Performance

Report

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| Name: | Clayton Church Homes - Magill |
| Commission ID: | 6032 |
| Address: | 43 Fisher Street, MAGILL, South Australia, 5072 |
| Activity type: | Site Audit |
| Activity date: | 22 April 2024 to 24 April 2024 |
| Performance report date: | 17 May 2024 |
| Service included in this assessment: | Provider: 1219 Clayton Church Homes Inc  Service: 4049 Clayton Church Homes - Magill |

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 Clayton Church Homes - Magill (**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.

The Approved Provider did not submit a response to 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 found Compliant.

Consumers said they felt valued and respected, and confirmed staff were familiar with their identity, culture, and diversity. Care and service plans reflected the background and culture of each consumer. Staff interactions with consumers were observed to be kind and respectful.

Consumers advised staff were aware of their cultural backgrounds and needs and supported them to maintain connection to culture through relationships and activities. Staff confirmed consumers’ cultural background was discussed during their entry into the service, and this information was used to tailor care and services to meet cultural needs. Care and service plans evidenced the cultural needs and preferences consumers of consumers.

Consumers confirmed they were supported to exercise choice and independence and make decisions regarding who was to be involved in their care. Staff described how they assisted consumers to make decisions regarding their care and services by providing them with relevant information and support. Care and service plans captured consumers’ care delivery choices, who participated in their care, and how they were to be supported to maintain relationships of importance.

Consumers and representatives confirmed consumers were supported to engage in preferred activities which contained an element of risk. Care planning documentation evidenced risk assessments were completed in consultation with consumers and representatives, and risk mitigation strategies were documented. Staff were aware of the risks taken by consumers, and the strategies implemented to promote consumer safety.

The activities schedule, menus, and newsletters were observed to be displayed and accessible in consumers’ rooms and throughout the service. Consumers confirmed they received current information which was easy to understand and presented in alignment with their communication preferences. Staff described how they provided consumers and representatives with information to support their decisions and engagement in their care.

Consumers confirmed their personal privacy was respected, and staff respected their preference to knock on their door and await a response prior to entry. Staff described how the service respects and protects consumers’ privacy and how confidential information is securely stored. The confidential information of consumers was observed to be stored securely, and handovers discussing personal information were conducted in private.

# 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 found Compliant.

Care planning documentation evidenced risks were to the consumer’s well-being were assessed and identified, and strategies were planned to minimise those risks. Management advised staff were guided by checklists to assess care needs and key risks to consumers during their entry into the service. Consumers and representatives confirmed the assessment and planning process identified risks to consumers, and they reported risk mitigation strategies were effective.

Consumers and representatives advised they had discussed consumers’ needs, goals, and preferences with staff, inclusive of their end of life wishes. Management confirmed end of life care goals were discussed with consumers on their entry into the service, during care and service plan reviews, and when deterioration was identified. Care and service plans evidenced advance care planning information and consumers’ current goals, needs and preferences were documented.

Care planning documentation evidenced input from consumers, representatives, medical officers, and allied health professionals. Consumers and representatives confirmed assessment and planning processes were completed in partnership between them, staff, and other involved health professionals. Management advised consumers and representatives were engaged in the assessment and planning process during the consumer’s initial entry into the service, and through case conferences conducted for care and service plan reviews.

Consumers and representatives confirmed they were informed of assessment outcomes and changes to care and services and were provided a copy of the care and service plan. Management advised care and service plans were provided to consumers and their representatives during reviews or upon their request. Documented processes outlined points of contact with consumers and representatives during the entry process, including providing copy of care plans at weeks 3 and 6 after entry.

Care and service plans evidenced reviews occurred on a regular basis, when incidents occurred, or when consumers’ circumstances changed. Consumers and representatives reported they received regular communication during care and service plan reviews, and staff were responsive to changes in consumers’ health. Staff advised care and service plans were reviewed for effectiveness on a regular, 6-monthly basis or in response to changes and incidents.

# 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 found Compliant.

Consumers and representatives provided positive feedback regarding the standard of personal and clinical care received by consumers. Care planning documentation evidenced best practice care was provided to consumers in relation to sampled areas of restrictive practices, pain interventions, skin integrity and medication management. Staff demonstrated knowledge of consumers’ personal and clinical care needs, and the tailored supports required to ensure these needs were met.

Care planning documentation identified individual risks to consumers and the strategies in place to mitigate these risks. Management advised the key risks to consumers, and described how these risks were identified and managed in accordance with relevant policies. Representatives confirmed high impact risks, including falls, were effectively managed and mitigated.

