerns. Staff described how changes in consumer care were communicated via care plans, communication books, handovers and staff meetings; these showed adequate information was shared between staff and others to support care; consumers confirmed their care needs were effectively communicated between staff.

The service had policies and procedures to minimise infection-related risks. Staff demonstrated an understanding of antimicrobial stewardship and provided examples of how they minimised the need for or the use of antibiotics to ensure they were used appropriately. Staff received training in support of good infection minimisation strategies. Staff were observed following relevant infection control practices.

# 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 considered they received the services and supports for daily living important for their health and well-being and enabled them to do things of interest to them such as participating in activities at the service and outside in the community. Consumers and representatives said they were supported to remain connected to those important to them and received supports which promoted each consumer’s emotional, spiritual and psychological well-being.

Staff described ways in which they shared information and were kept informed of the changing condition, needs and preferences for each consumer through handover processes and information available on the electronic care management system. Care planning documentation demonstrated other individuals and external organisations were involved when providing lifestyle supports which supplemented lifestyle activities available at the service.

Care planning documentation recorded the dietary needs and preferences of consumers; consumers confirmed meals were suitable in variety, quality and quantity. Consumers said the service was responsive to consumer feedback including adjusting portion sizes and offering menu options. Menu options were observed for each meal and alternatives listed.

Equipment used to support the lifestyle needs of consumers including mobility aids was suitable for their needs, clean and well maintained. The service’s internal processes monitored the cleanliness and general condition of equipment which was replaced or repaired when required.

**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**

Consumers said they felt they belonged in the service, were safe and comfortable. The service environment was observed to be welcoming and easy to navigate with shared communal areas for consumers to interact. Consumers could access internal and external areas of the service areas freely, including the service’s garden areas.

The service’s maintenance program included scheduled, periodic and reactive maintenance of the service environment. Staff had a shared understanding of how they responded to the identification of an incident, how to action a maintenance issue and how they ensured equipment is clean and safe for use.

Consumers were observed accessing a range of equipment aids and reported furniture, fittings and equipment were safe, clean and well-maintained. Staff confirmed they had access to an adequate supply of clinical and care equipment which was cleaned between use when shared between consumers.

**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

Consumers and representatives said they felt encouraged and supported to give feedback and make complaints and were confident appropriate action would be taken. Consumers and representatives knew how to provide feedback on care and services including submitting a feedback form and provided examples of how their feedback had been used to improve services such as adjusting portion sizes.

Staff described how they encouraged consumers to raise concerns and how they respond if they receive any complaints or feedback from consumers. Staff described the advocacy and language services available in the service and described the open disclosure process. Staff noted appropriate action is taken following a complaint.

Feedback and complaints forms, a complaints and feedback box and posters to assist consumers and staff with raising concerns and complaints, including to external bodies were available within the service environment. The service’s open disclosure policy provided guidance to staff on complaints management and the complaints register, included representative and supplier compliments, complaints and feedback.

**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 considered they received quality care and services when they need them from people who were knowledgeable, capable and caring. Consumers and representatives confirmed there were enough staff to meet their needs and staff had appropriate skills and qualifications to ensure delivery of safe, quality care and services. Consumers said staff were prompt to respond to their requests for assistance, were always kind and respectful during their engagement with them.

Staff reported the workforce at the service is consistent and appropriately planned to enable the delivery of care and services to consumers. Staff described the service as small and with consumers generally highly independent, without complex care needs and mobile, as such, they were able to move between different areas quickly while attending to consumer needs promptly. Consumers confirmed not needing to use the call bell however the service is upgrading the call bell system to allow connection to information technology and automated reporting.

Staff explained how the service provided mandatory training which included; restrictive practices, open disclosure and the Serious Incident Response Scheme, through targeted internal sessions. Staff described the staff performance appraisal process used at the service and management also confirmed the service undertook annual performance appraisals. The service had an onboarding process which included induction, buddy shifts, appraisals and feedback sessions for new staff members as well as mandatory training modules, monitored by management.

The Assessment Team reviewed internal policies and resources which outlined staff expectations and provided further guidance material for staff and managers on performance management, education and professional development.

**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

Consumers considered the organisation is well run and they could partner in improving the delivery of care and services. Consumers and representatives felt the service communicated with them regularly and encouraged them to contribute to changes and developments within the service through consumer meetings and regular surveys. Staff described how they seek consumer feedback and involvement when purchasing new items for the service such as towels and bedding. Consumers felt confident their recommendations and feedback provided about improvements, would be taken seriously by the service.

The service described the Board’s active oversight of the organisation; management provided regular and direct reports to the Board relating to clinical governance and risk management, monthly quality audits were monitored by a clinical governance team and best practice standards applied when reviewing policies and procedures.

The service demonstrated there were effective organisation-wide governance systems in relation to information management, continuous improvement, financial governance, regulatory compliance and feedback and complaints. The service provided evidence of a risk management framework, which included policies on high impact and high prevalence risks, abuse and neglect, mandatory reporting and supporting consumers to take risks. The service had a clinical governance framework, an antimicrobial stewardship policy, a policy regarding the minimisation of the use of restraint and an open disclosure policy. Staff had been educated about the policies and provided examples of the relevance to their work.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018 [↑](#footnote-ref-2)