**Performance**

**Report**

**1800 951 822**

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| Name: | Caddies Care Aged & Disability Support |
| Commission ID: | 700646 |
| Address: | 19/33 South Street, JIMBOOMBA, Queensland, 4280 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 4 July 2024 |
| Performance report date: | 5 August 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: 7301 Able Australia Services  
Service: 24727 Able Australia Services - Community and Home Support

**This performance report**

This performance report for Caddies Care Aged & Disability Support (**the service**) has been prepared by J Earnshaw, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information known to the Commission.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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 2

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| --- | --- | --- |
| Ongoing assessment and planning with consumers | | CHSP |
| 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)(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. | Compliant |

Findings

The service was found non-compliant under requirement 2(3)(b) following the Quality Audit conducted 21-22 February 2024. Deficiencies related to the service being unable to demonstrate adequate assessment and care planning of consumers' needs and preferences.

The assessment contact conducted 4 July 2024 identified the service had taken targeted measures to address the previous non-compliance.

Consumers and representatives reported being involved in the assessment and planning of consumer care needs and preferences.

Care planning documentation including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. The service undertakes a range of assessments, which are reviewed periodically and when changes occur. Assessments are conducted to identify complex care or clinical needs, and the suitability of services available.

The service was able to demonstrate targeted improvements have been implemented to maintain compliance under this requirement.

The service has reviewed care planning documentation and implemented regular reviews or when circumstances arise or consumer needs change.

The service has an electronic care management system, overseen by Management, which alerts when reviews are due and provides staff with updated consumer information.

The service was found non-compliant under requirement 2(3)(d) following the Quality Audit conducted 21-22 February 2024. Deficiencies related to the service being unable to demonstrate the effective completion of care planning or the involvement of consumers and nominated representatives in assessment and planning processes or that details are communicated or readily available.

The assessment contact conducted 4 July 2024 found the service had taken targeted measures to address the previous non-compliance.

Consumers and representatives reported being involved in assessment and planning and that they receive a copy of the consumer care and services plan.

The service demonstrated processes are in place to ensure care plans are regularly reviewed and meet the consumer’s current needs including when changes in the consumer’s health condition or personal preference occur.

The service utilises the electronic care management system to record the outcomes of assessment and planning which is available to staff to access and update consumer information. The workforce reported having access to current consumer information via various avenues.

The service was able to demonstrate targeted improvements have been implemented to maintain compliance under this requirement.

The service has ensured consumer care documentation is in place, signed by the consumer and/or representative and documented within the electronic care management system.

The service has introduced monitoring of care planning reviews and updates via the electronic care management system.

The service was found non-compliant under requirement 2(3)(e) following the Quality Audit conducted 21-22 February 2024. Deficiencies related to the service being unable to demonstrate that care and services are reviewed for effectiveness regularly when circumstances change or based on the consumer's needs, goals, or preferences.

The assessment contact conducted 4 July 2024 found the service had taken targeted measures to address the previous non-compliance.

Consumers and representatives said staff regularly contact them to monitor their satisfaction with the care and services consumers receive and reported the service supports consumers when changes occur. Staff described consumer conditions and needs and how they identify and share information relating to changes in consumer health conditions or preferences.

Care documentation demonstrated care and services are reviewed annually from the date of commencement, with reviews occurring additionally if there are any changes in consumers’ health, choice or when incidents occur.

The service was able to demonstrate targeted improvements have been implemented to maintain compliance under this requirement.

The service has introduced the monitoring of consumer care documentation, incidents and feedback regularly to identify incidents and changes to care needs for consumers.

The electronic care management system demonstrated consumer care documentation is reviewed regularly with an alert system for due dates of reviews and of consumers that are high risk or have had a change of circumstances.

Staff advised and training records showed, education has been provided to staff on topics such as escalating consumer incidents and risks, keeping consumers safe, and client observation and incident recording forms.

In coming to my decision of compliance with these requirements, I have considered the information included in the assessment team report. Based on the information summarised above I am satisfied these requirements are compliant.

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)