**Performance**

**Report**

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| Name: | 1st Care Community Care Package South Brisbane & Gold Coast |
| Commission ID: | 700920 |
| Address: | 3/10 Miltiadis Street, ACACIA RIDGE, Queensland, 4110 |
| Activity type: | Quality Audit |
| Activity date: | 22 February 2024 to 23 February 2024 |
| Performance report date: | 15 March 2024 |

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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 8853 1st Care Community Pty Ltd  
Service: 26253 1st Care Community Pty Ltd  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9974 1st Care Community Pty Ltd  
Service: 28357 1st Care Community Pty Ltd - Care Relationships and Carer Support  
Service: 27968 1st Care Community Pty Ltd - Community and Home Support

**This performance report**

This performance report for 1st Care Community Care Package South Brisbane & Gold Coast (**the service**) has been prepared by J Earnshaw, 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 Quality 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 known to the Commission.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| 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** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| 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

|  |  |  |  |
| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

The Assessment team report reported consumers are treated with dignity and respect and their values, culture, diversity, and cultural safety are recognised and supported. Consumers are supported to make their own decisions, including decisions about risk, and they are supported to maintain their independence.

Consumers and representatives described staff as respectful and said consumers are treated with dignity. The service has implemented processes to ensure staff are trained in how to treat consumers with dignity and respect and how to value their individuality, culture, and diversity.

Care documentation identified consumers’ preferences in relation to individuality, culture, and diversity. Staff described how they provide care and services that align with consumers’ preferences. Consumers and representatives reported services are delivered in accordance with what is important to them and their cultural preferences.

The service demonstrated consumer’s cultural needs and preferences are supported when providing care and services. Staff demonstrated awareness of culturally safe care and services and what this means in practice.

Care documentation reflected consumer choice about who should be involved when decisions are made about the services received. Consumers and representatives reported the service involves them in making decisions about the care and services consumers receive. Staff and management described how they support consumers and their representatives to exercise choice and make decisions about services through the assessment and planning process.

The service has policies relevant to this standard, accessible to staff, and staff and management demonstrated how consumers are supported to make choices and decisions about services that may place them at risk through consultation and providing strategies to manage those risks. Consumers and representatives reported the service supports the consumer to do as they choose.

The service demonstrated information provided to each consumer is current, accurate and timely. Consumers and representatives confirmed they receive current and up to date information in a way they understand.

The service provides services to many consumers from linguistically diverse backgrounds, with many speaking Mandarin, Cantonese, Korean, or Vietnamese. The service employees staff members who share consumers’ diverse backgrounds to aid timely and accurate communication. The service provides information, including HCP/CHSP Agreements, consumer handbooks, newsletters, and administrative forms, in English, Mandarin, Cantonese, Korean, and Vietnamese.

Consumers and representatives are satisfied that consumer privacy is respected and they reported being confident the service keeps personal information confidential. The service demonstrated it has effective systems in place to protect consumers’ privacy and personal information.

I have considered the Assessment team report and based on the information summarised above I am satisfied the Standard is compliant.

# Standard 2

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| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

The service demonstrated assessment and planning is completed, documented, reviewed adequately and consumers’ clinical and personal care is safe and effective.

Consumers and representatives said consumers receive care and services that meet the consumer's needs, and they are involved in assessment and planning processes.

Documentation demonstrated consumers participate in assessment and planning with the involvement of others as required.

The service has a comprehensive suite of assessment and care planning policies and tools that are available to guide staff in assessment and care planning processes.

Care planning documentation confirmed that outcomes of consumers’ assessment and planning were documented and provided to consumers. Consumers reported their care plan is discussed and provided to them.

The service has processes to support the identification of individual consumer goals and preferences. Clinical staff advised, and consumers confirmed, consumers are provided an opportunity to identify their end of life preferences and advance care directives.

The service demonstrated processes are in place to ensure care plans are regularly reviewed and meet the consumer’s current needs including when changes in the consumer’s health condition or personal preference occur. Consumers and representatives confirmed the service supports them when changes occur, and staff described how they identify and escalate changes in consumer health condition or preferences.

I have considered the Assessment team report and based on the information summarised above I am satisfied the Standard is compliant.

# Standard 3

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| --- | --- | --- | --- |
| Personal care and clinical care | | HCP | CHSP |
| 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

Consumers receive safe and effective care tailored to the consumers’ needs, goals and preferences which considers the management of high impact, high prevalence risks.

Consumers and representatives reported satisfaction with the personal and clinical care delivery. The service demonstrated personal and clinical care is individually tailored based on assessment of the consumer’s needs, goals, and preferences.

The service has policies, procedures and assessment tools to guide staff practice in delivering personal and clinical care.

The service demonstrated effective management of high impact and high prevalence risk associated with the provision of care and services with systems and processes in place for the assessment of and to assist staff to manage identified risk.

Staff demonstrated knowledge of risks for individual consumers and the strategies adopted to manage high prevalence and high impact risks. The service collaborates with palliative care organisations and medical practitioners to support end of life care for consumers. Staff described the processes for ensuring consumers’ needs and preferences are met when nearing end of life.

Staff described how they recognise deterioration of consumer health and care documentation identified how deterioration of consumers’ health was responded to. Consumers and representatives expressed confidence that staff recognise and respond to deterioration in a consumer’s health or wellbeing.

Consumers and representatives reported consumer's needs, and preferences are met, staff know the consumer’s needs and that consumers generally receive services and supports consistently from the regular staffing. The service has effective processes to share information relevant to the care and services being provided.

