**Performance**

**Report**

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| Name: | Be: West Moreton |
| Commission ID: | 700868 |
| Address: | Unit 5/7 Sonia Court, RACEVIEW, Queensland, 4305 |
| Activity type: | Quality Audit |
| Activity date: | 23 November 2023 to 24 November 2023 |
| Performance report date: | 17 January 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: 5715 Be: Associated Limited  
Service: 26356 Comlink Australia: Brisbane South  
Service: 25164 Comlink Australia: Ipswich  
Service: 26437 Comlink Australia: Logan River Valley  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7773 ComLink Limited  
Service: 24420 ComLink Limited - Care Relationships and Carer Support  
Service: 24419 ComLink Limited - Community and Home Support

**This performance report**

This performance report for Be: West Moreton (**the service**) has been prepared by M Glenn, 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.

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others; and
* the provider’s response to the assessment team’s report received 4 January 2024.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# 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 | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 1

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Consumers and representatives said consumers are treated with dignity and respect and staff are friendly and polite. Care staff spoke respectfully about consumers and demonstrated an awareness of individual consumers and their identity. Care managers provided examples of how consumers’ rights and dignity are respected in their care approach, and documentation evidenced a consumer-centered approach to delivering services.

Management and staff provided examples of how services are delivered to meet consumers’ needs and preferences to ensure inclusive care and support, and care files evidence an understanding of consumers’ individual needs and preferences, including life history and experiences. Consumers and representatives confirmed staff understand consumers’ needs and preferences and their service is delivered in a way that makes them feel safe and respected. They said staff are respectful of their background and demonstrate this by observing their cultural practices when delivering care and services.

Care files evidence consumer involvement in decisions about the services they receive. Consumers said the service makes it easy for them to be involved in care decisions, to include those people they want to be involved and to maintain relationships with those important to them. Management and staff described how each consumer is supported to make informed decisions about their care and services and how tasks are undertaken in accordance with individual consumer’s priorities.

Consumers are supported to take risks if they choose and steps are taken to mitigate potential impact of risks where possible. Care files evidence dignity of risk processes which involve discussing potential risks, benefits, and alternative options with consumers and/or representatives and allowing the consumer the freedom to continue taking risks if they choose. Care staff stated they support consumers to take risks and live a life of their choosing.

Consumers and representatives said they receive written information in a way they can understand and enables them to make informed choices. They confirmed they receive monthly statements which are easy to understand and said they feel comfortable seeking advice from the care manager if they have any questions. Consumers are asked how the service can support them, depending on their individual communication needs and consumers’ preferred communication options are included in care files. Care staff described how they support communication with consumers, including use of assistive technology, general visual aids or softening background noise to support consumers with hearing loss. There are processes to ensure consumers’ privacy is respected and personal information kept confidential.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant.

# Standard 2

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| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

Care files demonstrated effective, comprehensive, and individualised assessment and care planning processes to identify consumers’ needs, goals and preferences. Care files include sufficient, individualised detail about consumers’ assessed needs and risks to inform delivery of safe and effective care and services. Staff have a good understanding of the consumers they care for and described strategies to support consumers’ needs and mitigate risks. Consumers and representatives said consumers receive the care and services they need, and they are involved in and have a say in the care planning process.

Consumers and representatives said the care consumers receive meets their needs, goals and preferences, and they have day to day control of these services. Care plans are individualised and include sufficient information relating to consumers’ current needs, goals and preferences. End of life wishes are discussed in line with the consumer’s preferences during the initial assessment and reassessment process based on the consumer’s wishes. Staff said they understand what is important to consumers through regular conversation, interactions with consumers and representatives and care plan reviews.

Consumers and representatives confirmed they participate in the planning and review of the services consumers receive. Care managers work in partnership with consumers, representatives and other organisations in assessment and care planning of consumers’ care. Care files include details of subcontracted services and evidenced consumer/representative involvement in the planning of services. Consumers said the services they receive, and the frequency of service are explained to them on commencement and when changes occur. Outcomes of assessment and care planning are communicated to consumers and documented in a care plan which is available to consumers and to staff to assist in provision of care and services. While not all consumer care plans have been reviewed within the last 12 months, care files showed regular review of care and services, including when changes or incidents occur.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 3

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| Personal care and clinical care | | HCP | 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. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |
| 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. | Compliant | Compliant |
| 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. | Compliant | Compliant |
| 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. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| 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. | Compliant | Compliant |

Findings

The Quality Standard is assessed as compliant as all seven requirements assessed have been found compliant. The assessment team recommended requirement (3)(e), specifically for HCP not met.

