**Performance**

**Report**

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| Name: | Beenleigh and District Senior Citizens Centre |
| Commission ID: | 700325 |
| Address: | 20 Alamein Street, BEENLEIGH, Queensland, 4207 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 11 June 2024 to 12 June 2024 |
| Performance report date: | 12 July 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: 9188 Beenleigh and Districts Senior Citizens Centre Inc  
Service: 26905 Beenleigh and District Senior Citizens Centre Inc.

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7540 Beenleigh and Districts Senior Citizens Centre Incorporated  
Service: 24483 Beenleigh and Districts Senior Citizens Centre Incorporated - Care Relationships and Carer Support  
Service: 24482 Beenleigh and Districts Senior Citizens Centre Incorporated - Community and Home Support

**This performance report**

This performance report for Beenleigh and District Senior Citizens Centre (**the service**) has been prepared by S Turner, 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 Assessment contact (performance assessment) – 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 1 July 2024
* the Performance Report dated 11 October 2023 for the Quality Audit conducted 13 July 2023 to 17 July 2023
* other information and intelligence held by the Commission in relation to the service

# Assessment summary for Home Care Packages (HCP)

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| Standard 2 Ongoing assessment and planning with consumers | Not Compliant |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 2 Ongoing assessment and planning with consumers | Not Compliant |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 8** Organisational governance | **Not 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.

* Assessment and planning is to include a consideration of risks to the consumer’s health and well-being and inform the delivery of safe and effective care and services.
* The outcomes of assessment and planning are to be documented in a care and services plan that is readily available to the consumer, and where care and services are provided.
* Feedback and complaints are to be reviewed and used to improve the quality of care and services.
* Effective organisation wide governance systems and processes are to be established including in relation to information management, continuous improvement, financial governance, regulatory compliance and feedback and complaints.

# Other relevant matters:

A Quality Audit was conducted 13 July 2023 to 17 July 2023. The Performance report dated 11 October 2023 found the following requirements non-compliant in both Home Care and the Commonwealth Home Support Programme.

* Requirement 2(3)(a)
* Requirement 2(3)(d)
* Requirement 6(3)(d)
* Requirement 8(3)(c)

Senior staff advised the service had commenced addressing the deficiencies identified at the Quality Audit conducted 13 July 2023 to 17 July 2023, approximately two weeks prior to the Assessment Contact conducted 11 June 2024 to 12 June 2024.

# 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. | Not Compliant | Not 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. | Not Compliant | Not Compliant |

Findings

The Performance report dated 11 October 2023 identified deficiencies in Requirements 2(3)(a) and 2(3)(d). Deficiencies primarily related to:

* A failure of the service to demonstrate assessment and planning processes consistently included a consideration of risks to the consumer’s health and wellbeing.
* Inconsistent processes relating to the development of a care and service plan to guide staff.

Having considered the Assessment Contact report for the Assessment Contact conducted 11 to 12 June 2024 and the provider’s response, I have assessed this Quality Standard as non-compliant as I am satisfied Requirements 2(3)(a) and 2(3)(d) are non-compliant. Non-compliance is based on the following analysis.

Requirement 2(3)(a)

The service is currently undertaking a review of all consumers and while this process included the use of a risk assessment tool, at the time of the Assessment Contact a significant number of consumers had not been reviewed and a risk assessment for these consumers had not been completed. For HCP consumers approximately half of the consumers had not been reviewed and a significant number of consumers did not have a completed care plan. The service was in the process of identifying how many CHSP consumers were actively receiving services however assessment and care planning for this population of consumers was incomplete. For example, the respite centre was providing services to more than 70 consumers and of these only a small number had a current care plan. Further, all assessments currently on file, except for those completed in the previous two weeks relied on assessment information provided through My Aged Care and information provided by consumers and representatives rather than through assessment processes that identify and support the delivery of safe and effective care.

Care related documentation for HCP consumers was reviewed and demonstrated that for some consumers, assessments had not been completed within the previous 12 months and where assessments had occurred, they did not consistently include a consideration of risk. Further, information provided to staff in the form of ‘job notes’ on a mobile phone application, was not sufficiently detailed to support safe care delivery and examples were identified where it failed to include information relating to consumers’ risks including for example, high falls risks and poor vision.

