Performance

Report

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| Name of service: | Clayton Church Homes - Onkaparinga Valley |
| Service address: | 38 Nairne Road WOODSIDE SA 5244 |
| Commission ID: | 6847 |
| Approved provider: | Clayton Church Homes Inc |
| Activity type: | Site Audit |
| Activity date: | 2 May 2023 to 4 May 2023 |
| Performance report date: | 19 June 2023 |

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 - Onkaparinga Valley (**the service**) has been prepared by J Miaris, 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.

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

Consumers and representatives said consumers are treated with dignity and respect, with their culture and diversity valued. Consumers rooms were personalised and on admission the service gathers information about the consumers culture, their life story and identifies any needs or preferences regarding care and services which is documented in their care plan. The service had a diversity and inclusion policy and a diversity inclusion plan which had been developed by the governing body to ensure consumers are treated with dignity and respect, and staff value their identity, culture and diversity.

Consumers and representatives said care and services provided were culturally safe. Staff identified culturally and linguistically diverse consumers and provided information relevant to ensuring that each consumer receives the care that aligns with their care plan. Care planning documents included information on consumers’ background and culture, with assessments undertaken upon admission to the service and culturally significant days were incorporated into the activities schedule.

Staff described how consumers were supported to maintain relationships with people who are important to them. Consumers and representatives said they were involved in and supported to make decisions about their care, and maintain connections and relationships, both within and outside of the service. Care planning documents highlighted what was important to consumers, including when care is delivered, who is involved and how the service supports them to maintain relationships important to them.

Consumers said they were supported to take risks which enables them to live their best lives. Staff demonstrated knowledge of the consumers who wish to partake in risk activities. Care planning documents demonstrated risk assessments were completed in consultation with a medical officer and consumers or their representative in line with the service's risk management policies and procedures.

Consumers and representatives described how they receive current, accurate and timely information which assists them to make informed choices. Staff described how they communicate information to consumers and representatives. Information was displayed throughout the service to inform and support consumers and representatives to exercise choice.

Consumers and representatives reported consumers’ privacy is respected and described staff practices such as knocking on doors and announcing themselves prior to entry which was observed. Staff ensure confidentiality of consumers’ personal information by engaging in practices including locking nurse’s stations and securing access to electronic information systems which were password protected.

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

Consumers and representatives confirmed consumer’s needs, goals and preferences were well planned and staff took time to understand their support requirements. Care planning documentation detailed strategies and interventions and identified existing and potential risks to consumers. Staff said consumer risk was assessed using a range of tools, to ensure delivery of safe and effective care and services.

Consumers confirmed they were involved in care planning, staff were aware of their preferences, and they were consulted in end of life wishes. Assessment and care planning documentation reflected individualised, preference based care considerations. Staff identified specific care preferences for consumers with end of life arrangements that had been discussed with representatives when required. Documented policies and procedures were in place to guide staff, to assist with decision making and support the end of life journey for consumers.

Care planning documents reflected the involvement of consumers, representatives and other health professionals in the assessment and planning process. Staff described processes for partnering with consumers and their representatives in care planning, such as knowing who the consumer wishes to be involved. This was reflected in consumer and representative feedback.

Consumers and representatives said they are involved in regular reviews, and outcomes of assessment and planning if changes are made to the consumer’s care and services plan. The service said outcomes of assessment and planning are effectively communicated to consumers and representatives, documented in the care and services plan which is readily available to the consumer and those who are involved in their care. Staff explained how they effectively communicate outcomes of assessment and planning to consumers and their representatives.

Care planning documents evidenced they are reviewed on a regular basis and updated when circumstances change. Consumers and representatives said staff regularly discussed care needs with them, including when something happens which changes consumers circumstances, goals, or preferences, and implement the necessary changes to their care. Staff described processes for documenting changes in care to support the consumer’s needs, goals, or preferences.

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

Consumers and representatives said they are receiving care that is safe and right for them and meets their needs and preferences. The service had processes in place to manage restrictive practices, skin integrity and pain management which are in line with best practices. Care planning documents reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. For consumers subject to restrictive practices, care planning documents included informed consent and a behaviour support plan.