**Requirement (3)(e)**

The assessment team identified clinical information for HCP consumers is not consistently documented and shared between the service and subcontracted clinical services and care plans do not consistently provide adequate information to support effective and safe care. The assessment team’s report referenced one consumer and included information indicating while there was some evidence of email communication between the service and the subcontracted nursing service, ongoing communication or evidence of wound management documentation to demonstrate progress of wound healing was not evident. There was also no evidence that care staff were provided with information about the consumer’s wounds from the service, or guidance for staff in minimising related risks when performing personal care tasks.

Care staff identified concerns with the consumer’s continence in June 2023 and an incident form and related referral for assessment was initiated in response. A copy of the assessment or communication between the subcontracted provider and the service relating to the continence assessment was unable to be located. Email correspondence received during the quality audit from the subcontracted service showed the assessment was completed in July 2023, with further information relating to the consumer not wishing to proceed with ordering continence aids due to having sufficient supply. In response to the assessment team’s feedback, the consumer’s care plan was updated with detailed guidance for staff when performing personal care tasks.

I have come to a different view of the assessment team’s recommendation of not met and find the service compliant with this requirement in relation to HCP. I do not consider the deficits identified demonstrate systemic issues with overall information exchange processes. While I acknowledge the issues identified, these only related to one consumer. There was no evidence to indicate the consumer’s health and well-being had been compromised as a result, or that staff were not aware of or providing care and services to the consumer which were not safe and effective and in line with their current needs and preferences. All other requirements, particularly requirements (3)(a), (3)(b) and (3)(d) in this Standard were recommended met by the assessment team and have been found compliant. In coming to my finding, I have also considered the provider’s response which outlined a range of planned actions to address the deficits identified, as well as supporting documentation demonstrating for the consumer highlighted, referrals have been initiated to a range of allied health professionals, and a choice risk assessment relating to continence care has been completed.

For the reasons detailed above, I find requirement (3)(e) in Standard 3 Personal care and clinical care, specifically for HCP, compliant.

**In relation to all other requirements in this Standard,** each consumer receives safe, tailored and effective personal and clinical care, including in relation to falls, wounds and continence. Systems and processes assist to identify, monitor, and effectively manage high impact or high prevalence risks associated with consumers’ care. Care files included appropriate assessment and strategies to mitigate risks relating to behaviours, falls, and specialised care needs. Staff have a good understanding of each consumer’s needs, goals and preferences relating to delivery of care and strategies for preventing risk. Consumers and representatives said staff know what they are doing and feel consumers are getting the care and services that are safe and right for them.

Care files demonstrated deterioration in a consumer’s condition is identified promptly, and where required, timely referrals, including to allied health professionals are initiated. Care files also evidenced regular communication between the service and palliative care team. Staff provided examples of how the service has supported palliating consumers and consumers nearing the end of their life.

In relation to services provided under CHSP, 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. Care files include dated notes, focussed assessments and care and service plans which provide adequate information to support effective and safe care. Staff said they have access to care plans in consumers’ homes and described how they review care plans and record progress notes. Consumers and representatives said staff know consumers’ needs as generally the same staff provide their services.

Staff demonstrated an understanding of practical ways to minimise the transmission of infections and understand what signs may indicate infection. Staff undertake training in personal protective equipment and said there are sufficient supplies of personal protective equipment available to them. The service has an outbreak management plan and monitors and reports staff vaccination status. Consumers and representatives said they have been kept up to date by the service in relation to COVID-19 as it impacts on the service they receive.

Based on the assessment team’s report, I find requirements (3)(a), (3)(b), (3)(c), (3)(d), (3)(f) and (3)(g) for HCP and CHSP, and requirement (3)(e) for CHSP in Standard 3 Personal care and clinical care compliant.

# Standard 4

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| Services and supports for daily living | | HCP | 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers and representatives said the services and supports consumers receive help them to maintain their quality of life and independence and promote their emotional, spiritual and psychological well-being. Care files are individualised and outline the services and supports to be provided, and preferences in relation to how services are delivered reflected involvement of consumers/representatives in the planning of services. Care files also include information relating to consumers’ emotional health. Staff demonstrated an understanding of what is important to individual consumers and described how they help consumers to do as much as they can for themselves if this is their preference. They said if a consumer is feeling down, they take the time to have a conversation with them and listen, and report any concerns to the care manager, who takes necessary action.

Services and supports for daily living assist consumers to take part in the community, interact with others and do things of interest to them. Care staff provided examples of being flexible in providing social support based on what consumers’ preferences are for the day. A group social support program includes regular activities, as well as various activities in the local area. Activities are varied and cater to a broad cross-section of interests. Lifestyle care staff described how they choose activities that are appropriate and cater to consumers’ needs and preferences. Consumers and representatives said consumers are provided with opportunities for social interaction and social connection through the supports they receive.

Information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared and, where required, there are processes to ensure appropriate and timely referrals are initiated. Care staff described how they are kept up to date with consumers’ changing needs and preferences, and consumers and representatives said regular care staff have a good knowledge of consumers’ needs and preferences.

