**Performance**

**Report**

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| Name of service: | Caddies Care Aged & Disability Support |
| Service address: | 19/33 South Street JIMBOOMBA QLD 4280 |
| Commission ID: | 700646 |
| Home Service Provider: | Able Australia Services |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 4 April 2023 |
| Performance report date: | 11 July 2023 |

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.

**This performance report**

This performance report for Caddies Care Aged & Disability Support (**the service**) has been prepared by G. McNamara, 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.

# Services included in this assessment

**CHSP:**

* CHSP - Goods Equipment and Assistive Technology, 4-7YC3N4C, 19/33 South Street, JIMBOOMBA QLD 4280
* CHSP - Meals, 4-7YCKJPN, 19/33 South Street, JIMBOOMBA QLD 4280
* CHSP - Social Support - Group, 4-7YCKJSJ, 19/33 South Street, JIMBOOMBA QLD 4280
* CHSP - Social Support - Individual, 4-7YBMQHT, 19/33 South Street, JIMBOOMBA QLD 4280
* CHSP Transport, 4-7Y96V7K, 19/33 South Street, JIMBOOMBA QLD 4280
* Community and Home Support, 24727, 19/33 South Street, JIMBOOMBA QLD 4280

# Material relied on

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

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 18 May 2023.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 2 Ongoing assessment and planning with consumers | Non-compliant |
| **Standard 7 Human resources** | **Not applicable as not all requirements have been assessed** |
| **Standard 8** **Organisational governance** | **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

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)(b)

Ensure that assessment and planning is undertaken for all consumers, in a timely and appropriate manner, to identify needs, goals and preferences and to inform the provision of care and services.

Requirement 2(3)(d)

Demonstrate that the outcomes of assessment and planning are effectively communicated and documented, such that consumers are aware of these outcomes and such information is available at the point of care.

Requirement 2(3)(e)

Ensure that care and services are reviewed, in a timely manner, when a consumer's condition or situation changes, or an incident occurs, as well as on a regular basis.

# 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. | Non-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. | Non-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. | Non-compliant |

Findings

Four of the five specific requirements of this Standard were assessed and I have found three of those requirements to be Non-Compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

As to Compliant requirement 2(3)(a)

Management outlined the assessment process the service uses, stating that they use the comprehensive client information form and home environment risk assessments to trigger conversations with the consumer in relation to medical history, physical health, mental health, and activities of daily living to assess the emotional well-being of the consumer.

The Team Leader said volunteers report to them regarding consumer non-response to the visit and they then follow up the process. Risks are identified and discussed with the consumer and/or their representative and documented in the run sheet to alert volunteers.

Consumers discussed how the service identifies their care needs and any risks. For example, one consumer stated they are living with dementia and staff ask them what they need. The risk of that consumer getting out of the bus was identified and a strategy put in place.

Consumer documentation included the identification of risks such as mobility issues, falls history, cognitive impairment, vision impairment, medical issues, allergies, and risk of isolation. For example, the client intake and risk management in place for another consumer also living with dementia includes mitigating strategies for their potential risk of social isolation.

As to Non-Compliant requirements

Requirement 2(3)(b)

The Assessment team found that most of the consumers interviewed confirmed they get the care and services they need and described what was necessary regarding their received services.

However, consumers stated they did not remember any involvement in assessment and planning, and the Assessment Team found that most sampled consumer's files did not include assessments and care plans to address current needs, goals and preferences, or had minimal information included. Preferred days and times of service delivery were in the client intake form and Runsheet and some consumers' files had assessments with medical history and planning to address needs, goals, and preferences, however, the majority of consumers' files did not have assessments or care planning to address consumers' needs, goals, and preferences. The Assessment team reported that Management acknowledged gaps in the assessment and planning area.

In its written response the Approved Provider stated that at the time of this assessment it had in place the appropriate assessment tools and supporting documents, policies and training, but acknowledged that at the time of this assessment it had only just commenced to roll-out the processes including completion of risk assessments and care plans. It noted that at the time of its written response it had completed assessments for all new consumers, and approximately half of current consumers with the balance yet to respond. It noted that it has a fully staffed Operations team, and anticipated completing this process at the end of June 2023. It provided its Plan for Continuous Improvement to evidence progress made.

While I acknowledge the improvements made and progress achieved, I consider that these matters are still in progress, and that the Approved Provider requires additional time to embed these improvements and to demonstrate their sustainability.

Requirement 2(3)(d)

The Assessment team found that the service provider did not demonstrate that consumers and nominated representatives are involved in assessment and planning processes or that details are communicated or readily available. Review of consumer files also confirmed that for most consumers care plans were not in place. This was also confirmed through discussions with the Team Leader.

The Assessment team reported that all consumers/representatives, when asked about their understanding of their care plan, could not recall being offered or having access to a care plan. In addition, volunteers stated they have not seen consumers care plans and they do not rely on a care plan to understand the needs of the consumer. Volunteers stated the only written information they receive relating to a consumer is the run sheet, which now alerts them regarding consumer risk such as cognitive impairment and falls.

