**Performance**

**Report**

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| Name: | Akooramak Care of Older Persons CCP |
| Commission ID: | 700106 |
| Address: | 269 Wood Street, WARWICK, Queensland, 4370 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 22 May 2024 |
| Performance report date: | 14 June 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: 316 Warwick Benevolent Society Inc  
Service: 17960 Akooramak Care of Older Persons CCP

**This performance report**

This performance report for Akooramak Care of Older Persons CCP (**the service**) has been prepared by P. Sherin, 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others
* the assessment team’s report for the quality audit conducted 16-19 October 2023 and performance report dated 17 November 2023

# Assessment summary for Home Care Packages (HCP)

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| Standard 4 Services and supports for daily living | Not applicable as not all requirements were assessed |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements were assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements were assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements were assessed** |

# 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 4

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| Services and supports for daily living | | HCP |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

Consumers and representatives said consumers enjoy the meals provided, are offered choice, and meals received are of suitable quality and quantity.

Management explained the process used to ensure consumers are receiving food which is suitable to their preferences and health needs, including seeking consumer feedback and utilising dietary assessments.

Care planning documentation and meal delivery sheets utilised by staff identified information regarding consumers’ dietary needs, preferences, allergies, dislikes, and any support and assistance measures required.

The service was previously found non-compliant in this Requirement under a quality audit conducted 16-19 October 2023 due to consumer dissatisfaction with the quality of meals; lack of consumer choice; and lack of effective monitoring processes to ensure the quality of meals. Interviews with consumers and representatives, staff, and review of documentation identified the service has implemented the following improvement actions to remediate these deficits:

* Weekly menu order forms have been introduced offering additional variety of meals including hot food, salads, sandwiches, soups, and desserts.
* Hot and cold meal carrying cases have been purchased for meal transportation. Containers used for transporting meals have been changed to divided containers, ensuring the food does not mix during transportation and to improve the presentation of meals.
* Additional monitoring processes have been introduced to ensure the quality of food including temperature checking of meals prior to leaving the kitchen and quality checks of meals against delivery sheets to ensure correct meals are delivered.
* Dietary assessments completed for all consumers receiving meals to ensure correct and up to date information is captured.
* Meal surveys and complaint forms have been introduced to obtain consumer feedback.

Based on the information recorded above and the positive feedback received from consumers and representatives, it is now my decision this Requirement is compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| 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

Requirement 6(3)(c)

Consumers expressed satisfaction with the complaints handling and resolution process stating they are informed of any follow-up actions and progress made against their complaint.

Consumers provided examples of recent complaints that were managed appropriately and said staff members provided an apology and rectified their concerns.

Staff and management described the service’s complaints handling process and what open disclosure means to them in practice. Staff advised they have received training on complaints handling.

Review of the service’s feedback and complaints register identified resolutions are documented for each complaint recorded.

The service was previously found to be non-compliant in this Requirement under a quality audit conducted 16-19 October 2023 due to not demonstrating complaints are consistently responded to; staff not having a shared understanding of the complaint resolution process; and an open disclosure process not being applied as part of complaints management. Review of documentation and interviews with consumers, staff, and management identified the service has implemented the following improvement actions to remediate these deficits:

* Revision of the service’s complaints handling processes and strengthened workforce governance to ensure staff and management responsibilities are clearly defined in relation to complaints handling and resolution.
* Feedback survey forms have been implemented for catering services. Staff have been equipped with complaints forms to provide to consumers when attending services.
* Training has been provided to staff on the complaints handling process and flow charts introduced to guide staff practice.

Based on the information recorded above and the positive feedback received from consumers and representatives, it is now my decision this Requirement is compliant.

Requirement 6(3)(d)

Consumers and representatives expressed confidence in the service making improvements in response to their feedback or complaints.

Management provided examples of how feedback and complaints have been used to drive continuous improvement across the service.

