**Performance**

**Report**

**1800 951 822**

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| Name of service: | Albany Community Care Centre |
| Service address: | 73 Hardie Road ALBANY WA 6330 |
| Commission ID: | 500090 |
| Home Service Provider: | Albany Community Care Centre Inc |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 16 November 2022 |
| Performance report date: | 8 December 2022 |

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 Albany Community Care Centre (**the service**) has been prepared by A.Grant, 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

**Home Care:**

* Albany Community Care Centre, 19068, 73 Hardie Road, ALBANY WA 6330

# Material relied on

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

* The assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by 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 | Not Applicable |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Applicable** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not Applicable** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Not Applicable** |
| **Standard 7** Human resources | **Not Applicable** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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 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. | **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

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumer’s pain, skin integrity and wound management is best practice, tailored to consumers’ needs and optimises their health and well-being. Evidence analysed by the Assessment Team showed the service has introduced clinical assessment documentation used at initial assessment, and when there is a change, developed policies and procedures. Evidence analysed by the Assessment Team showed a Personal and clinical care policy dated 14 October 2022, Infection prevention and control policy dated 14 October 2022, Changes in a client’s condition policy dated 14 October 2022, Escalating concerns for client welfare procedure dated 12 April 2022. Evidence analysed by the Assessment Team showed the service has recruited additional staff and now has three home care package (HCP) coordinators, two registered nurses and an enrolled nurse. Evidence analysed by the Assessment Team showed the organisation has determined each coordinator will manage a total case load of no more than fifty consumers.

Care providers when interviewed by the Assessment Team stated they receive consumer care plans on electronic tablets provided by the organisation. Evidence analysed by the Assessment Team showed information available to the care providers includes alerts describing allergies, falls risk and changes in care requirements. Care providers when interviewed by the Assessment Team described how they report incidents and escalate concerns in line with the service policy and procedure. A registered nurse when interviewed by the Assessment Team described how they undertake assessment and provide care in line with best practice and described assessing wounds which includes taking measurements and photographs, assessing pain using a validated pain assessment tool and assessing skin integrity. Nursing staff when interviewed by the Assessment Team also described post fall review and assessment.

Management when interviewed by the Assessment Team stated they have been transitioning to electronic file only. Evidence analysed by the Assessment Team showed the services’ process for assessment are manually completed and scanned to consumers’ electronic files.

On balance the decision maker finds the requirement compliant as the service was able to demonstrate it has policies, procedures and guidelines to guide staff, including incident identification and reporting. Evidence was analysed by the Assessment Team which showed the service applies best practice to wound assessment and management, skin integrity and pain assessment.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation  n of care and services and are supported in that engagement. | **Not applicable** |
| 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. | **Not applicable** |
| 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. | **Not applicable** |
| 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. | **Not applicable** |

Findings

*Information management*

Evidence analysed by the Assessment Team showed the service demonstrated information management systems including electronic systems and information backup processes are in place. Management when interviewed by the Assessment Team described the implementation of a merge process in early 2022 aimed at streamlining workflow processes and access to relevant information for all staff. Management when interviewed by the Assessment Team explained the ongoing prioritisation review and update of the document control system to ensure staff have access to policies and procedures to effectively carry out their roles. During an interview with the Assessment Team, a registered nurse volunteered information describing their ability to reference policies and procedures related to wound management and deterioration.

Evidence analysed by the Assessment Team showed care providers have recently been provided with new tablets to facilitate ease of use and ensure confidentiality of consumer information. Evidence analysed by the Assessment Team showed care workers attending to consumers can access consumer care plans and care directives, including when a care plan has been changed. Evidence analysed by the Assessment Team showed alerts are present for specific information such as consumer allergies, hospital discharge, or safety measures for staff to note when accessing a consumers’ premises. All care providers interviewed by the Assessment Team confirmed access to consumer care plans and could describe updating progress notes at the point of providing care. One care provider interviewed by the Assessment Team described a short-term alert that referred to a temporary change of task requirements. Three of three consumers and/or representatives interviewed by the Assessment Team reported overall that they do not have to repeat care needs and expressed confidence that care workers know what they are doing. Evidence analysed by the Assessment Team showed care planning documentation for three of three consumers reflected when care plans were assessed, care plan dates and detailed task lists for care providers.

