**Performance**

**Report**

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| Name: | Armidale Care for Seniors Inc |
| Commission ID: | 200030 |
| Address: | 172 Rusden Street, ARMIDALE, New South Wales, 2350 |
| Activity type: | Quality Audit |
| Activity date: | 9 January 2024 to 10 January 2024 |
| Performance report date: | 7 March 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

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7974 Armidale Care for Seniors Inc  
Service: 24175 Armidale Care for Seniors Inc - Community and Home Support

**This performance report**

This performance report for Armidale Care for Seniors Inc (**the service**) has been prepared by D.Soich, 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; 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.

The provider did not submit a response to the assessment team’s report.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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)(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. Conducting and documenting re-assessments of consumer care plans on a more consistent basis based on new information would contribute to returning the provider to compliance for this standard.

**Requirement 7(3)(d)**

* The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. Improvements to staff and volunteer training offerings especially relating to the expectations of the Aged Care Quality Standards would contribute to returning the provider to compliance for this standard.

# Standard 1

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| Consumer dignity and choice | | CHSP |
| 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Management, staff and support workers spoke respectfully about consumers with an understanding of consumers' personal circumstances and described how it influenced the delivery of their individual services. Documentation viewed demonstrated the service is inclusive and respectful of consumers' identity.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services are culturally safe. Consumers sampled described what is important to them and how their services are delivered in a culturally safe way. Management and staff demonstrated an understanding of consumer’s cultural background and described how they ensure services reflect consumers’ cultural needs and diversity. All consumers and representatives sampled advised they feel the service understands their background, culture and what is important to them, and this is considered when organising care and services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate how each consumer is supported to exercise choice and independence, make decisions about their care and services including when others should be involved, and communicate their decisions. Consumers sampled confirmed the service involves them in making decisions about the consumer’s care and services. Staff described how they support consumers and their representatives to exercise choice and make decisions about the consumer’s services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer is supported to take risks, if they wish to, to enable them to live the best life they can. While consumers did not speak directly about taking risks, they advised how they are able to make decisions in their day-to-day life including activities that involve risk. Management and staff were able to demonstrate an understanding of supporting consumers to take risks. Staff and management described how they support consumers to take risk by identifying and consulting on the risk, involving allied health for assessment, and implementing risk mitigation strategies.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that 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. Sampled consumers confirmed they are provided with timely and relevant information and are able to speak to staff if they require more details. Staff and management described how they provide information to consumers in various ways, verbally and in writing.

# Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. Consumers interviewed felt staff were respectful of personal information and the service demonstrated they have effective systems in place to protect consumers privacy and personal information. Staff confirmed that they access to consumer information, that is relevant to their role, and the service demonstrated they have effective systems in place to protect consumer’s privacy and personal information. This was witnessed by the Assessment Team.

# 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. | 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. | Not Compliant |

Findings

Compliant Evidence

Evidence analysed by the Assessment Team showed consumers who were identified with clinical risks had additional notes collated from GPs and other third parties also highlighted potential risks. Observations made by the Assessment Team included information that was used to inform recommendations such as staff tailoring activities considerate of the risk and well-being of the consumer.

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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. Consumers and/or representatives confirmed assessment and planning processes identified consumers’ current needs, goals and preferences. Staff and management demonstrated discussions with consumers and/or representatives about consumer’s needs, goals and preferences, including advanced care planning, which were documented in the consumers’ care plan and informed care and services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate assessment and planning is based on ongoing partnership with the consumer and/or their representative, and others who are involved in the care and services of consumers. Consumers and/or representatives interviewed confirmed they are involved in planning and making decisions about consumers’ care and services. Management described how consumers and their family are involved in assessment and planning of care and services. Care planning documents viewed for sampled consumers confirmed that consumers and/or their representatives were involved in the assessment and planning of consumer’s care and services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the outcomes of the assessment and planning processes are communicated to consumers and documented in a care plan, is readily available to consumers, and where care and services are provided. All consumers and/or representatives confirmed the outcomes of assessment and planning had been communicated to them, and a copy of the consumers’ care plan was provided, which staff have access to at the consumers’ home. Staff and management described how outcomes from assessment and planning are documented in the service’s electronic systems, which are provided to Support Workers in a folder at the point of care and/or service delivery. Clinical care plans are also developed to meet the consumers’ needs, including wound care, medication and oxygen therapy management which are available in the consumers’ blue folders.

