Performance

Report

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| Name of service: | Performance report date: |
| Clayton Church Homes Park Village | 5 July 2022 |
| Commission ID: | Activity type: |
| 6170 | Site audit |
| Approved provider: | Activity date: |
| Clayton Church Homes Inc | 30 May 2022 to 1 June 2022 |

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 Park Village (**the service**) has been considered by Kathryn Spurrell, 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.
* the provider’s response to the assessment team’s report received 17 June 2022.
* other information and intelligence held by the Commission in relation to the service.

# 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 | | Compliant |
| 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**

Consumers and representatives reported that staff recognised each consumer’s individual needs, to make them feel valued and respected. Staff indicated a strong understanding of individual needs to ensure consumers maintain their identity within the service. The Assessment Team observed kind, respectful interactions between staff and consumers.

Representatives described how the service supports consumers’ culture and celebrates events of cultural significance. Staff demonstrated how they tailor care delivery according to consumer’s culture and preferences that are documented within care planning documents.

Consumers confirmed they can make decisions about their own care and maintain their independence. Staff described ways consumers are supported to make informed choices about their care and services.

Consumers felt supported to take risks of their choice. Staff described how they assist consumers to understand risks and make decisions, which was supported by care planning documents that contain risk assessments and include mitigation strategies.

Information is provided to support consumers to make choices regarding their care needs and lifestyle activities. Staff described how they present information according to consumers’ preferences and needs, including use of aids.

Staff described how they respect consumers’ privacy by knocking on doors before entering and closing doors when providing care. Confidential information was observed to be locked away when not in use to ensure security of information.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

# Care planning documentation demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals and preferences of consumers, including the identification of risks to each consumer's health and well-being.

Advance care planning and end of life planning is discussed with consumers and representatives when the consumer wishes or as the consumer’s care needs change and is included in the care plan.

Staff explained that consumers and representatives are involved in assessments and planning to ensure care is tailored to the consumer. Care planning documentation identified the involvement of other providers, such geriatricians and dietitians.

Representatives and consumers expressed that staff explain information about their care and services and that they can access a copy of the consumer's care and service plan when they want to. Assessment Team spoke with two consumers who gave mixed feedback regarding their ability to access to information about their care, however noted this had been addressed with consumers and their representatives prior to the Site Audit. The Assessment Team observed care planning documentation being readily available to staff, where care and services are provided.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

Consumers and their representatives said consumers receive care that meets their needs and preferences. Care planning documents demonstrated individualised care that is tailored, safe and effective. Consumers subject to restrictive practices had appropriate consent and reviews in place. Staff follow procedures to deliver safe skin integrity and pain management care.

Staff were aware of their responsibilities in managing risks and could describe strategies used to minimise risks for consumers. Consumers and representatives were satisfied with the management of high impact and high prevalent risks. Care planning documentation identified and documented the strategies implemented to minimise risks to consumers.

Management could describe the way care delivery changes for consumers nearing end of life and practical ways in which consumers’ comfort is maximised. Consumers and representatives expressed confidence that the service will support consumers to be as free as possible from pain and to have those important to them with them according to their wishes.

Clinical records indicate consumers are regularly monitored and any changes of a consumer’s mental, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Staff described how they identify and respond to changes, including escalating to clinical staff.

Staff were able to demonstrate the processes for sharing information, including when consumers move between the hospital and the service. Consumer records evidenced documented instances where Medical officer and nominated representatives are notified in the event of an incident or change in consumer care or condition including transfers to and from the hospital.

Consumers and representatives confirmed that referrals are timely, appropriate and occur when needed. Staff described how the input of other health professionals directs care and services for consumers.

Management advised the service monitors infections through clinical indicator reporting and described how they support staff to minimise infection-related risks by following the service’s infection control policies and promoting antimicrobial stewardship.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

Consumers and representatives felt supported to pursue activities of interest to them and are provided with appropriate aids to do so. Care planning documentation demonstrated assessment processes capture consumers’ likes and dislikes, which provides guidance to staff.

Consumers reported that there are services and supports available to support their emotional, spiritual, and psychological well-being. Consumer care planning documentation includes information about consumers' spiritual beliefs, strategies to support their emotional well-being and identifies social supports.

The activities calendars evidenced consumer engagement in the community through activities such as wellbeing outdoor walks, days of celebration and church services. The Assessment Team observed consumers interacting with each other in communal areas, participating in group exercises and using lifestyle equipment.