The service demonstrated there are timely and appropriate referrals to external health care providers that can meet the needs of the consumer. Staff described processes to refer consumers for allied health services and additional services through the internal and/or external referral processes.

Consumers and representatives said staff follow standard infection control protocols, including hand hygiene and the use of personal protective equipment. The service has documented policies and procedures to support the minimisation of infection related risks, through infection prevention and control practices. Staff confirmed they have completed training on infection prevention and control measures.

I have considered the Assessment team report and based on the information summarised above I am satisfied the Standard is compliant.

# Standard 4

|  |  |  |  |
| --- | --- | --- | --- |
| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

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# Standard 5

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| --- | --- | --- | --- |
| Organisation’s service environment | | HCP | CHSP |
| 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 | 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 | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

The environment was welcoming, easy to access, and consumers reported enjoying attending activities, felt welcomed and were observed actively participating in activities at the service.

The respite centre and grounds were observed to be safe, clean, and well-maintained, enabling free access both indoors and outdoors for consumers. The service is suitable for the mobility of consumers and provides consumers with 4-wheeled walkers or wheelchairs with easy access to toilets.

Staff described the cleaning and maintenance processes for furniture, fittings and equipment, within the service.

I have considered the Assessment team report and based on the information summarised above I am satisfied the Standard is compliant.

# Standard 6

|  |  |  |  |
| --- | --- | --- | --- |
| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Consumers and representatives are aware of how to provide feedback and make complaints. The service demonstrated there are various opportunities for consumers to provide feedback and raise a complaint. Staff described the mechanisms they use to support and encourage consumers to provide feedback.

The service provides an information pack to consumers which includes information about how to provide feedback, raise complaints and how to access external agencies to support them with language services, advocacy and in raising feedback or complaints.

The service demonstrated appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. The service has documented policies and procedures to guide staff on how to respond to feedback and complaints, including how to apply an open disclosure process. Consumers and representatives stated they are satisfied with how the service handles feedback and complaints.

The service demonstrated feedback and complaints are reviewed and uses this information to identify opportunities for improvement and to improve the quality of care and services for consumers.

I have considered the Assessment team report and based on the information summarised above I am satisfied the Standard is compliant.

# Standard 7

|  |  |  |  |
| --- | --- | --- | --- |
| Human resources | | HCP | CHSP |
| 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

Consumers and representatives stated consumers receive quality care and services, and staff are consistent and arrive as scheduled. Staff said they have sufficient time to deliver quality care and services to consumers.

The service has workforce management processes, including workforce planning, recruitment and performance monitoring processes, to ensure there is a sufficient and competent workforce to deliver safe and quality care and services to consumers.

Consumers said staff are kind caring and respectful, and staff said they feel receive training that provides them with the knowledge required to perform their roles.

The service ensures staff are recruited with the appropriate qualifications and are continued to be supported to improve their knowledge and skills through ongoing training, including on key topics such as clinical and personal care, infection control and of the Quality Standards.

The workforce is competent, and members of the workforce have the qualifications to perform their roles effectively. Staff were able to demonstrate they have the knowledge to effectively perform their roles. Consumers and representatives expressed confidence in the workforce’s ability to deliver care and services and that staff are well trained.

Systems are in place to regularly assess, monitor and review staff performance. Staff are required to undertake performance appraisals annually. Further support is provided to staff when there is a need for improvement.

Staff confirmed they are regularly engaged in their professional development including opportunities to request specific training relevant to their role.

I have considered the Assessment team report and based on the information summarised above I am satisfied the Standard is compliant.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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 | 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 | 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 | Compliant |

Findings

Consumers said they have confidence in the way the service is run and are engaged in the development, delivery and evaluation of their care and services. Management gave examples of changes at the service and organisational level which involved the consideration of consumer and representative feedback.

The organisation demonstrated it is run effectively and is accountable for the delivery of safe and quality, care and services. A suite of governance, risk and incident management systems are in place, and monitoring occurs to ensure the delivery of safe and quality care and services.

Governance processes are in place to ensure the governing body is accountable for the delivery of safe and quality care and services. Consumers and representatives are encouraged and engaged in the development, delivery and evaluation of care and services. The service has effective risk management systems and a clinical governance framework.

The governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The service has effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints.

The service has policies and procedures in place to guide staff across the governance systems and staff confirmed they have access to information to guide how they deliver care and services.

Consumers and representatives said they were satisfied with the way information about care and services is managed and how the information is communicated to them.

Continuous improvements are identified through various mechanisms including feedback, complaints, and changes in compliance requirements. The plan for continuous improvement identified actions in relation to care and service delivery and includes the issue identified for improvement, the actions taken, and the outcome of the implemented improvement activities.

The organisation has frameworks and policies to manage risk and respond to incidents. The service was able to demonstrate the effective management of high impact or high prevalence risks and identification of abuse and neglect of consumers.

Management and staff were able to describe and the incident management system demonstrated, how incidents are managed and documented and how the service identifies, responds to and reports incidents, The incident reporting system includes the reporting of serious incidents to the Serious Incident Response Scheme.

The organisation’s clinical governance framework and associated policies and processes guide staff in the delivery of clinical care. This framework includes processes for antimicrobial stewardship, restrictive practices and open disclosure.

I have considered the Assessment team report and based on the information summarised above I am satisfied the Standard is compliant.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)