Evidence analysed by the Assessment Team showed four CHSP consumers and/or representatives interviewed in relation to this requirement advised they have regular contact with the service if their needs change or after hospitalisation. Staff interviewed advised they encourage consumers to report any change of circumstances, falls or near misses to the service. Care documentation for CHSP consumers who had incurred changes to their condition or incidents showed that appropriate action had been undertaken to mitigate identified risks to the consumer.

Non-Compliant Evidence

The service was not able to demonstrate 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 in line with the Aged Care Quality Standards. Evidence analysed by the Assessment Team showed that reassessment of all consumer care plans sampled hadn’t been undertaken unless the consumers had significant changes in circumstances or medical events that triggered a change in need. While care plans sampled showed that reassessment did occur and included the new information, full re-assessments of the consumers care needs were not carried out. In one case, a consumer advised they had not received a full re-assessment for several years however notes on their care plan indicated changes to their medical conditions in 2022. The Assessment Team further corroborated this evidence by interviewing management. Management confirmed that the re-assessment process had been paused during the COVID outbreak period and acknowledged that re-assessments hadn’t been carried out since.

When offered an opportunity to respond to the findings of the assessment team, the provider did not provide any information to refute the findings of the team. In the absence of evidence submitted by the provider, I have made my decision on the Assessment Team’s evidence alone.

# Standard 3

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| Personal care and clinical care | | CHSP |
| 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. | Not Applicable |
| 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

The organisation does not provide clinical or personal care therefore this Standard is not Applicable and was not assessed.

# Standard 4

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| Services and supports for daily living | | CHSP |
| 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

Evidence analysed by the Assessment Team showed consumers and representatives said the service supports their lifestyle needs and said staff assist them to be as independent as possible and to do the things consumers want to do.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services and supports for daily living promote consumers’ emotional, spiritual and psychological wellbeing. Consumers and/representatives sampled stated that staff and the services provided promote the consumer’s wellbeing and support their emotional and spiritual needs. Staff and management demonstrated how they support consumers emotionally and promote their psychological wellbeing. One care plan sampled listed the consumers goals, needs and preferences for greater social interaction.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services and supports for daily living assist consumers to participate in their community, have social relationships, and do things of interest to them. Consumers and/or representatives confirmed that social support services enable them to participate in their community and maintain relationships. Staff and management described how they encourage and support consumers to access and participate in their community. For example, one care plan reviewed highlighted the consumer’s sight and mobility challenges. The provider was able to offer 1:1 support to this consumer so that they could continue to partake in social activities.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that information about consumer’s condition, needs, goals and preferences is generally communicated within the organisation and with others where responsibility for care is shared. Consumers and/or representatives confirmed that staff know the consumer and they do not need to repeat information about their needs and preferences. Staff advised relevant information about consumers’ services are documented and communicated through electronic and paper-based documentation. This was confirmed through care planning documentation viewed.

Evidence analysed by the Assessment Team showed the service was generally able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Most consumers interviewed in relation to this requirement confirmed they were referred as required. Management described the processes to refer consumers to other organisations and or MAC, and this was confirmed through care planning documents viewed for sampled consumers.

# Standard 5

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| Organisation’s service environment | | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate the vehicles making up the service environment were welcoming and optimised consumers’ sense of belonging, independence, interaction, and function. Management interviews, and documentation viewed, confirmed the service has processes in place to ensure that vehicles are safe and maintained.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the service environments are well maintained, safe, clean, comfortable and enable consumers to move freely. Management described, and documentation viewed confirmed, the service has processes to ensure the vehicles are safe, clean, maintained and suitable for the safe delivery of services.

Consumers and/or representatives interviewed in relation to transport services felt the vehicles are safe, clean and suitable. Staff described processes to ensure equipment is safe, clean and well maintained. One consumer advised they had been attending the service for 20 years and the fixtures, fittings and vehicle was always welcoming, well maintained and well suited to the group’s activities

# Standard 6

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| Feedback and complaints | | CHSP |
| 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers, their representatives, and others are encouraged, and supported to provide feedback and make complaints. Consumers and representatives knew how to provide feedback or make a complaint, and staff described their processes for when a consumer or representative raised issues or concerns. Management advised there are policies and procedures in place and staff can raise concerns. Management advised there are policies and procedures in place and staff are encouraged to assist consumers to raise any concerns. This was confirmed by documentation viewed by the Assessment Team.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers are made aware of, and have access to advocates, language services and other methods for raising and resolving complaints. Staff and management discussed processes to ensure consumers have access to advocates and language services if required, and consumers are made aware of other methods for raising and resolving complaints. The Assessment Team viewed the service’s annual client survey and complaints policy regarding internal and external mechanisms for raising and resolving complaints, including the Commission as well as interpreter and translator services.