Senior staff stated the review of CHSP consumers’ care documentation had commenced and that a small number of consumers had a current care plan in place. However, recently reviewed care plans and job notes failed to provide staff with detailed information to guide care and service delivery.

Staff did not have a shared understanding of the processes relating to assessment and care planning. They said they ask the consumer if they need additional information about the consumers’ care and service needs. Some consumers said they have to inform staff about what they need and their ability to perform certain tasks themselves.

In response to feedback from the Assessment Team, senior staff said assessments and care plans for all consumers will be processed. They said that a registered nurse will be involved in the assessment of consumers receiving a higher level of care.

The provider’s response to the Assessment Team’s report includes a plan for continuous improvement outlining planned actions, projected completion dates and identifying those staff responsible for the initiatives. Actions currently planned or in progress include:

* The service has begun a review of all consumers, and this will include the completion of a risk assessment.
* The implementation of new care planning documentation that includes detailed risk assessments and guidance for staff.
* The development and implementation of care planning checklists to support staff with the process.
* Home folders are to be created/updated to ensure staff have access to up-to-date information.
* Internal care audits are to be conducted to monitor assessment and care planning processes and these will occur on an ongoing basis.

While I acknowledge the actions being taken by the service, these initiatives are yet to be fully implemented and evaluated for effectiveness and evidence of improvements achieved to date was not included in the response. I am satisfied the service was not able to demonstrate that assessment and planning consistently includes a consideration of risk to inform the delivery of safe and effective care and services. I find Requirement 2(3)(a) is non-compliant.

Requirement 2(3)(d)

Staff advised they were currently reviewing consumers’ assessment and care planning to ensure each consumer has a care plan developed, that each consumer has a care plan located at their home and that staff are provided with sufficiently detailed information to guide service provision.

Staff said all consumers had a care plan in their home however they may not be accurate. Some consumers and representatives said the consumer had a care plan in their home, however most said they did not know where the care plan was and had not read it. Further, some consumers said they had not received a copy of their care plan and were not aware they could request a copy of their care plan.

Some staff said they were aware of care plans located at consumers’ homes however advised they did not refer to them, other staff were not aware if care plans were stored at consumers’ homes. Staff provided mixed feedback about how they accessed information to support them in their role. They said they used the job notes section on their mobile phone application, checked with other staff, and/or asked consumers for guidance about the care and services they required.

Care related documentation for HCP consumers identified that many consumers had not had assessments or a care plan generated in the previous 12 months. Where information was in place, for example in job notes, it was general in nature and was not sufficiently detailed to guide staff. With respect to CHSP consumers, the service was in the process of determining which consumers were actively receiving care and services and advised that most did not have an accurate assessment or plan that was available to consumers.

In response to feedback from the Assessment Team, senior staff said assessments and care plans are currently being reviewed and this process is expected to be completed within three months. They said a copy of the care plan will be placed in each consumer’s home and will be available to staff and provide them with access to more detailed information.

A plan for continuous improvement was submitted in response to the Assessment Team’s report. Actions currently planned or in progress include:

* Processes are being established that will ensure consumers understand and are aware of the availability of the care plan and have access to these documents in their home.
* Care plans are being revised to include comprehensive details relating to support needs and risk factors. Where a need is identified registered nursing staff are involved in the assessment and care planning process and referrals are being made to allied health professionals. Processes are being established to ensure staff have access to current information to inform care and service delivery.
* Monitoring mechanisms include the development of a care planning checklist and an auditing schedule to ensure all assessments have been completed and documentation meets organisational requirements. Audit outcomes will be integrated into Board and management reporting.
* Staff are to receive training and resources relating to consumer care plans.
* The organisation is purchasing a new electronic program that will allow consumers and their representatives to view consumer care plans in real time.

While I acknowledge the actions being taken by the service, these initiatives are yet to be fully implemented and evaluated for effectiveness and evidence of improvements that had been achieved to date were not included in the response. I am satisfied the outcomes of assessment and planning were not effectively communicated to consumers and that care plans were not consistently available. I find Requirement 2(3)(d) is non-compliant.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not Compliant | Not Compliant |

Findings

The Performance report dated 11 October 2023 identified deficiencies in Requirement 6(3)(d). Deficiencies primarily related to failure of the service to consistently use consumer feedback and complaints to inform continuous improvement initiatives.

