**Performance**

**Report**

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| Name: | Cabanda Community Aged Care Packages |
| Commission ID: | 700145 |
| Address: | 59 John Street, ROSEWOOD, Queensland, 4340 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 9 October 2024 to 10 October 2024 |
| Performance report date: | 22 November 2024 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 261 Cabanda Care Inc.  
Service: 18118 Cabanda Community Aged Care Packages  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7946 Cabanda Care Inc  
Service: 25079 Cabanda Care Inc - Care Relationships and Carer Support  
Service: 25078 Cabanda Care Inc - Community and Home Support

**This performance report**

This performance report has been prepared by James Howard, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the services it operates, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

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

* The Assessment Team’s report for the Assessment Contact (performance assessment) – site report was informed by a site assessment, observations at service outlets, review of documents and interviews with staff, consumers/representatives and others.
* The Approved Provider’s response to the Assessment Team’s report, received on 31 October 2024.
* Other information and intelligence about the service held by the Commission.

# Assessment summary for Home Care Packages (HCP)

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable – not all Requirements were assessed |
| **Standard 3** Personal care and clinical care | Not applicable – not all Requirements were assessed |
| **Standard 8** Organisational governance | Not applicable – not all Requirements were assessed |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable – not all Requirements were assessed |
| **Standard 3** Personal care and clinical care | Not applicable – not all Requirements were assessed |
| **Standard 8** Organisational governance | Not applicable – not all Requirements were assessed |

A detailed assessment is provided later in this report for each assessed Requirement.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with certain Requirements within the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* **Requirement 2(3)(a)** – Ensure assessment and planning processes consistently identify individual risks to each consumer’s health and well-being.
* **Requirement 3(3)(b)** – Ensure the effective management of high impact or high prevalence risks associate with the care of each consumer.
* **Requirement 3(3)(e)** – Ensure information about consumers’ conditions, needs and preferences is effectively communicated across the organisation.
* **Requirement 8(3)(c)** – Ensure the service has effective, organisation-wide governance systems relating to information management and continuous improvement.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Not Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

*Requirement 2(3)(a):*

Following a quality audit conducted in March 2024, the service was found to be non-compliant with this Requirement, as the service did not demonstrate it had effective processes to consistently identify risks associated with the care of consumers, nor strategies in place to ensure safe and effective care.

During the assessment contact, the service advised it had reviewed the care plans of all consumers receiving meals, put in place a process to update agreements as requests are made, and instructed staff that all feedback and complaints relating to meals be recorded in the comments and complaints register. The Assessment Team confirmed this was happening.

However, the Assessment Team considered the service did not demonstrate assessment and planning processes consistently identified individual risks to the consumer’s health and well-being. While consumers said they felt safe, and the care and services provided met their needs, the risk assessment and care planning processes were inconsistent and generic and, at times, strategies to manage risks exceeded the scope of practice for staff providing services to CHSP consumers.

In its response of 31 October 2024, the Approved Provider set out the following actions:

* Consumer care plans to be reviewed and updated to include risk assessment strategies.
* Individual risk assessments to be undertaken for all consumers; and
* Management to distribute information to staff outlining escalation contacts until new co-ordinators are appointed.

While I acknowledge the Approved Provider is taking steps to remedy the deficiencies, at the time of the assessment contact, assessment and planning processes at the service did not consistently identify individual risks to each consumer’s health and well-being. The service is still implementing its remedial actions, and it will take time to assess the impact of the actions and determine whether they are fully effective.

Therefore, I find the service **Not Compliant** with Requirement 2(3)(a).

*Requirement 2(3)(e):*

Following a quality audit conducted in March 2024, the service was found to be non-compliant with this Requirement, as a review of documentation demonstrated reviews were not occurring annually for all consumers, nor were reassessments occurring when circumstances changed for some consumers. In addition, service agreements and care plans were not always individualised as some consumers, such as married couples, had their information recorded on shared documents, which had not been adequately or effectively reviewed to ensure their current needs and preferences are being met for each individual consumer.

During the assessment contact and in its subsequent response to the assessment contact report, the Approved Provider submitted evidence which showed it had taken the following actions:

* Separate agreements are prepared and signed for married couples receiving meals. A review of care plans for married consumers confirmed this has occurred.
* Following re-signing of updated care plans for consumers receiving meals, reviews are be diarised and added to the annual audit process. This review schedule is now in place, with agreements up to date, and married couples having individual care plans.

Due to the actions taken by the service and the Approved Provider, the issues identified during the quality audit in March 2024 have now been rectified and I find the service is therefore **Compliant** with Requirement 2(3)(e).

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not Applicable | Not 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. | Not Compliant | Not Applicable |

Findings

*Requirement 3(3)(b):*

Following a quality audit conducted in March 2024, the service was found to be non-compliant with this Requirement, as the CHSP services did not demonstrate effective knowledge of, or management of, risks for all consumers, with some risks not being identified in assessment and care planning. Therefore, proper strategies or monitoring of these risks were not included or undertaken to ensure effective care of consumers.

The Assessment Team considered the Home Care Package program demonstrated, through care planning documentation and clinical staff knowledge, that risks for each consumer including falls, behaviours and skin integrity are assessed, reviewed and monitored by the clinical staff to ensure they are being managed effectively and changes are made as needed.

However, the Commonwealth Home Support Program service could not demonstrate it had effective processes in place to identify risks associated with the care of each consumer. The service did not have policies and procedures on managing high-impact or high-prevalence risks. The service did not demonstrate an effective process to document identified risk with appropriate risk mitigation strategies for each consumer.

