**Performance**

**Report**

**1800 951 822**

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| Name of service: | ANFE - TORRENSVILLE |
| Service address: | 108 South Road TORRENSVILLE SA 5031 |
| Commission ID: | 600117 |
| Home Service Provider: | Associazione Nazionale Famiglie degli Emigrati Incorporated |
| Activity type: | Assessment Contact - Site |
| Activity date: | 4 September 2023 |
| Performance report date: | 16 October 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 ANFE - TORRENSVILLE (**the service**) has been prepared by F.Nguyen, 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:**

* Care Relationships and Carer Support, 23829, 108 South Road, TORRENSVILLE SA 5031
* Community and Home Support, 23830, 108 South Road, TORRENSVILLE SA 5031

# Material relied on

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

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site 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 19 September 2023.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **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

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)(a)*

Improvements to 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, including but not limited to ensuring care plans include identified risks and clearly set out appropriate strategies to support management of these risks.

* *Requirement 2(3)(b)*

Improvements to assessment and planning to identify and address the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes, and in particular, ensuring that consumer’s needs, goals and preferences are identified, supported by documented systems and processes that describe how assessment and care planning is to be undertaken.

* *Requirement 2(3)(e)*

Improvements to processes to ensure that 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, including but not limited to ensuring timely and effective reviews occur regularly and as required.

* *Requirement 8(3)(c)*

Improvements to effective organisation wide governance systems relating to information management, particularly in ensuring that improvements to systems and processes are implemented for all consumers.

* *Requirement 8(3)(d)*

Improvements to effective risk management systems and practices relating to managing high-impact or high-prevalence risks associated with the care of consumers, particularly in ensuring that improvements to systems and processes are implemented for all consumers.

# 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. | Non-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. | Non-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)(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

Requirements 2(3)(a),(b),(e)

The Assessment Team recommended Requirement 2(3)(a) not met, as they were not satisfied that 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.

The Assessment Team provided the following evidence relevant to my finding:

* The service did not demonstrate that current 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. While care planning documentation viewed by the Assessment Team demonstrated improved consideration of consumers' health and risks, the service did not demonstrate how this information informs staff when delivering safe and effective services. Management described implemented actions to improve their assessment and planning process, however, the new process has not been used on a sufficient number of consumers to confirm its effectiveness.
* Care documentation for consumers A, B, C and D had been identified with high-impact and high-prevalence risks but their care plans did not include these identified risks or appropriate strategies to support them with these risks.
* The Assessment Team addressed these concerns with management who provided the following responses:
  + Management acknowledged that the previous care plans did not provide detailed information of consumer risks to inform staff delivering services and that the service has only reviewed 9 of approximately 150 consumers using the new care planning model.
  + Management advised that the new assessment and planning process was being trialled on consumers attending social support groups and they intended to have all consumers reviewed with the new care plan by November 2023.
  + Management acknowledged that the service had not developed a policy or procedure to guide coordinators despite the implementation of a new assessment and planning process.

The Assessment Team recommended Requirement 2(3)(b) not met, as they were not satisfied that 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. The Assessment Team provided the following evidence relevant to my finding:

* The service did not demonstrate assessment and planning identifies and addresses the consumers current needs, goals and preferences. Consumers and/or representatives interviewed described in various ways how assessment and planning processes captured their needs, goals, and preferences, and management advised how they use this information when planning and delivering consumer services. Documentation viewed by the Assessment Team demonstrated a positive improvement in consumer needs, goals and preferences being captured, however, the service did not demonstrate the new care planning documentation was effective or fully implemented.
* As identified in the Quality Audit conducted in March 2023, the service advised they would review the initial assessment and planning processes to ensure risk is better identified for consumers. However, during this Assessment Contact, management advised there is currently no policies and/or procedures or processes that describe how assessment and care planning is to be undertaken.
* Notwithstanding the positive and effective steps to address the previous deficiencies regarding advanced care planning, the steps being taken to identify the consumers' needs, goals, and preferences are not yet effective or fully implemented.