Having considered the Assessment Contact report for the Assessment Contact conducted 11 to 12 June 2024 and the service provider’s response, I have assessed this Quality Standard as non-compliant as I am satisfied Requirement 6(3)(d) is non-compliant. Non-compliance is based on the following analysis.

Management and staff described the various methods consumers can use to provide feedback and complaints and said they supported consumers to do so. They said the process includes an electronic reporting system for feedback and complaints that was introduced in October 2023. The Assessment Team’s report states information in the electronic reporting system was not current and did not accurately reflect the status of some complaints. For example, complaints reported by consumers as being resolved, remained open in the electronic reporting system and complaints reported by consumers had not been consistently documented. Further, complaints lodged with the Commission were not included in the electronic reporting system.

However, management were not able to demonstrate how complaints information is analysed to identify trends or how this information informed continuous improvement initiatives. Further, they did not demonstrate a shared understanding of current themes evident in complaints information. For example, the Assessment Contact report includes information that identifies poor communication processes as a theme in a number of complaints received by the service over recent months. This information had not been used to inform improvements to information systems or to care and service delivery.

Consumers said that whilst their complaints were eventually resolved, the complaints were not always addressed in a timely manner.

A plan for continuous improvement was submitted in response to the Assessment Team’s report. Actions currently planned or in progress include:

* The electronic reporting system has been updated to include detailed information relating to complaints including the nature of the complaint, the actions taken and associated outcomes. Complaints made to external complaints bodies such as the Commission are now reflected in the electronic reporting system.
* Consumers to be provided with opportunities to actively engage in feedback sessions, surveys and focus groups. Consumer feedback to inform a program focused on the voice of the consumer.
* Senior staff and the Board to receive training on strategic planning; a consultancy service has been engaged to facilitate this.
* Staff to receive training in complaints processes including associated timeframes and the orientation program is to be updated. A standard protocol is to be implemented that will include an acknowledgement of complaints within 24 hours with the aim to resolve the complaint within 14 days.
* The feedback and complaints policy is to be revised and include clear details about roles and responsibilities, timeframes and follow up mechanisms. Protocols for providing regular feedback to consumers about the status of their complaint are being established.
* A committee is to be established to analyse feedback and complaints and identify trends and improvement opportunities. Monthly reporting to the Board is to occur.
* Processes to monitor and evaluate the effectiveness of implemented changes include the establishment of key performance indicators and auditing.

I am satisfied feedback and complaints were not being used to inform improvements to care and services. While I acknowledge the actions being taken by the service to address deficiencies in complaints processes, these initiatives are yet to be fully implemented and evaluated for effectiveness and evidence of improvements made were not included in the response. I find Requirement 6(3)(d) is non-compliant.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Not Compliant | Not Compliant |

Findings

The Performance report dated 11 October 2023 identified deficiencies in Requirement 8(3)(c). Deficiencies primarily related to financial governance and the management of unspent funds.

Having considered the Assessment Contact report for the Assessment Contact conducted 11 to 12 June 2024 and the service provider’s response, I have assessed this Quality Standard as non-compliant as I am satisfied Requirement 8(3)(c) is non-compliant. Non-compliance is based on the following analysis.

Information management

The service was using a number of different electronic processes and management advised consideration was being given to implementing a new electronic care management system to streamline information processes.

The service reported all staff have access to the electronic care management system, however in some instances, care planning information lacked detail, was not individualised or current and did not reflect consumers’ needs including in relation to risks associated with the consumer’s care. Staff advised they would ask consumers or other staff for information about consumers’ care and service needs. Consumers and representatives provided mixed feedback about information management and communication processes, and this was reflected in complaints data.

Information processes were not effective in ensuring members of the workforce had access to the information they needed to do their job.

The service provider’s response included actions currently planned or in progress to improve information management. Processes to consolidate electronic systems are in progress and a program to monitor each department within the service has been introduced. Data from existing systems will be migrated to a new electronic program to ensure information is centralised and accessible; training for staff is being planned.

Continuous improvement

The service was found to be non-compliant in four requirements following the Quality Audit conducted 13 July 2023 to 17 July 2023. Senior staff advised the service had commenced addressing the deficiencies identified at the Quality Audit approximately two weeks prior to the Assessment Contact conducted 11 to 12 June 2024.