Where consumers wish to have meals provided as part of their HCP, the service facilitates this through the use of meal service providers. Consumers said they can select the meals they prefer and they manage the delivery directly with the supplier. Consumers are aware that they can change providers should they wish and are satisfied meals provided meet their expectations and are of sufficient quantity and variety.

There are processes to ensure equipment, required to support delivery of services, is clean, safe and suitable for consumer use. Suitability of equipment to support consumer independence is assessed and includes a demonstration on how the equipment is to be used. There are processes to ensure buses and fleet vehicles, used to transport consumers are maintained and safe.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Most consumers and representatives are aware of how to provide feedback or make a complaint and feel supported to do so. The feedback and complaints register over the past six-month period demonstrated consumers access the service’s complaint processes and included complaints entered by staff, on behalf of consumers. Consumers are supported to provide feedback through provision of feedback forms, surveys or by contacting the service directly. An information pack provided on entry provides details on ways to make a complaint or provide feedback, including guidance for contacting the Commission, how to access advocacy services, and information on accessing language services.

There are processes to record, monitor, respond to, and manage feedback and complaints, and an open disclose process is used when things go wrong. Staff and management demonstrated an understanding of the importance of implementing open disclosure throughout the complaints process and described steps involved. While five of 22 consumers and representatives interviewed raised concerns about actions taken in response to complaints raised, since new management commenced, complaints are being actioned appropriately. Documentation demonstrated complaints are monitored, reviewed and used to improve the quality of care and services.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant.

# Standard 7

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| Human resources | | HCP | 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

Management maintains oversight of workforce planning, ensuring the ongoing capacity to provide care and services aligned with current and emerging consumer needs. Where care staff take unplanned leave, rosters are reviewed and amended to ensure all high risk services to consumers continue either with a different staff member or are rescheduled with the consumer’s consent. Care staff say they have sufficient time and information to undertake services in a safe and efficient manner and care managers respond positively if they advise them that increased time is required for travel or consumer services. Consumers and representatives are satisfied the workforce is sufficient to ensure consumers receive their services in accordance with their individual needs and preferences. In cases where regular staff are unavailable, consumers said they are consulted and offered the option of another staff member or an additional service later.

Management and staff are respectful and caring in their discussions about consumers, demonstrating an understanding of individual backgrounds, past occupations, important relationships, and preferred topics of conversation. Consumers and representatives feel staff are kind, caring and respectful towards consumers as individuals, and accommodate their preferences.

Consumers and representatives expressed confidence in the workforce, noting staff are knowledgeable and services are delivered in line with consumers’ individual needs and preferences. Recruitment processes are guided by selection criteria, which includes qualifications and knowledge requirements for each role, and a skills matrix covers staff at each level of the service and the skills needed to undertake their roles. Staff confirmed they receive education and training from the service, with reminders sent to them to complete mandatory training.

Recruitment and training processes ensure staff are well prepared for their roles before they start providing care to consumers. This process includes induction and orientation, mandatory training and buddy shifts to equip staff for their responsibilities. Training is provided on an ongoing basis, with additional training needs identified through feedback and complaints, supervision discussions and observations. Staff said they feel supported to undertake their duties safely and efficiently and comfortable asking for further buddy shifts if needed.

Staff performance is assessed through a performance appraisal process which involves monthly supervision for all in-office staff and quarterly supervision for care staff. Annual career checkpoints are also undertaken for all office-based staff. While care staff have not had a formal performance discussion in the past quarter, suitable processes are in place to monitor the performance of each member of the workforce, with the plan to recommence formal processes once initial priorities have been actioned. Performance management processes are implemented where poor staff performance is identified.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources compliant.

# Standard 8

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| Organisational governance | | HCP | 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 | 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 | 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 | 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 | 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. | Compliant | Compliant |

Findings

Consumers are engaged and supported in the development, delivery and evaluation of services through various avenues, including feedback processes and direct conversations with staff and management, and letters have been sent to consumers seeking nominations for a new consumer advisory group. Consumers expressed satisfaction with the quality of the service and said they have input in to how the service is delivered to meet their diverse needs.

The governing body is accountable for the delivery of safe, inclusive and quality care and services and remains informed through formal governance, leadership and reporting pathways at the service level. Management provide monthly reports to the Board which includes data relating to audits, incidents, including Serious Incident Response Scheme (SIRS) incidents, complaints and feedback and staffing levels.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and the governing body is aware and accountable for the delivery of services. The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system.

An effective clinical governance framework, supported by policies and procedures to guide staff practice, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure was demonstrated. While there were no consumers identified who are subject to restrictive practices, staff demonstrated an understanding of consumers’ rights and freedom of movement.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)