**Performance**

**Report**

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| Name: | Active Community Group |
| Commission ID: | 600608 |
| Address: | 4 Watts Street, BOX HILL, Victoria, 3128 |
| Activity type: | Quality Audit |
| Activity date: | 7 August 2024 to 8 August 2024 |
| Performance report date: | 10 September 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: 9338 D.E.G Pty Ltd  
Service: 27007 Active Community Group

**This performance report**

This performance report for Active Community Group (**the service**) has been prepared by G. Harbrow, 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.

# Assessment summary for Home Care Packages (HCP)

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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 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 | | HCP |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with these Requirements and complies with this Standard.

Consumers and representatives confirmed consumers are treated with respect, with their cultural preferences valued by service staff. The Assessment Team found staff demonstrated an understanding of individual consumers, their cultural identify and diversity. Staff advised of a multicultural consumer cohort and explained the service prioritises the matching of consumers, with staff of similar cultural and linguistic backgrounds.

The Assessment Team report indicates consumers and representatives identified service provision as culturally safe with provision of consumer care by staff from similar cultural and linguistic backgrounds. Staff, consumers and representatives confirmed this helps facilitate an understanding of individual consumer’s cultural needs and preferences.

Consumers and representatives are confident the service provides consumers the opportunity to choose and make decisions about consumer care and about the involvement of others in their care. Staff confirmed providing service options and information to support consumers in exercising choice and making informed decisions. Care documentation evidenced consultation with consumers regarding service provision and the details of others identified by consumers to be involved in their care.

The Assessment Team report identified the service supports consumers to take risks associated with consumer choice. Staff advised and documentation confirmed, consumer choice is balanced with safety considerations in consultation with consumers and representatives. When risks are identified, strategies to mitigate risk are developed.

Consumers and representatives confirmed the service provides consumers with clear and timely information. Staff advised information is provided in several languages to facilitate consumer and representative understanding and consumer understanding is checked by staff when changes occur.

The Assessment Team found consumers and representatives are satisfied their personal information is kept confidential and confirmed consumer privacy is respected. The service has systems in place to ensure the security of consumer information.

# 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 am satisfied based on the Assessment Team’s observations and recommendations that the service complies with these Requirements and complies with this Standard.

The Assessment Team report identified the service has a process of assessment for, and consideration of, consumer risk to inform consumer care planning for the delivery of safe care and services.

Consumers and representatives are satisfied and documentation confirmed, assessment and care planning identifies current consumer needs, goals and preferences. Staff explained planning for end of life care is included in the care planning process with opportunities for discussion during care plan reviews. Consumers are provided with information regarding advanced care planning on commencement with the service.

Consumers and representatives are identified as being partners in consumer care planning, with regular consultation with service staff. Care documentation indicates consultation and involvement of other service providers as consented by consumers and their representatives.

Consumers and representatives confirmed receiving and understanding a copy of the consumer care and services plan. Staff advised of ready access to consumer information required to deliver safe and effective care. Care documentation evidenced consumer care needs, preferences and goals are current.

The Assessment Team report identified consumer care plans are reviewed and updated annually and or following any changes to consumer circumstance and or condition.

# 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)(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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with these Requirements and complies with this Standard.

The Assessment Team found consumers and representatives are satisfied personal and clinical care is tailored to the needs to consumers and optimises their well-being. Staff advised consumer care needs are discussed daily and confirmed provision of care aligned with consumers' care plans and preferences. Care documentation reflects consumer care is monitored and reviewed.

The service has a multidisciplinary approach for identification and management of high impact, high prevalence consumer risk and maintains a vulnerable consumer register identifying consumers at risk of isolation.

The Assessment Team identified, the service engages in a collaborative approach with consumers, their representatives, consumers’ medical officers, and external palliative care services to optimise care provided to consumers nearing the end of life. Consumer care files confirmed the documentation of consumer advanced care directives.

Consumers and representatives were confident staff would recognise changes in consumer condition. Staff advised of a process of escalation and response to consumer deterioration. The service has a policy to guide staff in identifying, reporting and responding to consumer deterioration.

Staff confirmed having access to information about the consumers’ condition, needs and preferences to inform care delivery. They advised relevant consumer information is shared with external services as required.

The Assessment Team found consumers and representatives are satisfied consumers are referred to other care and service providers when required. Staff could describe a process of internal and external referral and identify currently available referral networks including local community resources.

The Assessment Team report indicates the service has processes in place to manage infection-related risks. Consumers and representatives are satisfied with infection prevention strategies used by staff, including the use of Personal Protective Equipment (PPE) and hand washing. The service has an infection outbreak management plan. The service has an antimicrobial stewardship policy and advises, opportunities to reduce antibiotics are discussed with consumers and medical officers as appropriate. The service provides consumers with information regarding the use of antibiotics.

# Standard 4

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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with these Requirements and complies with this Standard.

The Assessment Team found consumers and representatives are satisfied that consumer independence and quality of life is enhanced by the care and services consumers receive providing enhanced opportunities to engage in activities of their choosing. Consumer care files showed documentation of consumer needs, goals and preferences associated with activities for daily living to support independence.