Management and staff described how they identify, assess, and manage risks, including implementing relevant strategies to minimise risks such as managing falls, pressure injuries, hydration and nutrition, medications, challenging behaviours, and restrictive practices. Consumers and representatives said staff explained risks to consumers and discussed possible strategies to manage risk. Staff explained how they were notified of high-risk consumers, kept informed and were aware of individualised care supports for consumers, risk management strategies, and referrals to provide appropriate care and services for consumers.

Consumers and representatives said they were confident consumers end of life preferences would be recognised and their comfort and dignity would be maintained. Care planning documents reflected consumers’ medical goals and end of life wishes. Staff described how they deliver end of life care to consumers in line with their needs, goals, and preferences and maximise their comfort during this time.

Consumers and representatives confirmed that deterioration in consumer health or function were recognised and responded to in a timely manner. Staff said, and care planning documents reviewed, detailed changes and responses to deterioration in health with increased monitoring, referrals, interventions, and assessment reviews. Management advised a clinical team oversee consumer health conditions and ongoing monitoring.

Consumers and representatives said consumers’ care needs and preferences were effectively communicated with those responsible for their care, and consumers receive the care they need. Care planning documents contained adequate information to support effective and safe sharing of the consumer’s information in providing care. Staff described how information about consumers needs, conditions, and preferences are documented and communicated within the organisation and with others where care is shared.

Consumers and representatives said referrals are timely, appropriate and occur when needed and consumers had access to a range of health professionals. Staff described the process for referring clinical matters to other providers and provided examples of consumers referred to other organisations and providers of other care and services. Care planning documents evidenced timely referrals occur when required.

The service had policies and procedures to guide staff in relation to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak. Consumers and representatives were satisfied with the service’s infection control practices. Staff demonstrated knowledge in these areas, including the steps they could take to minimise the need for antibiotics, and staff were observed engaging in appropriate practices in relation to infection prevention and control.

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

Consumers said they received services and supports for daily living that are important for their health and well-being, which enabled them to do the things they want to. Staff described activities tailored to support consumer’s own goals and needs and were aware of individual consumer preferences. Care planning documentation identified consumers’ choices and provided information regarding support consumers required to do the things they want to do.

Consumers said their emotional, spiritual, and psychological needs are supported. Staff said if they identify a change in a consumer’s mood or emotional need, they provide additional support such as one-to-one conversation. Care planning documents included information on consumers' emotional, spiritual and psychological well-being needs, goals and preferences.

Consumers and representatives said consumers are supported to stay connected with the people who are important to them, participate in the community within and outside the service, have social and personal relationships and do the things of interest to them. Care planning documents identified the people important to individual consumers and their activities of interest. Staff provided examples of consumers who were supported to maintain their relationships.

Staff described how communication of consumers’ needs and preferences occurs via care plans accessible in the service’s electronic care management system and at shift handovers. Consumers and representatives said consumers’ needs and preferences are well communicated within the organisation and with others where responsibility for care is shared.

Staff described referral processes to other providers of care and services, and how the service worked with external organisations to support the delivery of best practice care and services. Consumers confirmed the service offers referrals to external providers to support their care and service needs. Documentation evidenced referrals were completed for a range of external services to support consumers independence, health, and well-being.

Consumers and representatives were satisfied with the quality, quantity, and variety of meals provided at the service and any feedback they provide is acted upon. Staff said they ensured consumer choices were supported and detailed how they met individual consumer dietary needs and preferences. Care planning documents included dietary needs and preferences of consumers.

Equipment which supports consumers to mobilise and engage in lifestyle activities was observed to be suitable, clean, and well-maintained. Consumers said equipment is safe, clean, and suitable. Staff described how equipment is kept safe, clean, and well-maintained.

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

Consumers said they felt at home at the service. Staff advised how they support consumers to customise their rooms and promote a sense of belonging and independence. Consumers were observed engaging in activities and utilising communal areas inside and outside. The service had navigational signage, with handrails to assist with accessibility to different areas of the service.