The service’s plan for continuous improvement was reviewed and was found to lack detail and did not address all aspects of the non-compliance. Opportunities to improve performance are not being consistently identified. For example, complaints data is not accurate and is not consistently used to inform improvement initiatives. Further, deficiencies identified approximately 12 months ago, have not been adequately addressed and the non-compliance remains in those requirements.

The service provider’s response included actions currently planned or in progress to improve continuous improvement. For example:

* A detailed plan for continuous improvement has been created and evidence of this was included in the service provider’s response; information relating to the plan for continuous improvement will be referenced in Board and staff meetings.
* Strategies to engage consumers and staff in identifying opportunities for improvement include surveys, meetings and suggestion boxes.
* A recognition program is to be implemented to acknowledge contributions to continuous improvement.

Financial governance

Policies and procedures address the management of unspent funds and staff described how they receive reports from Services Australia outlining consumers’ expenditure and any available funds. Staff said this information is discussed with consumers and representatives and this was confirmed. Senior staff said unspent funds were discussed at Board meetings, however meeting minutes for the previous six months did not evidence a discussion about those consumers with high levels of accumulated unspent funds.

The service provider’s response included actions currently planned or in progress to improve financial governance. For example:

* Strategies to strengthen financial reporting include a new electronic program that will support monthly reporting of HCP budgets and unspent funds. The program includes an ability to see balances in real time. While this program is being established HCP funds are being monitored by the finance department; this information is being made available to appropriate levels of staff to support planning and service delivery.
* Financial reports are to be presented and discussed at Board meetings; meeting minutes will reflect this information.

Regulatory compliance

The organisation had a process to monitor police checks, and this was managed by the finance and payroll department. A monthly report was generated that identified pending police check expiry dates.

However, the provider failed to meet its provider financial reporting requirements and the Assessment Contact report included information that multiple financial reports had not been submitted to the Commission and remained outstanding. This was discussed with management who advised that they had been experiencing technical difficulties. While management committed to addressing this while the Assessment Contact was in progress, they did not demonstrate any established systems and processes to support the organisation’s ongoing responsibilities in relation to financial reporting.

The service provider’s response included actions currently planned or in progress to improve regulatory compliance. For example:

* The provider has engaged an accountancy firm to support the organisation in meeting its financial reporting requirements.
* The organisation implemented a system to check and update staff police checks and other probity requirements with plans to move data into a new electronic program. The provider reported all records are now uploaded and an audit has been conducted to ensure the organisation is compliant with its obligations in this area.

Feedback and complaints

The organisation had policies and procedures relating to complaints management. The service had implemented a new feedback and complaints reporting system in October 2023. Management described the processes for escalating a complaint to the Board and said complaints were discussed at the monthly meeting. However, a review of meeting minutes did not include evidence that this had occurred. Further, complaints data was not accurate or current and complaints data was not being analysed to identify themes or trends to inform improvements to care and services.

The service provider’s response included actions currently planned or in progress to improve governance relating to feedback and complaints. For example:

* Designated staff are responsible for ensuring all feedback and complaints including those received through external channels are logged into the centralised feedback and complaints system.
* Complaints are to be tracked to ensure timely follow up and resolution and information will be analysed to identify areas for improvement. Monthly reporting to the Board will occur.
* Staff are to receive training in complaints processes and information relating to this will be included in onboarding.

Workforce governance

Workforce governance was not considered during this Assessment Contact as the service was previously found to have met its obligations in this area.

I note the provider’s response includes a commitment to strengthen governance and accountability through the engagement of a consultancy service and the provision of governance training to the Board. A Quality and Governance Officer has been appointed to support the service to maintain compliance with the Quality Standards. Additionally, Board meeting processes are to be revised and monitored to strengthen governance and organisational performance.

However, I am satisfied the organisation did not have effective organisation wide governance systems and processes relating to information management, continuous improvement, financial governance, regulatory compliance, and feedback and complaints. While the provider has submitted a detailed plan for continuous improvement these initiatives are yet to be fully implemented and evaluated for effectiveness and evidence of completed improvements was not provided.

I find Requirement 8(3)(c) non-compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)