Clayton Church Homes - Prospect

Performance Report

156 Main North Road   
PROSPECT SA 5082  
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**Commission ID:** 6188

**Provider name:** Clayton Church Homes Inc

**Site Audit date:** 9 May 2022 to 11 May 2022

**Date of Performance Report:** 21 June 2022

# Performance report prepared by

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# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

Consumers and their representatives felt staff treated them with respect, know them as individuals and know what is important to them. Staff demonstrated familiarity with consumers’ backgrounds and showed respect and kindness when interacting with consumers. Consumers felt supported to maintain relationships of importance to them, including social and family connections. Consumers described ways they contributed to how care and services were delivered through committee meetings, feedback channels and discussions with lifestyle and care staff.

Consumer’s care plans contained information about their religious, spiritual, cultural, and personal care needs and preferences. Staff communicated with consumers in their preferred language, verbally or through communication cards. The service had policies and procedures that promote cultural safety and diversity.

Consumers were supported to make decisions and take risks, including meal preferences and mobilising and staff demonstrated an awareness of the risks for individual consumers. Care planning documents evidenced the strategies for managing risks.

Consumers were provided with information to help them make informed decisions which included meal, activity, and care preferences. Consumers said staff supported them to plan involvement in activities and events. Staff were observed to be communicating with consumers in the consumers’ preferred style and allowing time for consumers to respond.

Consumers and their representatives considered their privacy and dignity was respected by staff. Consumers felt their confidential information was respected and staff described processes used to maintain privacy and confidentiality of information.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Consumers and their representatives confirmed they were involved with assessment and care planning, both on entry to the service and during periodic reviews. Staff described how they use assessment and planning processes to inform safe care delivery, through identifying consumers’ needs, goals and applicable risks. Care plans noted consumers’ preferences, including for advance care and end of life care.

Care planning documents reflected input from consumers, representatives and other organisations and services, including recommendations or directives from health professionals. Consumers and their representatives described how staff explained information regarding care and confirmed they had access to care planning documents. The Assessment Team identified the service had appropriate documentation and consideration of risk in relation to restrictive practices.

Care planning documents reflected regular reviews occur, at least every six months and following any change of circumstances or condition of the consumer and representatives confirmed they are informed of changes. The service reviewed clinical indicators and monitored trends to identify areas of risk and strategies for improvement.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Consumers felt confident they were receiving care that was safe and right for them and that met their needs and preferences. Consumers described to the Assessment Team the different ways the service provided individualised care, tailored to their needs. Consumers and representatives felt risks associated with their care were monitored and managed by staff effectively.

Care and service plans reflected care that was supported by best practice and was individualised to ensure consumers received care that was safe, effective and tailored to their needs. Risks associated with the care of consumers including, but not limited to, falls, medications and skin tears were well managed by the service through ongoing staff education and a suite of risk assessment tools. Care information reflected the timely identification of, and response to, deterioration or changes in consumers’ conditions. Care plans reflected input from health professionals and other providers of care including the medical officer, wound specialists, and physiotherapists

Staff demonstrated a shared understanding of the individual needs, preferences, and risks to consumers and how to effectively manage and monitor them. Staff were aware of how to access further support and information on best practice from the senior clinical management team or relevant policy and procedure guidance. Staff described how they care for those who needed end of life care and were aware of how to access information regarding a consumer’s end of life preferences.

The organisation had policies, procedures, guidelines, and flowcharts for key areas of care including restraint, nutrition, skin integrity, post-falls management, pain management, palliative care and clinical deterioration, which were in line with best practice.

The service demonstrated appropriate restraint management knowledge and practices and had documented policies and procedures to support the minimisation of infection related risks through infection control principles and the promotion of antimicrobial stewardship.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Consumers and representatives confirmed that consumers received the daily services they required for their health and wellbeing, which allowed them to maximise their quality of life. Consumers described the ways they participated in their communities and maintained their social and personal relationships both within and outside the service environment.

Consumers and representatives described the ways staff at the service provided emotional and spiritual support to consumers, which included the facilitation of cultural celebration days and assisting consumers to attend religious and spiritual events. Staff assisted consumers to maintain connections through telephone and video calls with people that are important to them such as representatives, family and friends.

Consumers and representatives stated that the consumer's condition, needs and preferences were effectively communicated within the organisation and to external health professionals. Staff were updated with changes about consumers’ lifestyle needs and preferences through shift handover discussions. The lifestyle staff co-ordinator described how the service collaborates with external service providers to supplement the lifestyle activities offered within the service.