Policies and procedures were in place to guide staff practice to deliver palliative and end of life care. Staff described the palliative care pathway when signs of deterioration are identified, and confirmed the advance care planning wished of consumers are respected. Care planning documentation for a late consumer evidenced provision of end-of-life care aligned to planned needs and preference around comfort, pain, and spiritual supports.

Care planning documentation evidenced deterioration and changes in consumers’ health were recognised and responded to in a timely manner. Consumers and representatives confirmed staff were responsive to deterioration in consumers’ health and well-being. Staff described monitoring for change in consumer condition through daily interactions and reviewing documentation, and escalation pathways for assessment and response in line with documented guidelines.

Consumers and representatives felt there was effective communication between staff, and they were well informed of consumers’ needs. Staff advised information regarding the consumer’s condition, needs, and preferences was communicated during handovers and documented within the electronic care management system. Staff were observed during handover to share information, take notes, and ask clarifying questions to ensure understanding of consumer needs.

Care planning documentation evidenced referrals to allied health professionals and medical officers were made in response to changes to the consumer’s condition. Staff demonstrated knowledge of referral processes and confirmed they had access to a range of allied health professionals. Policies and procedures outlined the organisational commitment to work in partnership with external providers of care and services.

Consumers and representatives reported staff followed infection control protocols, including undertaking hand hygiene and wearing personal protective equipment. Staff described how they ensured the appropriate use of antibiotics by obtaining pathology results prior to the commencement of antibiotics. Handwashing stations were observed throughout the service, and staff were observed to practice appropriate 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 found Compliant.

Consumers confirmed services and supports for daily living meet their needs, goals and preferences and maintained their independence. Care planning documentation captured information relevant to each consumer’s interests, preferences, and needs.

Consumers confirmed staff were aware of their religious and spiritual needs, and consumers were supported to attend the weekly church service. Staff described signs that may indicate consumers were feeling low, and the supports they would provide to them, including spending one-to-one time with them, encouraging them to engage in activities, or going for a walk with them. Care planning documentation contained information on consumers’ religious beliefs and the supports required to practice their faith.

Consumers advised they were supported to maintain relationships and engage within the external community. Staff confirmed they encouraged consumers to maintain their relationships by assisting them to make phone calls, welcoming family visits and respecting existing relationships. Care planning documentation outlined consumers’ relationships of importance and preferred activities, and these were used to identify activities included within the schedule.

Consumers confirmed their needs and preferences were effectively communicated between staff and with external providers of care. Staff were observed to share consumer information during handover meetings. Staff in various roles advised how they were kept informed about changes in consumers’ condition through handover, electronic messages, discussions with other staff members and by accessing the electronic care management system.

Consumers said they received supports from external organisations and services, including volunteers. Care planning documentation showed timely referrals and the involvement of a range of external services to meet needs of consumers. Staff advised they referred to various external organisations to support consumers’ needs.

Consumers and representatives provided positive feedback regarding the quality and variety of meals provided to consumers. Care planning documentation evidenced consumers’ dietary needs and preferences were captured. Staff advised the service had a 4-weekly seasonal menu considered consumer suggestions and feedback and included at least 2 meal choices for lunch and dinner.

Consumers and representatives confirmed provided equipment was clean and well maintained. Maintenance documentation evidenced any identified issues were addressed in a timely manner. Staff advised they had access to the equipment needed to support consumers, and confirmed they cleaned equipment after use.

# 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 found Compliant.

Consumers said they felt at home within the service and could decorate their rooms with their personal belongings. Corridors were observed to contain handrails to assist consumers to mobilise throughout the service. Staff advised they assisted consumers to feel welcome within the service by supporting them to personalise their rooms, including with the use of nameplates identifying preferred names.

Consumers said the service environment was clean and well maintained, and they were able to freely access the indoor and outdoor areas. Maintenance and cleaning documentation evidenced the regular cleaning of the service environment and maintenance issues were promptly identified and addressed. Staff described how the service environment was cleaned and maintained, and how consumers were supported to move freely throughout the service.

Consumers confirmed their furniture and equipment was safe, clean, well maintained, and suitable for their needs. Staff advised shared equipment was cleaned after each use, and described how they logged maintenance requests through the electronic management system. The preventative maintenance schedule evidenced equipment was serviced within scheduled timeframes.