Consumers and/or representatives interviewed provided positive feedback on their experience of the complaints management process. Whilst the service did not have any complaints, the service’s documentation showed compliments were logged in the feedback register. The feedback register contained guidance for staff surrounding the principles and elements of open disclosure.

Evidence analysed described management using the information from surveys, feedback and complaints to gain an insight into the quality of the service. The assessment team noted correlation between themes raised in the feedback survey and the service’s continuous improvement plan.

# Standard 7

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| Human resources | | CHSP |
| 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. | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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. Consumers and representatives interviewed were satisfied with the number of staff to deliver the consumer’s services and staff interviewed indicated volunteers make up for any shortfalls in staffing levels.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. Consumers and representatives stated care and services are delivered in a kind and caring manner, and consumers' identity, culture and diversity are respected. Staff and management spoke about consumers in a kind and respectful way when speaking with the Assessment Team about their services. Meeting minutes reviewed by the Assessment Team also informed the service’s staff of the requirement to treat their consumers with respect.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Whilst care staff have requested more training, they are still equipped and supported to deliver services and this was substantiated through the review of staff performance reports by the Assessment Team. Consumers described confidence in staff knowledge and competence to perform their roles. The service described having a recruitment process and an initial onboarding and monitoring process to ensure that the workforce is competent to perform their roles. All consumers interviewed advised, in several ways, they have confidence in the knowledge and skills of staff and sub-contracted staff, and said they know what they are doing.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce performance is regularly assessed, monitored, and reviewed. The service has a performance appraisal and development process for staff. Staff confirmed they were supported in their ongoing performance through regular meetings with management and through the performance development plan process. Management described their process for regular assessment and monitoring of staff. Staff confirmed the ongoing twelve-monthly performance review processes and described responsive action from the service if any training or other support was requested at their review. Interviewed staff advised they felt supported during the performance review process and found it useful.

Non-Compliant Evidence

The service was not able to demonstrate the workforce is recruited, trained, equipped, and supported to deliver services, specifically in relation to workforce education and training to deliver outcomes for consumers in line with the Aged Care Quality Standards. The Assessment Team identified deficiencies in how the service supports staff and volunteers in training and the induction process. Staff and volunteers advised that they were requesting more training however this had not been organised by management. Furthermore, management acknowledged that prior to COVID-19 the service was working in partnership with a third-party provider to facilitate training for staff and volunteers, however conceded this had stopped and they had not organised alternative ways to provide training.

When offered an opportunity to respond to the findings of the assessment team, the provider did not provide any information to refute the findings of the team. In the absence of evidence submitted by the provider, I have made my decision on the Assessment Team’s evidence alone.

# Standard 8

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| Organisational governance | | CHSP |
| 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. | Not Applicable |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are engaged in the development, delivery and evaluation of care and services, and are supported in that engagement. Consumers and/or representatives provided examples of provided feedback to the service including consumer satisfaction surveys that showed examples of how the service is delivered to meet their diverse needs.

Management described, and provided documentation, regarding the processes and procedures they have, and the meetings held at organisational level to monitor they are delivering safe, inclusive, and quality care and services. Risk assessments and process improvement is driven through consumers providing feedback, a business management plan and strategic plan developed by management. The Assessment Team viewed the governance framework that details how the organisation sets priorities to improve the performance of the organisation against the Quality Standards and is consistent with the Charter of Aged Care Rights. Assessed evidence to make this determination included meeting minutes, copies of financial reports, strategies to address the continuous improvement plans. The provider’s board was also aware of current incidents, feedback and had oversight of the continuous improvement plan. In addition, management also engage with third party associations to stay abreast of legislative changes, compliance is also achieved through constant monitoring of staff files including relevant police checks.

Evidence analysed by the Assessment Team showed the service was able to demonstrate effective systems and processes in the identification and management of all risks to consumers. An incident management policy and register that is overseen by the board in consultation with the manager of the service was sighted. In addition, the incident management policy outlined the recording, escalation to management and tracking of action. An example of an incident was provided, and actions undertaken to address the issue were discussed. Staff at the service are aware of advocacy agencies such as the Commission and demonstrated their understanding of how to source support if they needed. Consumers provided examples of how the service helped them live their best life by stating their appreciation of the staff’s understanding of their needs.

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)