Consumers said the service environment is clean and well maintained and they are able to move around freely both indoors and outdoors. Staff described the process for cleaning, documenting, reporting, and attending to maintenance issues. Documentation demonstrated cleaning and maintenance processes are completed in a timely manner.

Consumers said furniture, fittings and equipment were safe, clean, well maintained, fit for purpose and readily available. Staff described how to log maintenance requests and staff confirmed the maintenance log was checked, prioritised and actioned daily. Documentation indicated effective cleaning and maintenance management.

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

Consumers and representatives said they were comfortable providing feedback in person directly to management or staff, via forms, or at meetings. Feedback forms and secured boxes were observed throughout the service and meeting minutes reflected consumer feedback from multiple sources. Staff described the feedback and complaints process and how they assist consumers if requested.

Consumers said they were aware of other ways of raising complaints and advocacy services if needed. Staff were aware of the process to engage advocacy and language services should a consumer require them. Management said consumer welcome packs and newsletters contained contact details for a range of services including advocacy services. Documentation and observations evidenced the service engages in actively promoting advocacy services with information easily accessible to consumers and representatives, including information posters on noticeboards.

Consumers and representatives confirmed management investigated and responded to complaints in a timely manner, apologising when things went wrong. Staff described actions taken in response to complaints, including investigation, explanations, and open disclosure. Management said staff are provided education in relation to managing feedback and open disclosure. Documentation evidenced the service actioned and practised open disclosure when resolving complaints.

Consumers and representatives reported the service has made improvements to care and services based on feedback and complaints raised. Management described processes in place to escalate complaints, and how they are used to improve the care and services, this was evidenced by examples documented in the service’s 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said staff had adequate skills to support consumers care requirements and staff answer call bells promptly. Management described how the roster is calculated based on consumer occupancy and care needs. Documentation evidenced that the service has adequate staff and processes to cover shifts, call bell data is monitored frequently to ensure prompt response times.

Consumers and representatives said staff are kind, caring, and respectful in their interactions. Staff were observed being kind and respectful to consumers. Documentation supported the services central values of personalised care for consumers.

Consumers and representatives said staff were capable and knowledgeable to effectively perform their jobs. The service had position descriptions for individual roles outlining the minimum qualifications and credential requirements and monitored by management.

Staff said they are recruited, trained, equipped, and supported to deliver safe and effective care to consumers. Management described how they support staff and provide staff the training they need to perform their roles to meet the Quality Standards. Staff confirmed participation in ongoing training and core competencies they are required to complete. Consumers and representatives said staff were well trained to provide the support and care needed.

Staff demonstrated an understanding of the service's performance development processes, including appraisals. Management described regular performance assessments with ongoing monitoring of staff activities and a buddy mentoring arrangement. Documentation confirmed staff participation in performance appraisals, role descriptions for care and required 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said they participated in the resident and representative meetings and this was an important way to provide feedback and learn about happenings in the service. Management described ways consumers were encouraged to be actively involved, and provided examples of consumer input into decision making, attendance by governing body representatives at the service to engage with consumers and obtain feedback. Documentation demonstrated consumers were supported in providing input on service delivery.

Management described an organisational structure which facilitates the oversight and governing of the delivery of quality care and services across the service. The service gathers quality indicator data to ensure the service is meeting the Quality Standards. Documentation reflected oversight by the governing body, in the delivery of safe, inclusive, and quality care and services.

The service had policies and procedures to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. For example, in relation to financial governance, management is responsible for managing the annual budget for the service, and additional expenditures more than the annual budget or changes to the budget are referred to the senior committee and the governing body for approval.

The service had policies and procedures in relation to the management of risks in response to incidents and staff demonstrated an understanding of how to apply them. For example, Staff provided examples of how high impact or high prevalance risks are managed at the service. Management described the service’s risk management system used to identify risks, and staff are trained to identify, respond to, report, and manage risks associated with the care of consumers, including abuse and neglect of consumers.

The service had a clinical governance framework that included policies and procedures on antimicrobial stewardship, minimising use of restraint and open disclosure. Management and staff had been educated in these areas and were able to provide examples of how it applied to their day to day work.

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)