CCNB Ltd

Performance Report

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**Commission ID:** 200034

**Provider name:** Community Care (Northern Beaches) Limited

**Assessment Contact - Site date:** 16 June 2021

**Date of Performance Report:** 24 September 2021

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(e) | Compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(d) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - Site report dated 7 July 2021
* feedback received by the Aged Care Quality and Safety Commission from consumers and representatives.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

Consumers and representatives interviewed by the Assessment Team spoke positively about assessment and care planning processes and confirmed that environmental risk assessments are completed. They said that non-response processes are discussed at each assessment.

Staff were familiar with the model of care and said they referred to care planning documentation to support care and service delivery. They said that care plans provided them with the information they required including in relation to environmental risks or risks associated with the consumer’s health and well-being.

Policies and procedures relative to assessment and care planning guide staff practice.

The Assessment Team reviewed care planning documentation and found that they are informed through interviews with the consumer and/or their representative, the use of specific assessment tools, information from My Aged Care and the consumer’s medical officer. Registered nurses are involved in assessment and care planning for those consumers with more complex care needs, or where there is a clinical need. Where appropriate, referrals to other health care providers are made, for example, where a consumer is living with dementia, a referral is made to a dementia advisory team.

Care plans include information about services to be delivered and reflect consideration of the consumers’ overarching goals, physical, psychosocial and cultural profile and preferences. Strategies to minimise risks to the consumers’ health, safety and well-being are identified and non-response processes are outlined.

The service has assessment and care planning processes in place that identify potential risks to the consumer’s health, safety and well-being.

This requirement is Compliant.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(e) Compliant

*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.*

The Assessment Team brought forward information identifying that for one consumer, the service could not demonstrate that aspects of the consumer’s care had been effectively communicated to another organisation that was involved in the consumer’s clinical care.

The provider’s response dated 7 July 2021 states that action has been taken to address this deficiency and to ensure that communication processes are effective. This includes:

* improved reporting mechanisms, particularly in relation to clinical care
* internal audits of all clients receiving clinical care or medication support have commenced
* the development of a Clinical Care Framework which provides a defined pathway for all high-risk clients
* a review of all brokered services, and
* monitoring of compliance.

I note the Assessment Team brought forward information under this and other requirements that all consumers were satisfied with the care and services they received. Additionally, reviews of care planning documentation, including for consumers with clinical needs identified that overall, the organisation sources information from multiple sources about consumers’ care and service needs, uses this to inform care planning, and communicates this to those involved in the care of the consumer.

While I acknowledge that for one consumer, information about their care needs was not communicated effectively, I am satisfied that for most consumers this was occurring. Additionally, the service has strengthened its processes and undertaken improvements in relation to this requirement.

This requirement is Compliant.

# STANDARD 4 Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

The provider demonstrated that there are systems in place to ensure information about the consumers’ condition, needs and preferences is communicated to staff and others who are involved in the consumer’s care.

Policies relevant to this requirement are available to guide staff practice.

Consumers were satisfied the service had effective communication systems and that staff knew when changes had occurred with their care.

Staff including volunteers who provide a range of social support services reported that they were satisfied with the information they received in relation to the consumer. They said the information includes consumers’ goals, background and interests and identifies any additional care or support that may be required.

Progress notes and care planning documentation reviewed by the Assessment Team included information about the consumers’ needs and preferences and demonstrated that referrals occur and that allied health recommendations are incorporated into care plans.

This requirement is Compliant.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

The Assessment Team brought forward information that the organisation promotes a culture of safe, inclusive, quality care and has systems and processes to support this.

Policies and procedures relevant to this requirement such as a community participation and social inclusion policy, are in place and guide staff practice.

The Board of directors provides overarching governance and is accountable for guiding and monitoring business practices. The Chief Executive Officer and leadership team support the Board and are responsible for coordination and implementation of programs and policies.

Established decision making processes and delegations are in place and there are well-defined roles and responsibilities within the organisational structure.

There are system controls to manage providers who perform poorly and strategies to promote those who provide reliable, quality care and services. Monitoring occurs through an auditing program, compliments and complaints and through investigation of incidents.

A strategic planning day was held earlier in 2021 and focused on four key areas including quality and safe person-centred care, sustainable local service ecosystems, stronger local communities and a strong viable community organisation.

I am satisfied that a culture of safe, inclusive quality care is promoted by the organisation.

This requirement is Compliant.

### Requirement 8(3)(c) Compliant

*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.*

The organisation has effective governance systems in relation to information management, continuous improvement, financial management, workforce management, regulatory compliance and feedback and complaints. The organisation demonstrated there are systems and processes relating to governance that are continually being reviewed and strengthened and are aligned to the Aged Care Quality Standards.

Information systems provide management, staff, volunteers and other providers with the information they require to provide care and service delivery.

Opportunities for continuous improvement are identified and actioned and the provider brought forward examples of improvement initiatives that had occurred in response to consumer and staff feedback and that had arisen from the organisation’s monitoring mechanisms.

The organisation has mechanisms in place to support and mentor the workforce that includes an orientation program, buddy system, education and training, and a performance review process.

The organisation has systems and processes for identifying relevant legislation and ensuring compliance. The provider sits on a home care advisory group and a quality advisor works with the leadership team to ensure changes to policies and procedures are communicated throughout the organisation appropriately.

There are established processes for managing feedback and complaints. Information about complaints and advocacy services are provided to consumers when they commence with the service. Complaints information informs the quality dashboard and is discussed at leadership meetings and is reported to the Board.

I am satisfied that the organisation has effective governance systems in place.

This requirement is Compliant.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.