Performance

Report

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| Name of service: | Performance report date: |
| Churches of Christ Toowoomba Aged Care Service | 27 September 2022 |
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| Approved provider: | Activity date: |
| Churches of Christ in Queensland | 2 August 2022 to 4 August 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 Toowoomba Aged Care Service (**the service**) has been considered by Melissa Frost, 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 said they were able to express their cultural identity and interests, and were satisfied staff were supporting them to meet their cultural preferences. Staff demonstrated knowledge of consumers as individuals, such as their backgrounds, and described how they deliver tailored care with this in mind.

Care and service delivery were demonstrated to be culturally safe, with consumers feeling supported to maintain their identity and do things that are meaningful to them. Staff were aware of consumers’ preferences, culture, values, and beliefs and explained how those preferences influence how they deliver care.

Consumers said they were supported to make and maintain connections or relationships with others both within and outside the service. Staff reported they support consumers to make choices and provide support in how to achieve their goals.

Consumers said they were supported to do things which enhance their overall well-being, including activities which may involve risk. Staff could describe how they identify, mitigate and minimise risk to support consumer choice and dignity of risk. Documentation for relevant consumers’ included risk assessments and intervention strategies which had been developed in consultation with them and other health professionals.

Consumers said information provided to them is timely and supports them in making choices. Staff described ways of providing information to consumers including through notices and newsletters.

Consumers confirmed their privacy and dignity was upheld, including through knocking before entering and using privacy screens. Staff described how they maintain consumers’ privacy and confidentiality. Consumer information was observed to be securely stored.

# 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

Care planning documentation showed initial and ongoing assessments were completed in partnership with the consumer, their representative and other relevant health professionals. Consumers’ current needs, goals and preferences are assessed. Advance care and end of life preferences are discussed. Staff described how they identify risks and the interventions and services in place to support consumers to meet their goals.

Consumers said they are offered a copy of their care plan. Consumers and their representatives confirmed staff explain assessment and planning outcomes.

Care planning documentation showed care plans are reviewed every 3 months, when consumers’ circumstances change or following an incident. Staff provided examples of conducting a review based on changing circumstances.

# 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

Care planning documents reflected consumers receive personal and clinical care that is tailored to their needs and is best practice. Staff demonstrated an understanding of consumers’ personal and clinical care needs in line with care planning documents. Staff described how they monitor and observe consumers to ensure their health and wellbeing is optimised.

Care plans showed high impact or high prevalence risks for consumers were identified and interventions to manage these risks were applied. Staff described strategies used, consistent with care planning information.

Consumers said their end of life needs and preferences are met, and comfort is maximised. Staff described how they maintained consumers’ privacy during end of life care.

Staff said they recognise and respond to deterioration or changes and escalate or refer to other providers as needed. Care planning documentation showed identification and response to deterioration or changes in consumers’ condition and health status.

Consumers and their representatives said consumers’ needs and preferences are effectively communicated, and they receive the care they need. Staff described how information is shared and documented when changes occur, including with external providers. Care documentation, including care plan summaries and progress notes, provide adequate information to support effective and safe sharing of the consumer’s condition, preferences, and care needs.

Care plans reflected timely and appropriate referrals are made to other providers, including after changes or incidents.

Staff described how they minimise infection related risks and manage appropriate use of antibiotics.

# 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 described how the service supports their interests and delivers services according to their preferences. Staff described consumers’ interests and preferences. Care planning documentation identified consumers’ choices and provided information about the services and supports consumers needed to do the things they want to do.

Consumers said they felt connected and engaged in meaningful activities. Staff provided examples of supporting consumers’ emotional and psychological well-being. Care planning documentation recorded consumers’ individual emotional support strategies and how these are implemented. A chaplain and other religious services are available to support consumers’ spiritual needs.

Consumers said they felt supported to participate in activities within the service and in the outside community as they chose. Consumers maintain social and personal connections, including through activities that are tailored and adapted to suit their needs.

Consumers said they are provided services consistent with their care needs and staff are aware of their needs and preferences. Staff advised information, changes, and other needs are shared at handovers and via the electronic care planning system.

