**Performance**

**Report**

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| Name of service: | ACRO Community Connection and Maintenance |
| Service address: | 536 Sandgate Rd CLAYFIELD QLD 4011 |
| Commission ID: | 700352 |
| Home Service Provider: | ACRO Australian Community Safety and Research Organisation Inc. |
| Activity type: | Quality Audit |
| Activity date: | 10 May 2023 to 12 May 2023 |
| Performance report date: | 8 June 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 ACRO Community Connection and Maintenance (**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

**CHSP:**

* Community and Home Support, 23874, 536 Sandgate Rd, CLAYFIELD QLD 4011

# Material relied on

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

* the assessment team’s report for the Quality Audit; 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.
* the provider’s response to the assessment team’s report received 30 May 2023.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-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 | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 2(3)(e)
* Requirement 7(3)(e)

# Standard 1

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| Consumer dignity and choice | | CHSP |
| 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

In summary, based on the Assessment Team’s evidence gathered during this quality review, I am satisfied that the provider is evidencing compliance by:

* Supporting consumers to act independently, make their own decision and take part in the community.
* Recognising consumers’ individuality and their right to make their own decisions about the care and services they receive.
* Providing consumers with sufficient information to make informed choices about the services they receive.

# Standard 2

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| Ongoing assessment and planning with consumers | | 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 |
| 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. | Non-compliant |

Findings

2(3)(e) Non-compliant

The Assessment Team found that for consumers who have been engaged with the service for a number of years, a number of consumers had limited information available on their MAC assessment which feeds directly into the consumer record. Therefore, when the informal reassessment process is occurring for these consumers, staff have very little information to check against. I note two consumer examples were provided to the service as evidence of the current deficiencies found against this Requirement. At the time of the quality audit, I note that Management conceded their staff do not have a formal reassessment tool to use for the purpose of identifying changes in consumer condition.

At the time of making my decision, the service has submitted *‘we have reviewed our reassessment process particularly for home maintenance clients and we are currently developing a change of details form which we will send to clients annually. In addition we have included a request to clients in our current newsletter to be distributed from next week highlighting the importance for clients to let us know whenever things change for them as part of our continuous improvement strategy to enhance our service delivery’.*

While these improvements are a step in the right direction, they require time to be embedded into the service’s existing processes before benefits are able to be realised. Therefore, at the time of this quality review, I am not able to find the provider compliant with this Requirement.

Compliant Requirements

In summary, based on the Assessment Team’s evidence gathered during this quality review, I am satisfied the provider is evidencing compliance against the remaining Requirements by:

* Undertaking effective assessment and planning to inform the delivery of safe and effective services.
* Partnering with consumers/representatives to plan consumer’s needs and services.

# Standard 3

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| Personal care and clinical care | | 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. | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| ­Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| 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. | Not applicable |

Findings

This Standard is not applicable to this quality review as the service does not provide personal care or clinical care.

# Standard 4

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| Services and supports for daily living | | 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 |
| 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

In summary, based on the Assessment Team’s evidence gathered during this quality review, I am satisfied that the provider is evidencing compliance by:

* Providing a range of options for consumers to support their daily living, encouraging consumers to be independent and remain connected to their community.
* Through service delivery, enhancing emotional and psychological wellbeing of their consumers.
* Providing appropriate services that may benefit and enhance the wellbeing of their consumers.

# Standard 5

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| Organisation’s service environment | | 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. | Not applicable |
| 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. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

This Standard is not applicable to this quality review as the provider does not provide a physical service environment where care and services are delivered.

# Standard 6

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| Feedback and complaints | | CHSP |
| 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

In summary, based on the Assessment Team’s evidence gathered during this quality review, I am satisfied that the provider is evidencing compliance by:

* Encouraging and supportive of consumers providing feedback, including those consumers who require access to alternative and external services.
* Responding to all feedback appropriately and promptly and involving the consumer in the resolution of the complaint.
* Using feedback to inform improvements to care and services.

# Standard 7

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| Human resources | | 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 |
| 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. | Non-compliant |

Findings

7(3)(e) Non-compliant

The Assessment Team found that the service was unable to demonstrate how they identify, plan for, and support any additional training and development that management and staff require. For instance, the service did not have an effective system in place to regularly evaluate how management and staff are performing their role. Without a system in place for regular performance reviews, the service could not demonstrate how they support continuous improvement and development of the workforce. Management acknowledged that regular assessment, monitoring and review of the workforce does not occur. Staff performance was still reviewed but in an informal capacity which falls short of the Requirement.

I note the service responded, ‘we will reinstate more formal annual performance reviews for management and staff and this process as indicated by the review staff, will enable us to identify and plan any additional training and development required and enhance our ability to evaluate how staff and management are performing their roles.’

While I acknowledge this being a step in the right direction, it takes time for these systemic improvements to be embedded within the organisation and benefits to be realised. At the time of this quality review, I find the provider non-compliant with this Requirement.

Compliant Requirements

In summary, based on the Assessment Team’s evidence gathered during this quality review, I am satisfied the provider is evidencing compliance against the remaining Requirements by:

* Delivering care and services that are kind, caring and respectful.
* Providing a skilled workforce, sufficient to deliver safe and quality care and services.
* Providing the workforce with the time, resources and training required to deliver quality care and services to consumers.

# Standard 8

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| Organisational governance | | 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 |
| 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

In summary, based on the Assessment Team’s evidence gathered during this quality review, I am satisfied that the provider is evidencing compliance by:

* Involving consumers in the development, delivery, and evaluation of services.
* Supported to deliver safe and quality care and services by well-established governance systems.
* Utilising established risk management systems and practices to identify and assess risks and support consumers to live the best life they can.

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