Performance

Report

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| Name: | Clayton Church Homes - Summerhill |
| Commission ID: | 6104 |
| Address: | 1144 Greenhill Road, URAIDLA, South Australia, 5142 |
| Activity type: | Site Audit |
| Activity date: | 27 August 2024 to 29 August 2024 |
| Performance report date: | 3 October 2024 |
| Service included in this assessment: | Provider: 1219 Clayton Church Homes Inc  Service: 4121 Clayton Church Homes - Summerhill |

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 - Summerhill (**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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others.

The 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 assessed as Compliant.

Consumers and representatives said consumers were valued as individuals and treated with dignity and respect. Staff demonstrated understanding of consumer backgrounds and circumstances in line with care planning documentation and consumer feedback. Policies, procedures, and training informed expectations on staff to recognise consumer’s identity, culture, and diversity and provide dignified and respectful care.

Staff described cultural needs and preferences for consumers, explaining how they informed culturally safe care. Consumers reported the care they received recognised and respected their cultural needs. Cultural celebrations were recognised and shared.

Consumers explained they were supported to make and communicate choices, change their preferences, and maintain relationships. Care planning documentation reflected consumer choices and relationships of importance. Staff gave examples of how they supported consumers make independent decisions about care, services, relationships, and who was involved in care and described how choices were honoured.

Consumers said choices involving risk were supported. Staff explained how they identified, assessed, supported, and mitigated risks associated with consumer choices. Care planning documentation included dignity of risk assessment, recording consultation on identified risks with the consumer and/or their representative, and agreed safety strategies.

Staff explained verbal and written information made available to consumers to inform choices, with communication styles adapted to meet the needs of consumers. Care planning documentation recorded consumer needs for communication, including supporting individual hearing, vision, speech, and cognition requirements. Consumers said staff provided verbal reminders and updates to explain any adjustments to written information.

Consumers outlined how their privacy was respected, including through seeking permission to enter rooms and recognising privacy preferences. Staff explained processes followed to maintain confidentiality, including destroying old handover documents, and following policies on privacy, respect, and confidentiality. Confidential information stored in nurses’ stations and offices was secured to ensure accessible only by authorised staff.

# 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 assessed as Compliant.

The entry process for new consumers included a schedule of assessments to be completed to identify care needs. Staff detailed assessment and planning processes, explaining how they were used to identify risks and develop mitigating strategies. Care planning documentation evidenced use of validated risk assessment tools to identify consumer needs, including for risk management, and develop strategies to inform staff of care requirements.

Consumers and representatives explained assessment and planning incorporated the consumer’s current needs, goals, and preferences, and included opportunity to discuss end of life wishes. Care planning documentation reflected advance care directives and end of life care requests. Staff demonstrated awareness of consumer needs, goals, and preferences as outlined within documentation, and described how they would approach discussions about advance care and end of life planning.

Consumers described how staff partnered with them through assessment and planning consultation, and shared information with nominated representatives or providers. Care planning documentation included record of communication with consumers, representatives, medical officers, and other providers about assessment and planning outcomes. Staff explained ongoing consultation practices following reviews of care or by allied health providers and specialists.

Staff described processes for documenting and communicating assessment and planning outcomes with consumers and representatives, and a copy of the care and services plan was consistently offered following update. Consumers and representatives said they were offered a copy of the care and services plan but didn’t always require it as staff effectively explained consumer care needs and changes. The electronic care management system enabled staff access and extraction of assessment and planning outcomes.

Care planning documentation evidenced regular review, including through the 6 monthly schedule and following incident or change in consumer condition. Staff explained how reviews were undertaken to consider the effectiveness of strategies and make changes if required. Consumers and representatives were aware scheduled review periods, confirming additional reviews were undertaken following 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 assessed as Compliant.

Consumers provided positive feedback on the personal and clinical care they received, saying staff managed their individual needs well. Staff demonstrated understanding of the tailored care strategies outlined within care planning documentation. Policies, procedures, and work tools informed staff of best practice guidelines. Care planning documentation evidenced monitoring of the effectiveness of care delivery strategies and evaluation of interventions.

Staff described risk management and monitoring processes for consumers. Care planning documentation identified high impact or high prevalence risks with mitigating strategies, and regular evaluation, as well as clinical charting to identify emerging risks.

Staff explained how they identified consumers nearing end of life, including monitoring overall clinical status, and care was adapted to optimise comfort and manage pain and palliative symptoms. Care planning documentation for a late consumer demonstrated timely identification of consumers nearing end of life, cessation of non-essential treatment, monitoring for symptoms, management of pain, and provision of comfort care.