Consumers said when the service is unable to provide suitable support, they are appropriately referred to an external provider. Care planning documentation showed the service collaborates with external providers to support the diverse needs of consumers.

Overall consumers and their representatives expressed satisfaction with the variety, quality and quantity of food. Consumers contribute to development of the menu and provide feedback on meal quality. Staff described how they meet consumers’ dietary needs and preferences and follow processes to ensure food safety requirements are met.

Consumers said they feel safe when they are using the equipment and they know how to report any concerns they have. Equipment was observed to be safe, suitable, clean, and well maintained. Staff described cleaning processes and undertake ongoing monitoring to ensure items are fit for purpose.

# 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 feel at home at the service, they feel safe and they belong. The service environment was observed to be friendly and welcoming, consumers’ rooms were personalised and sufficient lighting, signage and handrails were available to support free movement.

The environment was observed to be safe, clean, well maintained and comfortable. Regular maintenance is completed according to a planned schedule, or in response to reports raised by staff or consumers. Consumers said the service is clean, including their rooms, and maintenance is timely.

The furniture in the communal areas and consumers’ rooms was observed to be comfortable and suitable for purpose. Consumers and staff confirmed sufficient equipment is available. Mobility aids were observed to be in reach of consumers and were maintained and cleaned regularly. Staff described how they knew the equipment was safe and appropriate for consumers, and how to request maintenance.

**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 their representatives said they feel encouraged, safe, and supported to provide feedback and make complaints, and they are able to do so anonymously or with the assistance of staff. Information is provided in the consumer handbook and on posters. Feedback forms and an electronic system are available, as well as meetings and surveys.

Consumers and their representatives said they are aware of advocacy and external services. Staff described how they assist consumers who have a cognitive impairment or difficulty communicating to raise a complaint or provide feedback. Information about advocacy and language services was displayed, and staff said they would assist consumers to utilise these services.

Consumers and their representatives said management promptly addresses and resolves their concerns following the making of a complaint, or when an incident has occurred, they confirmed staff provide an apology when things go wrong. The service’s feedback log reflected feedback and suggestions are documented and timely action is taken.

Consumers and their representatives described the changes implemented as a result of feedback and complaints, and said they are confident that these are being used to improve the quality of care and services. The service trends and analyses feedback and uses this to inform continuous improvement activities, such as improving the dining experience and laundry services.

**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 said there were enough staff to deliver safe and quality care, and call bells were answered promptly. Staff said that there were enough staff rostered and shifts were filled to ensure consumer care was not impacted.

Consumers confirmed staff were kind and caring, highlighting that staff treated consumers with respect and understood what was important to them. Staff were observed interacting kindly and respectfully at all times.

Consumers expressed confidence in staff competency. Staff said they had received position descriptions, and these aligned with their roles, skills and qualifications.

Staff are provided with comprehensive training relevant to their roles and responsibilities. Training completion is monitored.

Staff performance is monitored through annual reviews. Staff and management identify learning outcomes, needs, goals, training opportunities and challenges, with follow up strategies implemented.

**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 are engaged in the design, delivery and evaluation of services through consumer meetings, focus groups and care planning. The service supports consumers who cannot communicate verbally through use of images.

The organisation’s governing body meets regularly and receives reports regarding the service’s performance, and information is communicated regarding legislation, policies and procedures. The governing body drives changes to improve the quality of care and services based on consumer feedback, such as improvements to hospitality services.

The service demonstrated appropriate governance, including information management, opportunities for continuous improvement, financial governance, human resources and complaints management. Regulatory compliance is monitored and policies and procedures are updated. The organisation has up to date and relevant policies and procedures in place for all governance systems.

The service has a documented risk management framework. Staff are trained and knowledgeable in relation to incident reporting and management, and supporting consumers to live their best lives.

The service has a clinical governance framework that includes policies relating to minimising use of restrictive practices, antimicrobial stewardship and open disclosure. Staff understood their accountability and responsibility in line with the policies.

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