Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Churches of Christ Stanthorpe Aged Care Service |
| Commission ID: | 5644 |
| Address: | 9-15 Alice Street, STANTHORPE, Queensland, 4380 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 22 August 2023 |
| Performance report date: | 26 September 2023 |
| Service included in this assessment: | Provider: 370 Churches of Christ in Queensland  Service: 7243 Churches of Christ Stanthorpe 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 Stanthorpe Aged Care Service (**the service**) has been prepared by P. Golledge, 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 Assessment Contact - Site; the Assessment Contact - Site 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 assessment team’s report received 12 September 2023
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

|  |  |
| --- | --- |
| Standard 3 Personal care and clinical care | Not Compliant |
| **Standard 5** Organisation’s service environment | **Not applicable** |
| **Standard 7** Human resources | **Not applicable** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Effective systems and processes are required for managing changing behaviours for consumers who are subject to restrictive practices in line with legislative requirements.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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. | Not Compliant |

Findings

The changed behaviours of consumers have not been effectively managed to optimise the health and well-being of consumers.

Behaviour support plans did not include individual strategies for six named consumers with changing behaviours including physical and verbal aggression and exit seeking behaviour.

The behaviour support plan for one named consumer did not include individualised strategies to guide staff practice. Care documentation for this consumer identified on five occasions in August 2023 they exhibited changed behaviours including verbal and physical aggression and made two other named consumers feel unsafe. While the behaviour support plan for this consumer was last reviewed on 2 June 2023, strategies were not individualised, and the consumer continues to exhibit changed behaviours.

For one named consumer who was reviewed by a dementia specialist organisation in February 2023 following an escalation of their changing behaviours, recommendations including identified triggers and interventions suggested by the specialist services were not included in the consumer’s behaviour support plan. Staff did not demonstrate an understanding of the recommended interventions and the consumer continued to display these behaviours.

Where restrictive practices were applied, the service did not demonstrate for five named consumers any alternatives that were trialled prior to the administration of a chemical restraint. Staff were unable to demonstrate strategies to manage consumers with changing behaviours, apart from administering chemical restraint.

Whilst progress notes identified changed behaviours of consumers were documented inconsistencies were identified in reporting consumers changed behaviours in the service’s incident management system.

The Approved provider in its written response has not refuted the information contained in the report and has acknowledged the deficits identified during the Assesment contact, and there were gaps in the effective management of consumers’ changed behaviours and behaviour support plans did not include individualised strategies to mitigate consumer behaviour prior to the administration of a chemical restraint.

The plan for continuous improvement submitted by the Approved provider includes but is not limited to the following actions to address the deficits in this Requirement:

* Care consultation with one named consumer and their representative has occurred and the named consumer has been transferred to a behaviour support unit for a review of their behaviours of concern.
* Staff education to be provided by Dementia Support Australia pertaining to the management and de-escalation of behaviours of concern is scheduled for 12 and 14 September 2023.
* Education for registered staff on developing individualised behaviour support plans.
* Training for staff on reporting of incidents.
* Education for care and registered staff on non-pharmacological alternatives to be trialled prior to the use administering of a chemical restraint. Education for staff on reporting of incidents involving the changed behaviours of consumers.
* Review of behaviour support plans for six named consumers and information from specialist from organisations relating to interventions and recommendations to be included in consumers behaviour support plans.

I acknowledge the responsiveness taken by the Approved provider to address the deficits identified in this Requirement including actions to strengthen care delivery in relation to restrictive practice, reporting of incidents and behaviour support plans to improve consumer outcomes, however these actions are yet to be fully implemented and evaluated for effectiveness. Therefore, it is my decision that this requirement is Non-compliant.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | |  |
| 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 |

Findings

Consumers felt the service environment is kept clean and they can move freely indoors and outdoors. However, 2 consumers expressed concerns regarding not feeling safe due to the changed behaviours of another consumer causing disruptions during mealtimes; this feedback was confirmed by staff. The designated smoking area outside the service’s memory support unit was observed as not being utilised or equipped appropriately, with staff confirming consumers smoke in the patio area instead.

The Approved provider did not refute the information in the Assessment Contact report and provided additional information and evidence of actions taken in response to the gaps identified including:

* An apology from management, consultation with, and reassurance to, the 2 named consumers in relation to them feeling unsafe and the disruptions during their mealtimes.
* The designated smoking area has been equipped with a fire extinguisher, fire blanket, smoking aprons, signage and ash trays.
* Signage placed on the patio area of the memory support unit indicating it is a non- smoking area.
* Communication sent to all staff and discussions at a staff meeting held when? regarding the designated consumer smoking area to be utilised when supporting and supervising consumers who choose to smoke.

In coming to my decision of Compliance in this requirement:

* in relation to consumers not feeling safe in their living environment I have considered the actions by the Approved provider in Requirement 3(3)(a).
* the service has actioned safety measures including the purchase of fire equipment and provided communication to staff in relation to ensuring consumers utilise the designated smoking area.

I, therefore, find this Requirement is compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 |

Findings

Consumers and representatives said there are enough staff at the service to meet consumers’ needs and staff respond to call bells promptly.

Staff were observed responding to call bells in a timely manner.

Staff working in the service’s memory support unit said whilst they are generally able to deliver care and services required to meet consumers’ needs, at times an additional care staff shift is needed to support personal cares for consumers in the mornings, support consumers with morning meals and manage changed behaviours of consumers.

The Approved Provider responded to the Assessment contact report providing additional information and evidence confirming 2 additional permanent care staff shifts have been allocated to the service’s memory support unit on a daily basis commencing at the beginning of the next roster period, including one morning shift and one afternoon shift.

In coming to my decision of Compliance in this requirement, I have considered consumer and representative feedback, and the immediate actions implemented by management in increasing staffing numbers in the service’s memory support unit.

I, therefore, find this Requirement is compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)