The Assessment Team recommended Requirement 2(3)(e), as they were not satisfied that 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. The Assessment Team provided the following evidence relevant to my finding:

* The service did not demonstrate that services are reviewed regularly for effectiveness, and when circumstance change or when incident impact the needs, goals and preference of consumers. Documentation confirmed that consumer reviews had occurred, however, these reviews were not effective as they were completed using the old care planning template. The service did not demonstrate that consumers are reviewed after a change in consumer circumstance including a fall or hospitalisation. Management described the system used to monitor the progress of consumer reviews, however the Assessment Team noted that his system was not effective. For example:
  + The representative for consumer E described how the consumer’s circumstances have changed but could not recall the service completing a reassessment or review.
  + Additionally, management confirmed concerns raised regarding the service’s lack of review or reassessment when circumstances changed as evidenced by care plans for consumer A and F. Both consumers had recent change in conditions as evidenced by progress notes but reviews or reassessments had not occurred to capture these changes.
* The Assessment Team addressed these concerns with management who provided the following response:
  + Management advised that the service has verbal discussions with consumers or representatives when there is a change in circumstance, however, acknowledged that official reviews and updates to care plans are not occurring.
  + Management advised that the Reassessment Schedule is a temporary process to monitor for upcoming reviews. Management described the plan to develop a calendar system which will alert the coordinator when reviews are due.

The provider acknowledges the Assessment Team’s findings, however, maintains that expectations of these Requirements are met. The provider’s response includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* Ensuring all CHSP Consumers have updated Care Plans under the new organisation Template.
* Service User Summary documents will be completed for CHSP Consumers across all service types.
* Completed Service User Summary documents will be converted to an electronic format so that staff members have access to both digital and hard copy versions.
* Variations of the Summary Documents will be created and added to Transport Folders in order to support staff and volunteers who provide transport services to clients. Information on these summary documents will include clients’ address, medication information, emergency contacts and information to support mobility.
* The organisation’s Continuous Improvement Manager will review current policies and procedures regarding Assessment and Care Planning to ensure they align with newly implemented documentation and provide support for staff members in their proper use.
* Clients who were mentioned within the Assessment Team Report have been prioritised for reassessment to ensure their current needs are recorded against updated Care Plan, Summary and Reassessment documentation.
* Employment of a Compliance Officer to be confirmed by the end of this week (22nd September 2023). This worker will provide support across the organisation to ensure compliance in a number of areas and help reduce the chance of oversights occurring.
* Staff Members will be provided with training and development on the use of the new forms during December 2023 and January 2024. The organisation will conduct a review of the actions undertaken within this plan at the end of January 2024 to assess whether the new Information Management processes are effective and an improvement upon current systems.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not demonstrate an embedded process for:

* 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.
* Assessment and planning that identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.
* Care and services to be reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

Based on the above evidence, the Decision Maker finds Requirements 2(3)(a),(b),(e) non- compliant.

Requirement 2(3)(c)

The service demonstrated assessment and planning is occurring with ongoing consultation with the consumer, representatives and others involved in care of the consumer. All consumers and/or representatives interviewed advised they participated in care planning discussions, and they are involved in deciding the care and services provided to consumers. Management described how consumers and/or representatives are involved in the planning of care and services, and they liaise with health professionals where required. Care planning documents viewed for sampled consumers confirmed that consumers and/or their representatives, health professionals or external providers when required, were involved in the planning of consumer’s care and services.

Based on this evidence, I find the provider, in relation to the service, compliant with Requirements 2(3)(c), however, non-compliant for Requirements 2(3) (a),(b),(e) in Standard 2 – ongoing assessment and planning with consumers.