# 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 found Compliant.

Consumers and representatives confirmed they felt comfortable to provide feedback and complaints. Management and staff described the various avenues available to consumers and representatives to provide feedback, including through meetings, feedback forms, care and service plan reviews, or directly with staff. Feedback forms and boxes were accessible throughout the service, and lodgements were able to be made anonymously.

Consumers and representatives were aware they could access external advocacy services to assist them to raise a complaint, including through the Commission. Management advised consumers and representatives were referred to advocacy and language services when required, and these supports were promoted through pamphlets, posters and information within the consumer handbook. Information regarding translation and advocacy services was observed to be displayed throughout the service.

Consumers and representatives confirmed prompt action was taken in response to their complaints and said they were provided with an apology. Complaints data evidenced responsive actions were taken to resolve consumers complaints and open disclosure practices were applied. Procedures were in place outlining open disclosure principles, and the importance of having open and timely discussions with complainants to collaboratively resolve the issue and prevent similar issues from reoccurring.

Consumers and representatives confirmed their feedback and complaints has led to care and service improvements. Management advised feedback and complaints provided them with opportunities to improve the quality of care and services offered to consumers, and improvement initiatives were documented within the continuous improvement plan.

# 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 found Compliant.

Consumers confirmed there were enough staff to provide quality care and services. Management described how the workforce is planned to ensure the appropriate number and mix of staff are available to meet consumer needs, including ensuring the service meets the legislative requirements for care minutes and nursing hours. Staff stated the staffing levels were sufficient, and there were rarely any unfilled shifts. Monitoring processes were used to ensure sufficiency of staff to meet consumer needs in a timely manner.

Consumers and representatives reported staff were kind, caring and respectful when providing care to consumers. Management outlined policies, procedures, and training to guide staff interactions with consumer to be respectful and supportive of choices. Staff were observed to respectfully interact with consumers and explained how they developed understanding of consumer identity and culture.

Consumers and representatives confirmed staff were competent to perform their roles and meet the care needs of consumers. Personnel records evidenced staff had the appropriate qualifications, registrations and police checks for their respective roles. Management advised only appropriately qualified staff were employed, and documented position descriptions contained the key responsibilities, qualifications, knowledge, and experience for each role.

Staff outlined the various training and professional development they received, including on incident management, the Quality Standards, and infection prevention and control. Training data evidenced all staff were currently up to date with their mandatory training requirements. Management advised staff were trained through a robust induction and orientation program, and they received further training on an ongoing basis through capability training and professional development programs.

Management advised formal performance appraisals were conducted after 24 weeks for probationary staff, and then on an annual basis thereafter, with ongoing informal monitoring through observations, reviewing practice and documentation, and consumer feedback. Staff confirmed they completed an annual performance appraisal, and they were provided an opportunity to assess their performance and request further training. Appraisal data evidenced all performance appraisals were up to date. Processes were in place to support management of under performance.

# 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 found Compliant.

Consumers and representatives confirmed they were engaged in the development, delivery and evaluation of care and services, including through the Quality Care Advisory Committee and focus groups. Management advised consumers and representatives were engaged through consumer meetings, feedback processes, case conferences and direct conversations with staff. Meeting minutes evidenced consumers expressed and shared their feedback regarding the quality of care and services.

Consumers and representatives felt the service promoted a culture that was safe, inclusive, and professional. Management advised the governing body sought their input through the clinical governance process, and information was disseminated reciprocally between the governing body and management. The organisational chart evidenced a clear reporting structure between staff, management, executives, and the governing body.

Effective organisation wide governance systems, including policies and procedures for information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management were in place to guide staff practice. The information required for staff to perform their roles was accessible through the electronic information management system, and was further communicated through emails, newsletters, memos, and meetings. Management stated improvement opportunities were identified through the analysis of incidents, feedback, meeting minutes, and trends.

A range of policies and procedures were in place to guide staff practice in identifying, managing, and responding to risks, and supporting consumers to live the best life they can. Staff described their roles and responsibilities in the incident management process and confirmed they had received training in the identification of elder abuse and the Serious Incident Response Scheme. Management outlined the organisational commitment to support consumers to live their best life.

A clinical governance system and supporting policies relating to antimicrobial stewardship, restrictive practices and open disclosure guided and monitored staff practice. Staff demonstrated an understanding of these policies and how they were applied in practice. Management described their responsibilities and accountabilities in reporting and managing restrictive practices to ensure safe care for consumers.

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)