Consumers and representatives confirmed consumer spiritual and psychological well-being are considered in delivery of consumer care. Care documentation showed information regarding consumer emotional health is captured to inform care; and evidenced staff provision of emotional support to consumers identified as in need.

The Assessment Team found consumers and representatives felt consumers are supported to do things of interest to them, including participating in the community and maintaining their social and personal relationships. Staff described how they support consumer well-being and a sense of belonging, by providing opportunities to connect with social support and community groups.

Consumers and representatives are confident staff know individual consumers and their preferences. The Assessment Team identified the service shares consumer information with others involved in consumer care to ensure service provision according to each consumer’s care and service delivery plan. Care documentation evidenced communication between the service and others sharing consumer care responsibilities, including examples of referrals to a range of services and supports for daily living.

The Assessment Team identified, where meals are provided, feedback from representatives indicated meals are of good quality and enjoyed by consumers. Care planning documentation identified consideration given to consumer nutritional risks.

Equipment is purchased for consumers through package funding following an assessment and recommendation by appropriate allied health service professionals. Service staff monitor the condition of equipment for suitability and condition.

# Standard 6

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| Feedback and complaints | | HCP |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with these Requirements and complies with this Standard.

The Assessment Team determined consumers and representatives are confident and comfortable to provide feedback to the service. Staff described several feedback mechanisms available to consumers and representatives. Consumers and representatives advised being provided with information on advocacy and language services on commencement with the service. Documents provided to consumers on commencement with the service confirm inclusion of information on advocacy agencies and support services for consumers from culturally and linguistically diverse backgrounds.

The Assessment Team report identified consumers and representatives are satisfied the service responds to feedback in a timely and appropriate manner. Consumers advised and documents confirmed the service practices open disclosure in response to consumer complaints. The service maintains a complaints register which reflects timely management of complaints.

The Assessment Team found the service monitors and analyses complaints data to inform improvements in consumer care and service provision.

# Standard 7

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| Human resources | | HCP |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with these Requirements and complies with this Standard.

Consumers and representatives are satisfied with staffing levels and the quality of care and services received. The roster demonstrated the workforce is planned on a weekly rotation, enabling a suitable number and mix of staff to support the delivery of care. The service advised, workforce planning considers consumer needs and gender preferences, consumer culture and preferred language and the prioritising of personal care. The service recruits both full-time and part-time staff to promote stability of the workforce.

Consumers and representatives confirmed staff are kind, respectful and caring. Staff referred to consumers in an individualised and respectful manner. The service has a policy to guide staff in their expected code of conduct.

The Assessment Team report identified consumers and representatives are satisfied service staff are competent and have the required skills to effectively perform their roles. Staff advised and position descriptions confirmed, the expected qualifications, skills, and knowledge required by staff to perform their roles. Staff described providing the service with their qualifications, police checks, and vaccination requirements prior to commencing employment and staff records evidenced the necessary qualifications, registrations, insurance, and identification required.

The Assessment Team determined staff are trained and supported in the outcomes required of the Aged Care Quality Standards. The service advised staff training needs are identified by a variety of indicators including regulatory changes, audit outcomes, complaints, feedback, incident trends, staff requests, and performance appraisals.

The service advised of an annual process of staff performance appraisal and review which includes staff self-assessment and structured feedback. The service has policies to guide staff in formal and informal processes for monitoring and review of staff performance.

# Standard 8

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| Organisational governance | | HCP |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with these Requirements and complies with this Standard.

The Assessment Team found consumers are provided the opportunity to participate in service evaluation and development through a process of surveys and the service’s feedback system. The service also has a consumer advisory body which reports to the Board.

The Assessment Team determined the service demonstrated effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

The service has initiated the replacement of its electronic information management system to enhance reporting functionality. There are policies and procedures in place to guide information management including privacy and confidentiality.

The service has a plan for continuous improvement (PCI) informed by consumer and staff feedback, incident trend analysis and legislative changes.

The service has a system of financial management led by the organisation’s finance manager, with reports to the Board regarding the service’s financial viability and business sustainability.

Workforce governance systems ensure sufficient and competent staff are employed to provide safe and quality care and services to consumers.

A quality management framework incorporates regulatory compliance through subscription to bulletins from government departments, peak bodies, and service industry advisory groups. The service has systems in place to ensure policies and procedures are updated to reflect legislative or regulatory change with changes communicated to staff.

The service has an effective feedback and complaints management system with outcome data used to inform the service PCI to improve consumer service and care delivery.

The service has an effective risk management framework to manage high impact and or high prevalence consumer risk. Incidents including those reportable under the serious incident reporting scheme (SIRS), are reported to the service’s Board, clinical governance team, and the quality and risk team. Incidents are analysed to identify trends with risk mitigating strategies implemented. The service takes a balanced approach to risk management to enable consumer enjoyment and choice. Staff understand their responsibilities in identifying and reporting abuse or neglect.

The service has a clinical governance framework which incorporates a clinical governance team which meets quarterly to discuss clinical issues. The framework includes clinical care considerations, including anti-microbial stewardship, the use of restraint, and open disclosure.

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)