I acknowledge that the improvements identified by the Approved Provider in its written response are well in train and are designed to ensure, in addition to the assessment of needs, goals and preferences, that the outcomes of assessment and planning are effectively communicated and documented. However, as I have identified in relation to requirement 2(3)(b), these improvements are only now planned for completion, and I consider that additional time is required to evidence their ongoing implementation.

Requirement 2(3)(e)

The Assessment team found the service did not demonstrate care, and services are reviewed for effectiveness regularly when circumstances change or based on the consumer's needs, goals, or preferences. While overall consumers and representatives were satisfied with the services they are receiving, they said they do not remember care and services being reviewed regularly. Care and services are also not always reviewed when a consumer's condition or situation changes, or an incident occurs. For example, for one consumer, who receives meals at the social support group, it was identified that their diet detail form has not been completed and for another, their care plan or medical condition form had not been updated after they had a fall. In addition, care documentation did not show regular reviews of care and services.

Volunteers interviewed could not give examples where consumers had requested changes of services. They confirmed they are not sure when reviews have been conducted last. They said they have no access to care plans however they receive a run sheet. They said most of the time they get information from consumers or their representatives if they need to change services in any way. The Assessment team was informed by Management that the new assessment documentation has only occurred for approximately 25% of all consumers.

I acknowledge that the improvements identified by the Approved Provider in its written response are well in train and are designed to ensure, in addition to the assessment of needs, goals and preferences and communication of planning outcomes, that regular and episodic reviews occur. However, as I have identified in relation to requirement 2(3)(b), these improvements are only now planned for completion, and I consider that additional time is required to evidence their ongoing implementation.

# Standard 7

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| Human resources | | CHSP |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

One of the five specific requirements of this Standard was assessed and I have found it to be Compliant. As not all requirements were assessed an overall rating for the Quality Standard is not provided.

Concerns were previously identified in relation to ongoing support and training for staff in meeting the needs of consumers. These concerns have now been addressed and this requirement is now Compliant. The Assessment team verified that the following actions have been taken to rectify these matters:

* Updating the Learning and Development procedure
* Rolling out of new training to staff and volunteers including dementia training from Dementia Australia, as well as face to face training in incident reporting system to capture incidents and in lodging feedback from consumers.
* Management advised currently there is 87% compliance with orientation mandatory training and noted they are continuing to work through to full compliance. Compliance is monitored on a monthly basis
* Fact sheet provided to staff and volunteers on what are signs of decline and potential risk for consumers and who to notify.
* Use of an audit calendar to information staff training. Outcomes of audits are also standing agenda items at regular meetings.

**Standard 8**

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| Organisational governance | | 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. | 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 |

**Findings**

Two of the five specific requirements of this Standard were assessed and I have found both to be Compliant. As not all requirements were assessed an overall rating for the Quality Standard is not provided.

Requirement 8(3)(c)

Concerns were previously identified in relation to Information Management (consumer documentation) and Workforce Governance (training) only. These matters have now been rectified and this requirement is now Compliant, for the following reasons:

Information management

The service has implemented a new suite of consumer assessment and care planning documentation to address issues identified around consumer information, particularly regarding collection of information and strategies for staff when providing care. Staff have also been provided with training in use of new documentation.

The Assessment team verified that a number of key actions have been taken to rectify these matters, including:

* Implementing a client observation and incident recording form.
* Monitoring of automatic monitoring of consumer documentation completion via the service’s named Dashboard.
* Implementation of the Client Observation Booklet that will bring together the Client Observation and Incident Recording form and the Incident Severity Guide.

Although the service is still working through completion of documentation for all consumers through consumer reviews, I have considered those matters in Standard 2 requirement (b), (d) and (e).

Workforce Governance

Support and training has now been provided to staff to meet the needs of consumers. These gaps have now been addressed. This is discussed in more detail in Standard 7 requirement 7(3)(d).

Requirement 8(3)(d)

Concerns were previously identified regarding management and staff not having a shared understanding of the risks to their consumer cohort, especially regarding the needs of consumers with dementia/cognitive impairment. High impact high prevalence risks were also not identified or monitored/documented through assessment and care planning documentation with staff not consistently recording or reporting issues meaning delayed reassessment of needs.

The Assessment team verified that a number of actions have been taken to rectify these matters, including:

* Completing process mapping regarding consumer journey, including a review of the 5 key risk areas for in-home services. In addition, an Incident severity guide has been developed.
* Using a Client observation and incident recording form to provide feedback on consumer changes, incidents and other key information.
* Staff and volunteers have received training in use of new documentation in addition to training in dementia, as well as face to face training in SIRS.
* Assessment/Care planning documentation includes identified risks with internal audit process ensuring completion of documentation in a consistent manner.
* The service maintains a register of consumers considered ‘at risk’.

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)