In its response of 31 October 2024, the Approved Provider set out the following actions:

* Individual risk assessments to be undertaken for all consumers to be completed by February 2025.
* Consumer care plans to be reviewed and updated to include risk assessment strategies to be completed by February 2025

While I acknowledge the Approved Provider is taking steps to remedy the deficiencies, at the time of the assessment contact, the service did not consistently identify risks associated with the care of each consumer. The service is still implementing its remedial actions, and it will take time to assess the impact of the actions and determine whether they are fully effective.

Therefore, I find the CHSP service is **Not Compliant** with Requirement 3(3)(b).

*Requirement 3(3)(e):*

Following a quality audit conducted in March 2024, the service was found to be non-compliant with this Requirement, as information relating to consumers’ medical conditions was not shared effectively between the programs were care is shared; consumers’ risk management strategies were not communicated in documentation to guide staff practice; and the HCP and CHSP staff do not have a common, shared system for care planning documentation and, as a result, staff do not have access to consumer information across the programs when both programs provide care to a consumer.

During the assessment contact, the service advised it had implemented fortnightly meetings between HCP and CHSP staff to discuss shared consumers and established a shared e-mail inbox for HCP and CHSP staff to share information on consumers who use both programs.

Whilst the service has implemented the above actions, it was not able to demonstrate that information regarding CHSP consumers is effectively shared with others where responsibility for care is shared. Staff advised the Assessment Team they did not have access to all relevant care documentation to guide staff practice. A review of care documentation identified care plans did not consistently include the outcomes of assessment and planning to inform or guide staff practice.

In its response of 31 October 2024, the approved provider acknowledged the deficiencies identified and provided a plan of continuous improvement, of commenced and planned improvement actions:

* The Quality Co-ordinator is to establish fortnightly meetings with staff from CHSP and HCP to share information regarding joint consumers. This was to be completed by 18 October 2024.
* Information technology staff to provide access to secure drives to allow CHSP and HCP staff to share and review care plans for shared clients. This was to be completed by 11 October 2024.

While I acknowledge the Approved Provider is now taking steps to remedy the deficiencies, at the time of the assessment contact, the service did not effectively share information between the programs were care is shared; consumers’ risk management strategies were not communicated in documentation to guide staff practice; and the HCP and CHSP staff did not have a common, shared system for care planning documentation. The service is still implementing its remedial actions, and it will take time to assess the impact of the actions and determine whether they are fully effective.

Therefore, I find the CHSP service is **Not Compliant** with Requirement 3(3)(e).

# 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

*Requirement 8(3)(c):*

Following a quality audit conducted in March 2024, the service was found to be non-compliant with this Requirement, as it was unable to demonstrate it had effective information management, continuous improvement and regulatory compliance systems in place across the HCP and CHSP programs.

Information management:

In March 2024, the quality audit found the service did not have care management systems and consistent communication processes in place to ensure staff across various program areas at the service had access all consumer information at the point of care; specifically for consumers who are part of both programs.

During the assessment contact, the service advised it had implemented some actions to address the deficiencies previously identified. However, it was not able to demonstrate the consistent application of all the remedial actions.

For example, not all staff had access to relevant systems and management had no oversight of this; the proposed additional training for the co-ordinator of meal services had not occurred; the service could not demonstrate CHSP staff had access to information to guide staff in assessment, planning and risk management for consumers participating in group activities; and there was a lack of clarity around the funding level of consumers participating in multiple programs across the service.

Continuous improvement:

In March 2024, the quality audit found the service could not demonstrate it had effective processes to monitor the implementation or effectiveness of continuous improvement activities.

A review of the service’s plan for continuous improvement demonstrated actions planned to manage the non-compliance identified in March 2024 had not been implemented or evaluated for effectiveness.

For example, the service had planning to implement a risk assessment form to identify risks associated with each CHSP consumer, but a review of documentation showed this had not been done for all CHSP consumers. Furthermore, while the service had planning to create a shared folder for HCP and CHSP staff to access information about shared consumers, CHSP staff said they did not have access to the shared folder.

Regulatory compliance:

In March 2024, the quality audit found the service could not demonstrate it effectively communicated updated policies and procedures and other information to staff, and it could not demonstrate it had policies or procedures to ensure support plan reviews were consistently undertaken, and all consumers had individualised care documentation or agreements.

During the assessment contact, the service advised it had taken the following actions to address the previous issues identified with regulatory compliance:

* Care plans for consumers have been reviewed with a review schedule in place and married couples have individual care plans.

In its response to the issues identified in the assessment contact report, the Approved Provider submitted the following continuous improvement actions:

* Current policies and procedures are to be reviewed and updated by the Quality Coordinator to include HCP services by December 2024.
* Risk assessments and care plan strategies are to be written appropriate to relevant staff competencies by the General Manager and new Community Manager by February 2025.
* The Quality Co-ordinator is to consolidate continuous improvement and quality improvement plans into a central plan by December 2024.
* A new Community Care Co-ordinator position is be appointed by November 2024, with the responsibility for overseeing HCP/CHSP programs.

While I acknowledge the Approved Provider is now taking steps to remedy the deficiencies, and the issue with regulatory compliance appears to have been resolved, deficits remain and the service is still not able to demonstrate effective continuous improvement and information management systems, to ensure the safe and effective delivery of care and services for consumers.

Although the service has a plan in place, it is still implementing its remedial actions, and it will take time to assess the impact of the actions and determine whether they are fully effective.

Therefore, I find the HCP and CHSP services are **Not Compliant** with Requirement 8(3)(c).

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