# 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. | Non-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. | Non-compliant |

Findings

Requirements 8(3)(c)(i),(d)(i)

The Assessment Team recommended Requirement 8(3)(c)(i) not met, as they were not satisfied organisation wide governance systems are in place, specifically in relation to information management. The Assessment Team provided the following evidence relevant to my finding:

* The organisation did not demonstrate effective organisation wide governance systems in relation to information management.
* Information management
  + The organisation did not demonstrate effective organisation-wide governance systems in relation to information management. While the organisation has created new care plans and Service User Summary forms for consumers, these documents have not been implemented for all CHSP programs. Additionally, spreadsheets used to monitor reviews did not contain complete information for all consumers.
  + Management described how the service has created Service User Summary forms for all consumers attending social groups to inform staff delivering services about consumer risk and mitigation strategies. However, the service has not yet implemented this process for consumers receiving other services. At the time of the Assessment Contact, 66 of 150 consumers had a new Service User Summary form completed.

The Assessment Team recommended Requirement 8(3)(d) not met, as they were not satisfied that there are effective risk management systems and practices, specifically relating to managing high-impact or high-prevalence risks associated with the care of consumers.

The Assessment Team provided the following evidence relevant to my finding:

* The service did not demonstrate effective risk management systems related to managing high-impact or high-prevalence risks associated with the care of consumers.
* High-impact or high-prevalence risks associated with the care of consumers
  + As demonstrated in Standard 2, requirement (3)(a), effective communication of risk and mitigation strategies is not provided to staff and volunteers delivering individual social support or transport services, including for consumers who live with dementia or are at a risk of falls. Since the Quality Audit in March 2023, the service has introduced Service User Summary forms to communicate risk and mitigation strategies to all staff and volunteers delivering social support group services, however, the service has not implemented this for social support individual or transport consumers.
  + Since the Quality Audit in March 2023, the service has implemented detailed care plans for consumers to replace existing care plans which do not sufficiently identify risk or mitigation strategies. While the new care plans are effective at identifying risks for consumers and strategies to prevent harm during services, the service has only completed new care plans for 9 of 150 consumers.
    - In response to feedback from the Assessment Team, management acknowledged the lack of information about consumer risk provided to staff and volunteers conducting individual social support and transport services. Management advised they plan to expand the Service User Summary to all CHSP programs, and complete new care plans for all consumers.

The provider acknowledges the Assessment Team’s findings, however, maintains that expectations of these Requirements are met. The provider’s response includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* Ensuring all CHSP Consumers have updated Care Plans under the new organisation Template.
* Service User Summary documents will be completed for CHSP Consumers across all service types.
* Completed Service User Summary documents will be converted to an electronic format so that staff members have access to both digital and hard copy versions.
* Variations of the Summary Documents will be created and added to Transport Folders in order to support staff and volunteers who provide transport services to clients. Information on these summary documents will include clients’ address, medication information, emergency contacts and information to support mobility.
* The organisation’s Continuous Improvement Manager will review current policies and procedures regarding Assessment and Care Planning to ensure they align with newly implemented documentation and provide support for staff members in their proper use.
* Clients who were mentioned within the Assessment Team Report have been prioritised for reassessment to ensure their current needs are recorded against updated Care Plan, Summary and Reassessment documentation.
* Employment of a Compliance Officer to be confirmed by the end of this week (22nd September 2023). This worker will provide support across the organisation to ensure compliance in a number of areas and help reduce the chance of oversights occurring.
* Staff Members will be provided with training and development on the use of the new forms during December 2023 and January 2024. The organisation will conduct a review of the actions undertaken within this plan at the end of January 2024 to assess whether the new Information Management processes are effective and an improvement upon current systems.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not demonstrate that:

* the organisation demonstrated effective organisation wide governance systems in relation to information management.
* the organisation has embedded effective risk management systems and practices around managing high-impact or high-prevalence risks.

Based on the above evidence, the Decision Maker finds Requirement 8(3)(c)(i),(d)(i) non-compliant.

