**Performance**

**Report**

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| Name: | ANFE - TORRENSVILLE |
| Commission ID: | 600117 |
| Address: | 108 South Road, TORRENSVILLE, South Australia, 5031 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 2 September 2024 |
| Performance report date: | 26 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.

# Services included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7766 Associazione Nazionale Famiglie degli Emigrati Incorporated  
Service: 23829 Associazione Nazionale Famiglie degli Emigrati Incorporated - Care Relationships and Carer Support  
Service: 23830 Associazione Nazionale Famiglie degli Emigrati Incorporated - Community and Home Support

**This performance report**

This performance report has been prepared by Jemma Wilson, 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 services it operates, 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 service outlets, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 19 September 2024.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 2 Ongoing assessment and planning with consumers | Not Compliant |
| **Standard 8** Organisational governance | **Not fully assessed** |

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.

**Standard 2, Requirement (3)(a)**

* Ensure assessment and planning processes include assessments of risks using validated assessment tools to inform the delivery of safe and effective services and supports.

# 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. | Not 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)(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

Standard 2, Ongoing assessment and planning with consumers has been found non-compliant as Requirement (3)(a) has been found non-compliant.

**Requirement (3)(a)**

Requirement (3)(a) was found non complaint following an assessment contact undertaken in September 2023, where it was found assessment and planning did not consider risks to the consumer’s health and well-being. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including but not limited to:

* Provided training and guidance to coordinators in assessment and planning.
* Review and implementation of updated assessment and planning form to capture additional information at initial and ongoing assessments.
* A review of all consumers’ assessment and planning documentation, which includes a service user summary form.
* Review of assessment and planning procedure to include completion of risk assessments.

At the assessment contact in September 2024, the assessment team were not satisfied all improvements had been implemented, monitored or evaluated to ensure ongoing effectiveness and systemic change. The assessment team’s report included the following evidence relevant to my finding:

* Documentation for 5 consumers showed while risks are identified, assessments are not undertaken with mitigation strategies implemented.
* Consumers confirmed assessment and planning processes do not include assessments of risks associated with their service delivery.
* Care documentation showed, and management confirmed, for 2 consumers who had recorded incidents did not have their care and services reassessed following the incident.

The provider acknowledged the information in the assessment team’s report, and reported they have undertaken the following actions taken to address the deficits identified:

* Development and implementation of an induction/review checklist which includes dignity of risk assessment and reviewing the consumer’s medical history.
* Consumers named in the report have been prioritised for a care review in relation to the identified risks.
* The service is planning to implement a risk register to record and monitor risks to consumer’s care.
* All consumers are expected to have undergone a reassessment of risk completed by September 2025.

While I acknowledge the provider’s response and proposed actions, I find the service does not undertake assessments including in relation to risk informing the delivery of safe and effective services and supports. In coming to my finding, I have considered evidence within the assessment team’s report which shows that while some risks are identified, assessments are not undertaken, nor are mitigation strategies implemented. Additionally, while the provider’s response includes the implementation of a dignity of risk assessment, additional risk assessments have not been considered for implementation.

Based on the assessment teams report, and providers response, I find Requirement (3)(a) in Standard 2 not compliant.

**Requirement (3)(b)**

Requirement (3)(b) was found non-compliant following an assessment contact undertaken in September 2023, where it was found assessment and planning did not identify the consumer’s current needs, goals, and preferences. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including but not limited to:

* Implementation of an assessment and planning form to capture consumer’s needs, goals and preferences at initial and ongoing reviews.
* A review of all consumer care plans, with needs, goals, and preferences identified and documented has been undertaken.

At the assessment contact in September 2024, the assessment team were not satisfied assessment and planning processes included discussions relating to advance care directives and end of life care. The assessment team’s report included the following evidence relevant to my finding:

* Care documentation showed user summary forms recorded specific and personalised information in relation to the consumers’ current needs, goals, and preferences, which was confirmed through interviews.
* Care documentation did not include consumers’ advance care planning and end of life wishes and consumers confirmed the service had not discussed end of life wishes and advance care directives with them.
* Management and coordinators confirmed assessment and planning processes do not include advance care directives or end of life wishes.

The provider acknowledged the information in the assessment team’s report, and included the following actions taken to address the issues identified:

* The development of induction/review checklists, inclusive of discussing advance care directives and end of life wishes.
* All consumers are expected to have end of life wishes and advance care planning discussions completed by September 2025.

I acknowledge the information in the assessment team’s report; however, I have come to a different view. In coming to my finding, I have considered the information within the assessment teams report which showed the current needs, goals and preferences of consumers are documented. While care documentation did not include advance care directives or end of life wishes, the service has included actions being undertaken in their response to address the issues, relevant to the services being provided to consumers.

As the service is identifying and documenting the current needs, goals and preferences of consumers and has proposed actions to include the discussion of end of life wishes and advance care directives with consumers, I find Requirement (3)(b) in Standard 2 Ongoing assessment and planning with consumers compliant.

**Requirement (3)(e)**

Requirement (3)(e) was found non-compliant following an assessment contact undertaken in September 2023, where it was found care and services were not reviewed for effectiveness when circumstances change, or when incidents impact on the needs, goals, or preferences of the consumer. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including but not limited to:

* A review of all consumer care plans had been undertaken.
* The implementation of service user summary forms and a 12 monthly care plan review schedule.

At the assessment contact in September 2024, the assessment team recommended Requirement (3)(e) met as they were satisfied assessment and planning are reviewed for effectiveness regularly and when changes or incidents impact on the consumer’s needs, goals, and preferences. The assessment team’s report included the following evidence relevant to my finding:

* Management and coordinators indicated, and care documentation confirmed, all consumer care plans, and service user forms were current at the time of the assessment contact.
* Coordinators described review processes, which included following incidents or when changes to a consumer’s needs, goals, and preferences are identified.
* Two consumers described undertaking a reassessment of their services when changes in their health had occurred.

Based on the assessment team’s report, I find Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 8

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| Organisational governance | | CHSP |
| 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 |

Findings

Requirements (3)(c) and (3)(d) were found non-compliant following an assessment contact undertaken in September 2023, where it was found the service did not have effective organisational wide governance and risks management systems in place. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including but not limited to:

* Implementation of revised care plans to include comprehensive consumer information and service user summary forms.
* Implementation of a consumer spreadsheet which includes hyperlinks to each consumer’s care documentation.

At the assessment contact in September 2024, the assessment team were satisfied actions taken to address the non-compliance had been implemented, monitored and evaluated, and effective governance and risk management systems are in place.

Monthly reports show oversight by the board in relation to feedback and complaints, continuous improvement and financial information. Additionally, the organisation maintains subscriptions to regulatory bodies to ensure compliance with legislative and regulatory requirements. The organisation has systems and processes in place to monitor staff qualifications, clearances, mandatory training and performance appraisals and includes external contractors. Continuous improvement processes are driven by consumers feedback and documented within a current continuous improvement plan. Electronic and paper-based documentation are stored securely with access restricted to authorised personnel, with policies, procedures and position descriptions in place to guide and support staff.

The service maintains an incident register to record, analyse and investigate consumers incidents. Informal meetings and board meeting minutes show incidents and associated risks to consumers are discussed and monitored. Staff are provided training on serious incident response scheme (SIRS) and incident management with staff aware of service policies and procedures on recognising and responding to elder abuse and described how they support consumers to live their best life.

Based on the assessment team’s report, I find Requirements (3)(c) and (3)(d) in Standard 8 Organisational Governance 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)