Staff described signs and symptoms of deterioration, and processes to report change in consumer condition. Management advised they reviewed care planning documentation daily to ensure changes were identified and responded to. Care planning documentation demonstrated monitoring was undertaken to support early detection of change in consumer condition.

Consumers and representatives said information about consumers was effectively shared between staff to ensure needs were understood and met. Staff explained updates on consumers were communicated during handover, alerts, or within care planning documentation and shared with other providers involved in consumer care or summary information could be extracted from the electronic care management system. Written handover information included outcomes of recent reviews and risks, changes, or increased monitoring needs.

Care planning documentation included record of referrals made to meet consumer needs, evidencing availability of a range of providers. Staff demonstrated awareness of referral processes used for internal and external providers, including obtaining consent, with monitoring by senior clinical staff. Documented policies and procedures included guidance on identifying the need for referral and relevant providers.

Consumers recognised strategies used by staff to minimise infection related risks, including isolating them when they were unwell. Staff demonstrated understanding of infection control procedures and guidance material, including screening for infection risks, using personal protective equipment, practicing hand hygiene, cleaning processes, and following outbreak management plans if needed. The service was supported by an Infection prevention and control lead from another service whilst the nominated staff member completed required training. Vaccination clinics were coordinated for consumers, with monitoring of immunisation status. Processes ensured antibiotics were only considered following confirmed infection within pathology results.

# 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 assessed as Compliant.

Consumers gave examples of how services and supports were used to meet consumer needs and abilities to optimise their quality of life. Care planning documentation reflected the services and supports in place to meet consumer needs, goals, and preferences.

Staff said they recognised and acted when consumers were feeling low and spent additional time with consumers at risk of social isolation. Consumers described available supports to meet their spiritual needs, including church services and chaplain visits. Care planning documentation described emotional and spiritual needs of consumers and support strategies.

Consumers explained how they were supported to maintain interests and relationships both within the service and in the community. Staff explained how consumer interests were used to develop the activity calendar, with ongoing incorporation of suggestions. The monthly newsletter encouraged consumers to participate in activities and form new social connections.

Service and support staff explained how they were informed of changes to consumer condition, needs, or preferences, and had processes to inform visiting providers and volunteers. Dietary changes were captured within care planning documentation and shared with kitchen staff through emails and within the communication book. Consumers said information was effectively shared and staff understood their needs.

Staff gave examples of referrals made for services and supports to meet consumer needs. Consumers verified referrals were timely and appropriately met their needs. Care planning documentation reflected collaboration with a range of services and supports, including volunteers and pastoral care.

Consumers and representatives provided positive feedback on the variety, quality, and quantity of provided meals and said they had access to coffee and snacks at any time. Staff explained the seasonal menu was developed in Dietitian input and consumer feedback, and they ensured sufficient food was prepared to support consumers changing their request. The menu included choice of meal options for breakfast, lunch, and dinner.

Consumers said staff regularly cleaned their mobility equipment and ensured it was safe for use. Staff were familiar with cleaning schedules and maintenance reporting processes. Equipment, including personal equipment and items used for leisure activities, was observed to be clean and regularly 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 assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers described the service environment as welcoming, clean, and pleasant, enabling them to feel at home. Consumers were observed using communal areas, accessible through well-lit corridors with sufficient signage to enable independent navigation. Consumer rooms were personalised, and staff explained aspects of the service to optimise consumer independence, interaction, and function.

Staff described scheduled cleaning processes for communal areas and consumer rooms, with a maintenance program including preventative actions, safety audits, and responsive repairs. Consumers said their rooms were cleaned daily, and they could talk with staff about specific cleaning requests. Consumers could move freely within the service and were observed accessing outdoor areas.

Consumers said assessments were undertaken to ensure suitability of equipment, furniture and fittings. Staff explained cleaning, maintenance, and auditing processes to ensure safety and suitability for consumer use. Observations verified furniture and equipment was sturdy, of suitable height for consumers, and supported infection control and cleaning requirements.

# 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 assessed as Compliant.

Consumers and representatives said they felt supported to give feedback or make complaints, demonstrating awareness of the range of available methods. Staff outlined how they would support consumers raise concerns and would address the issue immediately or escalate it to senior staff for managing. Management said they did a daily walk around to engage with consumers, and most feedback was verbalised during this, with other available mechanisms including through consumer meetings or the consumer advisory body or using feedback forms.

Consumers explained they received information on advocacy services in entry information and within consumer meetings, with management explaining a visit had been coordinated to meet with the consumer advisory body. Whilst there were no consumers with identified need for language services, representative feedback demonstrated awareness of access if required. Information was available to guide consumers through external complaint options.