Requirement 8(3)(b)

The organisation demonstrated that the governing body promotes a culture of safe, inclusive, and quality care and services, and is accountable for their delivery, as required under the Aged Care Quality Standards. Management described enhanced monthly reporting systems to ensure Board oversight of all CHSP programs run by the service, and training completed by Board members to enhance knowledge and understanding of CHSP service delivery. The Assessment Team viewed monthly reports made to the Board which included details on service delivery, incidents, feedback trends and updates on continuous improvement items.

Management described how each program coordinator reports monthly to management and the Board to ensure oversight of all CHSP service delivery. Management advised a monthly CEO report is also tabled to the Board detailing all issues affecting CHSP programs including staffing, finances, feedback and incidents.

Requirement 8(3)(c)(ii)(iii)(iv)(v)(vi)

The organisation demonstrated effective organisation wide governance systems in relation to continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

* Continuous improvement:
* Management described how since the Quality Audit in March 2023, the service has integrated improvements into the service's feedback and incident registers. This ensures that the service learns from all feedback and incidents, which creates opportunities to provide better services to consumers. The service demonstrated improvements are identified through multiple sources, including incidents, feedback and complaints from consumers, staff and volunteers and Quality Audit reports.
* Financial governance:
* Management described how the service has a finance officer and engages with an external accountant to ensure the service sustains financial compliance and sustainability. Management advised, and documents viewed by the Assessment Team confirmed, the Board receive regular reports from the finance officer, enabling oversight and governance.
* Workforce governance:
* There are effective systems and processes to ensure the workforce is competent and has the knowledge to effectively perform their roles and are trained and supported to deliver the outcomes required by the Quality Standards, including the assignment of clear responsibilities and accountabilities. The Assessment Team viewed updated policies and procedures for incident management and abuse and neglect which contained version control measures and review dates.
* Regulatory compliance:
* The service has effective systems to track COVID-19 vaccinations, qualifications, drivers' licences and first-aid certification for the workforce. Management described that this system, while effective, is not centralised and could be streamlined. Management advised they are looking to recruit a compliance officer to consolidate and monitor this information and that the service subscribes to regular updates to ensure the service is aware of and prepared for future aged care reform.
* Feedback and complaints:
* The organisation has effective and proactive feedback and complaints processes, to encourage and support consumers to provide feedback and make complaints. Management described how since the Quality Audit in March 2023, the service has integrated service improvements into the feedback and complaints register to ensure all feedback results in service improvements. Management advised, and documentation viewed by the Assessment Team confirmed, the service reports on feedback trends to the Board every month.

Requirement 8(3)(d)(ii)(iii)

The service demonstrated effective risk management systems and practices in relation to identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents.

* Identifying and responding to abuse and neglect of consumers
* The Assessment Team viewed the service's Abuse and Neglect policy, which was updated in March 2023 to include information relevant to aged care consumers.
* Supporting consumers to live the best life they can
* All consumers and representatives interviewed were overwhelmingly positive regarding how the service supports consumers to participate in meaningful activities, connect socially and do the things they want to do. Staff and management have regular discussions with consumers to ensure they are happy with their services, and their services are meeting their needs. The service is flexible with activities conducted at social groups, and consumers have input.
* Managing and preventing incidents, including the use of an incident management system:
* Management described how the service enhanced their incident management system to enable incidents to be reviewed for improvements and to accommodate Serious Incident Response Scheme (SIRS) reporting. Management advised, and documentation viewed by the Assessment Team confirmed, the service reports incident data, including individual incidents to the Board. The Assessment Team viewed the service's Incident Management policy and procedure which has been updated in March 2023 to include information and instructions for staff on reportable incidents and SIRS.

Based on this evidence, I find the provider, in relation to the service, compliant with Requirements 8(3)(b),(c)(ii)(iii)(iv)(v)(vi),(d)(ii)(iii), however, non-compliant for Requirements 8(3)(c)(i),(d)(i) in Standard 8 – organisational governance.

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)