Review of the service’s feedback and complaints register identified both positive and negative feedback is consistently recorded, actioned, analysed, and reviewed within an electronic record to make improvements. The service’s plan for continuous improvement records improvement actions and outcomes against all entries gathered from a range of sources.

Information on feedback and complaints trends and continuous improvement is provided to the organisation’s Board as part of regular reporting.

The service was previously found non-compliant in this Requirement under a quality audit conducted 16-19 October 2023 due to not demonstrating recurring issues raised by consumers are resolved; feedback and complaints were not consistently analysed, trended, or used to make improvements; and the service’s plan for continuous improvement lacked sufficient detail to ensure improvements were appropriately actioned and monitored for effectiveness. The service has implemented the following improvement actions to remediate these deficits:

* Management have restructured the complaints process, assigning a member from management the responsibility to review and use feedback and complaints to improve the quality of care and services.
* A range of improvement measures have been implemented in response to complaints trends regarding meals. Refer to Requirement 4(3)(f) above for information on improvements more broadly.
* The service’s plan for continuous improvement has been reviewed and updated to reflect monitoring of progress against specific actions, ensuring this information is documented, together with planned completion and review dates.

Based on the information recorded above and the positive feedback received from consumers and representatives, it is now my decision this Requirement is compliant.

# 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 |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Requirement 7(3)(d)

Consumers and representatives said staff are professional, well trained, and competent in their roles.

Management described how staff receive induction and orientation, mandatory training, buddy shifts, and various competency assessments to prepare them to undertake the duties of their role. Staff training needs are identified using various methods including internal audits, consumer and representative feedback, changes to legislation, and performance reviews.

Staff confirmed they have access to both online and face to face training, receive ongoing mentoring, and management are available to provide support.

Review of training records identified staff have completed mandatory training on a range of topics including but not limited to fire safety, manual handling, infection control, the Serious incident response scheme, and restrictive practices.

The service was previously found non-compliant in this Requirement under a quality audit conducted 16-19 October 2023 due to not demonstrating processes in place to effectively monitor and review staff training, and due to staff not having received training on topics such as the Aged Care Quality Standards and the Serious Incident Response Scheme. The service has implemented the following improvement actions to remediate these deficits:

* All staff training records have been reviewed, followed up, and updated as required. A training folder has been established capturing a six-monthly staff training calendar, individual and group training attendance records, toolbox training resources, and other related documentation.
* Training on the Serious Incident Response Scheme has been included as part of staff mandatory training. Training on the Quality Standards has been provided to staff via separate training sessions on each of the standards. Staff confirmed they have attended these trainings and were able to demonstrate shared understanding of these topics.

Based on the information recorded above, it is now my decision this Requirement is compliant.

Requirement 7(3)(e)

The service demonstrated staff performance is monitored and reviewed during probation, on an ongoing basis, and through annual performance reviews.

Management said they discuss any individual performance concerns with staff members and provide relevant support. Training and development plans are discussed at annual appraisals and staff are encouraged to provide ongoing feedback on training and development needs to their managers.

Staff advised they have completed performance appraisals and gave examples of requesting further training as part of their appraisal which was supported by management.

Review of documentation identified staff appraisals have been completed via paper-based forms signed by staff and management and stored in a staff performance review folder.

The service was previously found non-compliant in this Requirement under a quality audit conducted 16-19 October 2023 due to not identifying who is responsible for conducting staff appraisals and not demonstrating regular assessment of staff performance is undertaken. The service has taken the following improvement actions to remediate these deficits:

* Staff performance appraisal records have been reviewed and all staff have completed their annual performance appraisal in February and May 2024.
* A hard copy spreadsheet is maintained to monitor upcoming staff annual appraisals.
* Position descriptions have been updated to reflect the person responsible for conducting staff performance appraisals. The service’s Care team leader is responsible for all care staff performance reviews and the Director of Care is responsible for team leader and registered staff performance reviews.
* Management advised, and review of management meeting minutes identified, the service is planning to implement a new human resource system which will enable performance appraisals to be completed online and records stored electronically.