Staff demonstrated awareness of actions to be taken in response to feedback or complaints, including application of the open disclosure process to acknowledge and apologise for the issue, investigate, resolve the matter, and evaluate outcomes. Consumers gave examples of how complaints were managed and resolved, demonstrating the service applied an open and transparent response with suitable actions to resolve and prevent recurrence. Documentation recorded actions taken in response to feedback following the open disclosure process, with complaints not closed until evaluated for satisfaction.

Management explained how feedback and complaints were analysed for trends and used to develop continuous improvement actions. Consumers explained how their feedback had resulted in improvements for themselves and others. Documentation evidenced feedback and complaints were incorporated into the continuous improvement plan and acted upon to improve care and services.

# 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 assessed as Compliant.

Consumers, representatives, and staff reported the workforce was sufficient to meet consumer needs in a timely manner. Staff said they had sufficient time to perform their work, even with increasing consumer numbers, and vacant shifts were always filled. Management described processes to ensure there were enough staff, including monitoring call bell response times, and undertaking audits for consumer satisfaction, with ongoing recruitment to meet anticipated increase in consumer numbers and needs. Documentation reflected the service was exceeding nursing and care minutes, with and meeting legislated nursing hours.

Consumers described staff as respectful, kind, and caring, taking time to get to know them and their needs and preferences. Staff referred to consumers as being friends or family to them, and ensured they were treated with as much care. Management explained staff received training in relation to the consumer experience, delivery of person-centred care, and code of conduct, and monitoring was undertaken to ensure interactions met organisation expectations.

Staff outlined the training provided to ensure they had the knowledge and skills to perform their role. Monitoring of professional registration and security checks was undertaken at organisational level and communicated to service management. The onboarding process included mandatory training and buddy shifts to support new staff becoming familiar with consumer needs and preferences. An orientation checklist outlined required training requirements for new staff, and agency staff were required to complete an orientation checklist to ensure compliance.

The training program included mandatory initial and ongoing education for staff on topics aligning to expectations within the Quality Standards. Management explained monitoring for compliance, and developing additional training where a need is identified. Staff considered they were appropriately trained, supported, and equipped to perform their roles.

Management explained formal performance reviews undertaken for all staff. Processes ensured staff received immediate feedback following incidents, observations, or complaints, with action taken to ensure improvements. Staff explained they performance appraisal process, offering opportunity to reflect on their performance, receive feedback, and identify improvements. Documentation demonstrated performance reviews were scheduled and completed in line with due dates.

# 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 assessed as Compliant.

Consumers said the service was well run, and they had opportunity to provide input on the performance through feedback, surveys, consumer meetings, and the consumer advisory body. Management explained the development of the organisation’s consumer advisory body, although there was no one from the service wishing to nominate for participation, so monthly meetings were chaired by the organisational management as an alternate to consumer meetings. Displayed information reflected consumers and representatives were invited to attend the upcoming Annual General Meeting.

Management explained the organisation monitored service performance against the Quality Standards through reporting, including incidents and risks, which were evaluated by relevant subcommittees and reported through to the Board. Board members held relevant experience, including members with clinical backgrounds, to ensure provision of safe and quality care. Meeting minutes for executive management and the Board demonstrated evaluation of service performance and accountability for the provision of quality care.

Organisational governance systems for key areas included monitoring and reviewing, reporting and analysis of data, and processes to identify and communicate required changes to policies and procedures. Information management systems enabled staff access to consumer information, policies, and reporting mechanisms, management oversight, and communication channels to update staff, consumers, and representatives. Financial governance included establishing annual budgets, with processes for requesting additional funds from the Board to meet consumer needs. The organisation monitors for updates in legislation, with information incorporated into policies and procedures which are ratified by the Board.

Risk management systems supported identification and management of high prevalence or high impact risks for consumers, with analysis and monitoring at service and organisation levels. Policies, procedures, and training informed staff of their obligations to identify and report suspected abuse or neglect. The incident management system was online, enabling oversight by management and the governing body. Available systems enabled identification of areas for improvement or additional staff training. Risk assessment systems supported consumers to live their best lives, including taking risks of choice.

The clinical governance framework informed planning, monitoring, reporting, and continuous improvement in the delivery of clinical care. Policies, procedures, and work tools informed staff actions. Reporting processes for antibiotic use, restrictive practices, and clinical indicators enabled monitoring and oversight by management, the medication advisory committee, and the clinical governance committee. Staff received training on key topics and demonstrated understanding of processes and applications.

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)