Performance

Report

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| Name of service: | Clayton Church Homes - Prospect |
| Service address: | 156 Main North Road PROSPECT SA 5082 |
| Commission ID: | 6188 |
| Approved provider: | Clayton Church Homes Inc |
| Activity type: | Assessment Contact - Site |
| Activity date: | 29 August 2023 |
| Performance report date: | 27 September 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 - Prospect (**the service**) has been prepared by M Glenn, 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.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management;
* the provider’s response included commentary relating to the evidence included in the assessment team’s report, specifically for requirement (3)(c) in Standard 3 Personal care and clinical care, as well as supporting documentation; and
* the provider’s response to the assessment team’s report received 8 September 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

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 3

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| Personal care and clinical care | |  |
| 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 |

Findings

The assessment team were not satisfied consumers' needs and preferences are addressed, their comfort maximised, and dignity preserved. The assessment team’s report provided the following evidence gathered through interviews and documentation relevant to my finding:

* The medical officer reviewed and referred Consumer A to a medical specialist. A opioid analgesic was commenced the following day and a referral made to wound specialist services for management and review of existing pressure injuries. The review occurred four days later with a treatment plan implemented.
* A case conference with Consumer A’s representatives and management occurred four days after the medical officer review. Outcomes included review of a 7-step pathway. There was no indication of consideration of end of life care.
* And as required narcotic analgesic was commenced six days later for pain management. A progress note dated six days later indicates a medical officer review with a plan to increase pain management, aim to resolve Consumer A’s delirium and cease oral medications due to refusal to take them. Representatives were consulted and agreed with plan. The following day, Consumer A was noted to be comfortable, medication had been administered prior to the wound dressing and Consumer A had little oral intake. A subsequent progress note stated Consumer A was found unresponsive, not breathing and pupils dilated.
* Clinical staff said an end of life pathway was not commenced, and their passing was not expected.
* Consumer B entered the service for end of life care. An end of life care plan was not in place and progress notes do not indicate consultation with Consumer B and their representatives regarding end of life care. Consumer B said they were comfortable at the service and the representative said they were satisfied with the care being provided. They said they had not been asked what care Consumer B would like for end of life, but medications were prescribed if needed for additional pain relief or symptom management.

The provider did not agree with the assessment team’s recommendation. The provider’s response included evidence demonstrating continued consultation with Consumer A’s representatives and the medical officer, as well as actions implemented in response to Consumer A’s changing condition to improve care outcomes. A case conference document, completed with Consumer A’s representatives, demonstrates a 7-step pathway directive was completed, but the provider states Consumer A had not entered the end of life phase at this time. Consumer A commenced preparation and planning towards an end of life pathway (terminal phase of palliative care) from the day of their passing, after a comprehensive discussion and agreement between the medical officer, representatives and management held the day prior. Staff expected the medical officer to visit Consumer A on the day of their passing, anticipating the end of life pathway would be commenced. In relation to Consumer B, documentation in the provider’s response demonstrates a 7-step pathway was completed prior to entry to the service and agreed upon end of life preferences documented on the day of entry in the care plan. On entry, Consumer B did not meet the criteria to commence an end of life pathway.

Based on the assessment team’s report and the provider’s response, I have come to a different view from the assessment team’s recommendation of not met and find this requirement compliant. The evidence presented demonstrates the service recognised Consumer A and B’s needs, goals and preferences relating to end of life care. Evidence in the assessment team’s report and the provider’s response demonstrates appropriate provision of care, and continued consultation and communication with Consumer A’s representatives and the medical officer in response to their changing condition and needs. A 7-step pathway, which included consideration of goals of care, was discussed with and completed by the representative 10 days prior to the consumer passing. As outlined in the provider’s response, criteria for commencement of an end of life care pathway was recognised, which followed a comprehensive discussion with the medical officer and representatives the day prior to Consumer A’s passing.

I acknowledge the provider’s response indicating on entry, Consumer B did not meet the criteria to commence and end of life pathway. Documentation included in the provider’s response demonstrated Consumer B had a 7-step pathway, completed prior to entry, which was current and the representatives did not wish to discuss the document at the time. The document was noted to have been referenced in the related care plan. Subsequent to the Assessment Contact, a formal case conference with Consumer B’s representatives has been held, and end of life preferences documented in the care plan.

For the reasons detailed above, I find requirement (3)(c) in Standard 3 Personal care and clinical care compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

Most consumers said they enjoy the dining room experience and meals, which are often varied and of suitable quantity and quality. The service has a four-week rotating seasonal menu which is reviewed with a dietitian to ensure dietary requirements are met. An electronic catering system assists the service to provide meals to consumers in line with their needs and preferences by only showing meal options appropriate for each consumer. Monthly food focus meetings provide an opportunity for consumers to provide feedback about the dining experience, with improvements initiated in response. Consumer feedback is also sought prior to implementing the new menu. Staff were observed assisting consumers during meal service in a respectful manner.

For the reasons detailed above, I find requirement (3)(f) in Standard 4 Services and supports for daily living compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

Management described processes to recruit suitable staff and provide ongoing training to ensure they are equipped with up to date and relevant knowledge to perform their duties. Sampled staff profiles included information relating to staff qualifications, police clearances, vaccination status, visa checks, training records and competency evaluations when being inducted and orientated into the workforce. To support staff in gaining and/or maintaining knowledge, a range of initiatives, including annual mandatory training and professional development programs are in place, as well as targeted training where needs or knowledge gaps have been identified. Completion of mandatory training is monitored. Care and clinical staff said they are well supported and equipped to effectively perform their duties and described annual mandatory training they are required to complete, as well as supplementary training they had recently undertaken. Consumers interviewed felt confident that the workforce is adequately skilled, trained and qualified to deliver care and services.

For the reasons detailed above, I find requirement (3)(d) in Standard 7 Human resources compliant.

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