Based on the information recorded above, it is now my decision this Requirement is compliant.

# Standard 8

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| Organisational governance | | HCP |
| 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 |

Findings

Requirement 8(3)(b)

Interviews with management and review of documentation identified the organisation’s leadership team (the Board) remains informed of the service’s operations through regular meetings and performance reports.

Review of monthly reports and meeting minutes evidenced a range of information is provided to the Board including but not limited to, feedback and complaints trending, human resource matters, financial reporting, incident trends, and legislative and regulatory changes. The Board uses this information to ensure safe, inclusive, quality care and services and compliance against the Quality Standards.

The service was previously found non-compliant in this Requirement under a quality audit conducted 16-19 October 2023 due to not providing evidence to demonstrate the organisation’s Board received information from the service enabling oversight of service delivery and compliance with the Quality Standards; and due to staff not receiving training in relation to the Quality Standards to ensure safe and effective care and service delivery. The service has implemented the following improvement actions to remediate these deficits:

* The format of Board meeting minutes and monthly Care reports has been updated to reflect information reported to the Board including in relation to feedback and complaints and the service’s performance against the Quality Standards.
* Training has been provided to staff on the Quality Standards. Staff have demonstrated a shared understanding of the Quality Standards and their application as relevant to their roles.

Based on the information recorded above, it is now my decision this Requirement is compliant.

Requirement 8(3)(c)

The service demonstrated effective organisation-wide governance systems relating to continuous improvement, workforce governance, regulatory compliance, and feedback and complaints.

The organisation has a plan for continuous improvement which captures planned and completed improvement actions and includes information on the responsible staff member, progress updates, and estimated dates for completion, monitoring, and review.

Management and staff are provided with a position description and demonstrated a clear understanding of their roles and responsibilities. Staff receive training on a range of topics including the Quality Standards and their reporting responsibilities under the Serious Incident Response Scheme.

Management receives information on legislative and regulatory changes via subscriptions to relevant regulatory bodies. Policies and procedures are updated to reflect legislative and regulatory changes and information distributed to the Board, staff, and consumers as required.

The service has processes in place to ensure feedback and complaints are documented and managed appropriately, and to ensure their trending and analysis occurs to improve the quality of care and services.

The service was previously found non-compliant in this Requirement under a quality audit conducted 16-19 October 2023. This was due to not demonstrating effective organisation wide governance systems in relation to continuous improvement (specifically, not monitoring progress against improvement actions); workforce governance (specifically, lack of staff training and compliance monitoring); regulatory compliance (specifically, not ensuring consumer monthly financial statements were itemised); and feedback and complaints (specifically, not actioning and reviewing feedback and complaints and using open disclosure). The service has implemented the following improvement actions to remediate these deficits:

* The service’s plan for continuous improvement has been reviewed and updated to reflect monitoring of progress against specific actions, ensuring this information is documented, together with planned completion and review dates.
* Staff training and performance review monitoring processes have been strengthened to ensure the workforce is appropriately trained and their performance is regularly assessed. Refer to Requirements 7(3)(d) and 7(3)(e) for more information on improvement actions.
* The format of consumer monthly statements has been updated commencing December 2023 to include expanded information related to the service details. Consumers were advised about the changes to monthly statements via meetings and newsletters. Sampled consumers and representatives expressed satisfaction with the new format and said they found the additional information helpful.
* Feedback and complaints handling processes have been strengthened to ensure all feedback and complaints are documented and managed appropriately. Staff have been provided training on feedback and complaints handling and equipped with flowcharts for guidance. Refer to Requirements 6(3)(c) and 6(3)(d) for more information on improvement actions.

Based on the information recorded above, it is now my decision this Requirement is compliant.

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)