Care documentation provides adequate information to support safe and effective care as in relation to services and supports for daily living. Staff reported that they are made aware of any changes to a consumer’s needs through verbal and documented handover process and information available in the service’s electronic care system.

Staff explained the process of engaging with external organisations and individuals when consumers require additional support and to supplement the lifestyle program. Care planning documents included information about individuals and external services who support consumers to maintain their interests and participate in the community outside the service.

Consumers and representatives expressed satisfaction with the variety, quality and quantity of food being provided to consumers at the service. The Assessment Team observed meals to be of appropriate size and met individual consumer’s needs and preferences.

The Assessment Team observed equipment which supports consumers to engage in activities of daily living to be suitable, clean and well maintained. Staff confirmed they have access to well-maintained equipment.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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

Consumers said the service environment is welcoming and they felt at home. Consumers’ rooms are personalised with furniture, photographs and artwork. Staff explained that the service environment is designed to support consumers with a cognitive impairment including signage, gardens, handrails and lighting.

The service environment was observed to enable consumers to move freely, both indoors and outdoors. Consumers who reside in the memory support unit have opportunity to go outside with assistance from staff or their family. Staff described processes followed to ensure the service environment is safe and well-maintained.

Consumers said the service environment is generally well cleaned and maintained. Consumers and representatives said that furniture, fittings and equipment at the service are safe, clean, well maintained and suitable for their needs. Staff described maintenance processes and procedures, and how potential hazards are addressed. Maintenance logs reflected that regular cleaning and maintenance occurs.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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

Consumers and their representatives reported that they understand how to give feedback or make a complaint and said they felt comfortable doing so. Management said they encourage feedback through consumer meetings, food focus meetings, feedback forms, and consumer experience surveys.

Consumers and representatives confirmed they were aware of other avenues for raising a complaint such as through an advocate. Management demonstrated how they equip staff on the process for engaging interpreter services for consumers with linguistically diverse backgrounds.

Consumers and representatives reported their concerns are heard and promptly responded to. Overall, consumers were satisfied with the action taken in response to complaints. A review of the feedback and complaints register from the past 12 months demonstrated that all complaints filed were actioned with an appropriate response.

Management was able to describe how the service’s complaint and incident registers and continuous improvement log demonstrated how feedback, internal audits, complaints and incidents are recorded, actioned, resolved, and used to inform continuous improvement.

# Standard 7

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| Human resources | | Compliant |
| 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

Consumers and representatives reported no concerns or issues with the number of staff members and noted that there are sufficient staff overall to meet their needs. The Assessment Team noted four unfilled shifts at the service in the 14 days prior to the site audit, all of these shifts were covered by a contingency such as lifestyle, clinical and management staff assisting as care staff and other roles where required to ensure no impact to the delivery of care to consumers.

Consumers and representatives confirmed that staff engage with consumers in a respectful, kind and caring manner, and are gentle when providing care. This was supported by observations by the Assessment Team.

Staff were confident that the training provided has equipped them with the knowledge to carry out care and services for consumers effectively. Management explained that position descriptions include key competencies and registration required for each role including orientation and induction with buddy shifts for new staff to ensure all staff are competent and capable in their role.

Staff described details of the training they completed relevant to their roles. Management review data to determine any trends that can be addressed through additional training. Training records reflected staff are up to date with mandatory training.

Management described the process of performance reviews for staff to review their performance and competency including providing opportunities for professional development during the process.

# Standard 8

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| Organisational governance | | Compliant |
| 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

The service had established processes and various forums to invite and support consumers to engage in the development, delivery and evaluation of care and services. Consumers and representatives indicated that management are approachable, and they feel comfortable to relay any concerns at consumer meetings.

The organisation’s governing body displays accountability and promotes quality care and services by sending data trends to be analysed by external quality compliance agency to identify gaps and create action plan for improvement.

The organisation has effective governance systems to support staff to access information and maintain regulatory compliance. Continuous improvement opportunities are identified, and funding is secured through financial governance processes. Feedback and complaints are suitably addressed, and effective workforce governance processes were in place which clearly assigns roles and responsibilities.

The service has a risk management framework with policies regarding management of high impact and high prevalence risks. Staff described training received in identifying abuse, reporting incidents and supporting consumers to live their best lives. The service’s incident management policy documentation is current and is in alignment with current legislative guidance.

Staff provided examples of how they apply the service’s clinical governance framework, such as minimising the use of restrictive practices, promoting antimicrobial stewardship and applying open disclosure. The Assessment Team observed the services’ robust clinical governance framework that guides staff and management in meeting this requirement.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)