Care planning documentation showed allied health professionals had been consulted in formulating the design of care services for consumers. The service demonstrated timely referrals to appropriate external health service providers.

Most consumers and representatives expressed satisfaction with the meals offered at the service. Consumers considered meals at the service were suitable quality and quantity and met consumers’ preferences and dietary requirements. Consumers and staff said the service offers a range of dietary requirements to meet consumers’ tastes. A review of documentation and various observations made by the Assessment Team demonstrated the service had appropriate practices to ensure safe food storage, preparation, and delivery.

Lifestyle equipment was provided by the service for consumer daily use to promote their well-being. Consumers and staff reported this equipment was readily available, in good working order, clean and met safety requirements. The service had processes in place that ensured equipment was well maintained and repaired when required.

A review of the service’s hazard reports, audits, maintenance logbooks and meeting minutes demonstrated the service monitored equipment regularly.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

Consumers described feeling at home and as though they belonged in the service and described feeling safe and comfortable within the service environment.

Consumers rooms were observed to be individualised, decorated and contained personal items. The service had multiple common areas throughout the facility for consumers and representatives to utilise, which was observed by the Assessment Team as maintained at a comfortable temperature and easily accessed by consumers.

Staff described the maintenance and cleaning schedules undertaken at the service and a review of documentation reflected regular and appropriate cleaning and maintenance of the service environment. Chemical storage and medication rooms were locked to ensure consumer safety and operational areas, such as the laundry room were observed to be clean and tidy.

Furniture, fittings and equipment within the service was safe, clean and well maintained. The service had processes in place to ensure preventative and reactive maintenance is conducted regularly, with maintenance staff available throughout the week. A review of the maintenance request logs found that maintenance issues are raised and actioned in a timely manner within the service.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

Consumers and their representatives felt encouraged and supported to make complaints and provide feedback and were comfortable doing so. The service provided various options to provide feedback or complaints that included verbal discussion at meetings, feedback via surveys and conversations with staff. The minutes of meetings recorded suggestions and complaints from consumers. Staff described how they escalate complaints when raised and update the service’s complaints and compliments register.

Consumers have access to advocates, language services and other methods for raising complaints. Staff described how they supported consumers through the use of interpreters and engaging with representatives. Pamphlets for advocacy services were available in multiple languages at the service entry.

Consumers and their representatives said the service responds to complaints in a timely manner. Staff described how they apply open disclosure when they responded to complaints. The service’s feedback and complaints register reflected that all complaints were addressed with an appropriate response. The service holds quality improvement meetings, during which, feedback and trends in complaints were identified and suggestions for improvements escalated for consideration.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Consumers considered they received quality care and services when they needed them from people who were knowledgeable, capable and caring. Consumers reported that staff were kind and caring and had the knowledge and skills to provide effective care and services. The Assessment Team observed staff interacting with consumers in a kind and caring manner and catering to the cultural needs of individual consumers. Although some consumers said staff were sometimes busy, most consumers reported that there were staff available when needed and the call bell was responded to in an appropriate time.

Staff reported that there was enough time to complete tasks and enough staff to meet consumer needs. A review by the Assessment Team of the two previous weeks of roster allocations identified that all rostered shifts were filled, including in the event of illness or leave.

A review of staff documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform the duties of their job. Management and staff described the learning and development strategies used by the service to train staff and monitor their work performance. These included induction training; a buddying program; staff performance observations; and annual performance appraisals.

The Assessment Team observed the annual training schedule, which included mandatory, role-targeted and optional training and evidenced that courses had been run regularly throughout the year.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Consumers and their representatives felt engaged in the development and evaluation of care and services, and considered the service well run. Management obtained feedback through meetings, surveys, and discussions to support consumer engagement in improving the delivery of care and services.

The service’s Board demonstrated accountability for a culture of safe and inclusive care through ongoing engagement with the service to analyse incidents, assess feedback and communicate with staff and consumers through newsletters and visits.

The service had effective governance systems to support information management, financial governance, and workforce governance. The service demonstrated it identifies opportunities for continuous improvement, including through information received via feedback and complaints and analysis of incidents. The service monitors regulatory compliance and effectively communicated legislative changes to staff.

The service had a risk management framework in place and staff described relevant policies and how they apply them, such as through reporting incidents, abuse, or neglect. The service also had a clinical governance framework, with policies promoting antimicrobial stewardship and open disclosure. Staff demonstrated their understanding of minimising the use of restraint and described how they follow legislative requirements regarding care policies.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.