*Continuous improvement*

Evidence analysed by the Assessment Team showed the service operates a continuous quality improvement and policy and process which is overseen by the quality compliance and safety coordinator. Management when interviewed by the Assessment Team described how opportunities for improvement are identified through consumer and staff feedback and complaints, audits, meetings and organisational initiatives. Evidence analysed by the Assessment Team showed planned actions are documented in a plan for continuous improvement monitored through management, committee and board meetings.

*Financial Management*

Evidence analysed by the Assessment Team showed the service demonstrated a system to ensure oversight of the financial management of the service. Evidence analysed by the Assessment Team showed HCP underspends and budget deficits are monitored by the HCP Finance manager in conjunction with the Operations Manager and HCP coordinators. Management when interviewed by the Assessment Team reported that while this data is collated, analysed and discussed, they were not able to describe how this information is shared to the Board. Evidence analysed by the Assessment Team showed the service provides invoices to consumers as appropriate and four of four consumers and/or representatives expressed satisfaction with the invoices received when interviewed by the Assessment Team.

*Workforce governance, including the assignment of clear responsibilities and accountabilities*

Evidence analysed by the Assessment Team showed the organisation has a new organisational structure, a new Chief Executive Officer commenced after July 2021 and there have been changes in management roles and reporting lines for staff.

Evidence analysed by the Assessment Team showed three HCP coordinators are responsible for managing caseloads inclusive of home care package and Commonwealth Home Support Program consumers. Caseloads consist of forty-one, forty-three and forty-four consumers assigned to each of the HCP coordinators respectively. Evidence analysed by the Assessment Team showed workforce planning coordinators monitor the number of HCP and consumers being managed by HCP coordinators. Management when interviewed by the Assessment Team advised that nineteen Commonwealth Home Support Program (CHSP) consumers will transition to home care packages in the short term, and that a recruitment process will be undertaken to appoint an additional HCP coordinator in anticipation of ensuring equitable allocation of caseloads.

Management when interviewed by the Assessment Team provided an outline of recent recruitment strategies to attract additional staff, including radio, job seeker websites and social media. Management during interviews reported recruiting twelve new people to the organisation in November including an enrolled nurse to support existing clinical staff. Evidence analysed by the Assessment Team showed onboarding processes include an established buddy system and a newly developed orientation checklist to support new staff. The Assessment Team analysed the employee handbook provided to new staff, which references Aged Care Quality Standards and service policies, procedures and service systems including incident reporting and management and handling feedback, compliments and complaints. The Assessment Team analysed position descriptions for two roles which detailed clear responsibilities and accountabilities with relevant reporting and authority lines.

*Regulatory compliance*

Management when interviewed by the Assessment Team discussed aligning their current policies, procedures and training with current Aged Care Quality Standards including ensuring relevant staff training and organisational policy updates in response to the Serious Incident Response Scheme (SIRS).

Management when interviewed by the Assessment Team demonstrated processes and procedures to manage regulatory compliance including current staff police certification and COVID-19 vaccination records. Evidence analysed by the Assessment Team showed the service uses an online spreadsheet that includes formulated alerts to advise management and staff of upcoming expiry of police certificates. Evidence analysed by the Assessment Team showed COVID-19 immunisation records show all staff have received the required vaccinations and staff influenza vaccination records are maintained by Pharmacy One.

*Feedback and complaints*

Evidence analysed by the Assessment Team showed the service has a feedback and complaints system that informs a feedback register and continuous improvement processes. Management when interviewed by the Assessment Team described how complaints and feedback are managed and reported. Evidence analysed by the Assessment Team showed the service’s complaints management policies outlined an open disclosure process which explains ‘elements’ that begin with ‘an apology’. While one consumer interviewed by the Assessment Team indicated they were uncertain where to raise a complaint or provide feedback, four of four consumer representatives interviewed, said in various ways they are satisfied with feedback and complaint processes. One representative interviewed by the Assessment Team described when an open disclosure process was used.

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)