**Performance**

**Report**

**1800 951 822**

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| Name of service: | 1st Care Community Care Package South Brisbane & Gold Coast |
| Service address: | 3/10 Miltiadis Street ACACIA RIDGE QLD 4110 |
| Commission ID: | 700920 |
| Home Service Provider: | 1st Care Community Pty Ltd |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 20 March 2023 |
| Performance report date: | 19 April 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 1st Care Community Care Package South Brisbane & Gold Coast (**the service**) has been prepared by J ZHOU, 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.

# Services included in this assessment

**Home Care:**

* 1st Care Community Pty Ltd, 26253, 3/10 Miltiadis Street, ACACIA RIDGE QLD 4110

**CHSP:**

* Community and Home Support, 27968, 3/10 Miltiadis Street, ACACIA RIDGE QLD 4110

# Material relied on

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

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by a desktop assessment, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 31 March 2023.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **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** |
| **Standard 8** Organisational governance | **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 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |

Findings

The Assessment Team gathered many examples during the Assessment Contact that demonstrated the service was supporting its sampled consumers to live their best life having regard to their individual circumstances and taking into account risk mitigation strategies.

I find the service is now complaint with this Requirement.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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

I agree with the Assessment Team’s recommendations detailed in their report that the provider is complaint with the applicable Requirements of this Standard. In summary, the service demonstrated:

* the effective use of assessment and planning to inform the delivery of safe and effective care and services.
* the effective use of assessment and planning to address consumers’ current needs, goals and preferences.
* the involvement of consumers/representatives in decisions about care and services.
* communicating the outcomes of assessment and planning to consumers/representatives; and
* regularly reviewing care and services when the circumstances of the consumer change.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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)(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 |

Findings

I agree with the Assessment Team’s recommendations detailed in their report that the provider is complaint with the applicable Requirements of this Standard. In summary, the service demonstrated that its service is:

* Ensuring consumers get safe and effective personal and clinical care that is best practice, tailored to their needs and optimises their health and well-being.
* Ensuring effective management of high-impact or high-prevalence risks associated with the care of each consumer.
* Ensuring deterioration or changes in consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.
* Ensuring 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.
* Ensuring appropriate timely and appropriate referrals to individuals and providers of other care and services.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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 |

Findings

The Assessment Team gathered many examples during the Assessment Contact that demonstrated the service was sharing information about the consumer’s condition, needs and preferences adequately within the organisation and with other stakeholders where the responsibility for care is shared.

I find the service is now complaint with this Requirement.

# Standard 7

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

Findings

On the balance of probabilities, I am overturning the Assessment Team’s findings of non-compliance against this Requirement.

Based on the provider’s submissions to the Assessment Team’s initial findings of non-compliance, I can see that it has a detailed induction checklist for all new staff of the service. The checklist covers off on expected training requirements under the quality standards as well as the usual business processes. According to the provider’s recent meeting minutes, I can see the service trains on topical areas as they arise such as responses to complaints and incidents, legislative changes, clinical training and so forth. The meetings appear to take place every two to three months and is of adequate duration. I therefore disagree with the Assessment Team’s findings that staff are only trained on a yearly basis. Furthermore, the provider’s submission of some training content shows they engage specialists to deliver in depth training on areas such as first aid and incontinence care.

I can see evidence that the provider does provide vulnerable consumer training and though it has not focused on restrictive practices, since the Assessment Team’s audit, it has now identified this as a training gap and placed it on its training schedule.

I am not persuaded on balance to call the provider non-complaint with this Requirement based on the lack of depth of evidence supplied by the Assessment Team when compared against the provider’s submissions before me.

I find the provider complaint with this Requirement.

# Standard 8

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| Organisational governance | | HCP |
| 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

I agree with the Assessment Team’s recommendations detailed in their report that the provider is complaint with the applicable Requirements of this Standard. In summary, the service demonstrated that its service is:

* Utilising an effective risk management system, including managing high-impact and high-prevalence risks and supporting consumers to live the best life they can.
* Utilising a clinical governance framework.

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