**Performance**

**Report**

**1800 951 822**

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| Name of service: | Canberra Seniors Centre Inc |
| Service address: | Canberra Seniors Centre, 10 Watson St TURNER ACT 2612 |
| Commission ID: | 200963 |
| Home Service Provider: | Canberra Seniors Centre Inc |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 3 January 2023 to 30 January 2023 |
| Performance report date: | 20 February 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 Canberra Seniors Centre Inc (**the service**) has been prepared by J Taylor, 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:**

* Care Relationships and Carer Support, 23673, Canberra Seniors Centre, 10 Watson St, TURNER ACT 2612
* Community and Home Support, 23674, Canberra Seniors Centre, 10 Watson St, TURNER ACT 2612

# 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.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **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

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 | | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Not applicable |
| Requirement 1(3)(b) | Care and services are culturally safe | 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. | Not applicable |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | 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 |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

All consumers sampled stated they felt the service acknowledged and respected cultural differences through the variety of social support activities offered. Volunteers interviewed demonstrated they recognise, support and respect cultural identities by delivering culturally safe care. Management advised that the services Continuous Improvement Plan includes how to provide cultural safety during social support activities.

Most consumers stated the service supports them to take risks to help them to remain independent. Volunteers demonstrated supporting consumers to take risks by allowing them to make their own choices during activity sessions. The membership form support this as it includes an activity strategy, goals and outcome plan all completed via the consumers choice.

The consumers confirmed that information provided to them is current, accurate, timely and easy to understand. The volunteers and staff described how information is communicated to the consumer via monthly menu, telephone contact, hard copy information handbooks and board meeting minutes being published in the services newsletter.

All consumers reported that the service protects their privacy and confidentiality, as disclosed in the services information handbook. Volunteers and staff could describe how the consumers privacy is maintained and information is stored electronically on a secure double authenticated platform.

Considering the information above, the service demonstrated that four of the four requirements assessed are deemed to be compliant. Two requirements were not assessed as part of this activity.

# 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. | 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 |
| 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

Management interviewed advised assessment and planning documentation had been updated to include prompts to capture risks to consumers. They stated there has been a reassessment of all consumer membership forms and the policy on assessment and planning is under review to include the identification of risk.

All consumers interviewed said the service provides social supports and meals in line with their needs, goals and preferences. They said staff know them very well and support them in what they need. Review of the updated membership form included an activity planner where consumers list their goals and strategies to achieve these outcomes. Considering the services provided are activity based without personal or clinical care, Advanced Care and End of Life planning is not applicable for this service.

Consumers interviewed confirmed they are involved in the planning and review of the services they receive. They reported they can choose what activities they would like to participate in, and they always have a choice of meals. For example, a consumer who attends various social activities and two meals a week said they can choose when they attend the service and are happy with the choice of services provided. Documents reviewed evidenced consumer participation in assessment and planning activity.

Consumers interviewed advised they had been offered a copy of their membership form (care plan). For example, a consumer stated the manager had just updated their membership details and provided them with a copy. Management interviewed advised any changes to consumer details, including food allergies, is documented and shared with relevant staff. Review of consumer care documents confirmed appropriate consumer details recorded.

Consumers interviewed confirmed recent conversations with the Service Manager to confirm and update consumer details. Management interviewed advised electronic system updates now enabled the service to monitor when care plan documentation is due for review. Review of the service information booklet, provided to consumers, describes consumer details will be reviewed annually or if consumer requirements change.

Based on the information above, the service demonstrated assessment and planning is done in partnership with consumers and reviewed appropriately. Five of the five requirements assessed are deemed to be compliant therefore, this Standard is assessed as Compliant.

# Standard 3

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| Personal care and clinical care | | 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. | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| 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 applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| 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. | Not applicable |

Findings

The Standard was not assessed and therefore deemed Not Applicable for this activity.

# Standard 4

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| Services and supports for daily living | | 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 |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | 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. | Not applicable |
| 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 |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

All consumers interviewed stated they were satisfied with the social support and meals the service provided. They confirmed all the social support activities are tailored to the consumers preferences. Membership forms (care plans) sampled and activity plans sighted reflected the consumer goals and detailed who was responsible to enable the consumer to achieve the goal.

Consumers interviewed reported the services provided a sense of purpose and the staff, volunteers and service manager gave them emotional support by listening to them. For example, a consumer attending a social group said they had attended this group for a long time and said it feels like an old club with community spirit. This consumer said they love the social interaction, feels safe and respected because they are acknowledged by staff and other participants.

All consumers interviewed said they felt the service knows them well, the classes they attend and any limitations they may have. Volunteers described receiving enough information about consumers to conduct classes and membership forms (care plans), including activity agreements, evidenced information captured relevant to the services provided.

The nature of supports at the service is predominantly social support in a group setting and all consumers interviewed described they transport to the service independently. Consumers interviewed said if they need anything they just speak with the Service Manager, who is always accessible. While the service did not provide policy or procedure documentation to guide staff on the process of referrals, the Service Manager evidenced an in-depth knowledge of support services outside the service and described how referrals would be made through the My Aged Care portal. Considering the core services delivered, this is deemed appropriate for this service. Review of a Chief Executive Officer report detailed collaboration with other services and groups within the region, such as the service having a presence at the 2022 Seniors Expo.

Consumers interviewed reported equipment used for social support group activities was clean and well maintained. Management interviewed advised a formal procedure for maintenance of supplied equipment is in place to ensure equipment is cleaned and checked to ensure safety and appropriateness for consumers. For example, chairs were observed to be too low for consumers and have now been replaced.

Based on the information above, the service demonstrated safe and effective services and supports are provided to enhance consumer’s independence, health, well-being and quality of life. Five of the five requirements assessed are deemed to be compliant. Two requirements were not assessed as part of this activity.

# Standard 5

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| Organisation’s service environment | | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers interviewed described the service environment as safe, clean and well maintained and they had access to all areas with volunteers interviewed supporting this view. Management interviewed described a building maintenance log for any faulty equipment which was reported to the board on a monthly basis.

Consumers interviewed said they felt safe at the centre. They said the group activity areas are clean and well maintained with sturdy chairs that were comfortable and fit for purpose. The Finance Officer interviewed described an asset log for all equipment used within the service detailing when equipment is inspected and replaced if faulty and documented in the log.

Considering the information above, the service demonstrated the service environment is safe, clean and well maintained. Two of the two requirements assessed are deemed to be Compliant. One requirement was not assessed as part of this activity.

# Standard 6

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| Feedback and complaints | | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | 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 |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

All consumers interviewed described how they would make a complaint or provide feedback to the service. Most consumers said they hadn’t submitted a complaint in the past, but if they had a concern, they would call or talk to the service about it in the first instance. The service evidenced implementation of a questionnaire to capture feedback which is reported back to the board, additionally a random selection of consumers are called to seek feedback, and a suggestion box has been added to the front foyer for easy accessibility for consumers.

The service demonstrated information is available to consumers in the Service Information Handbook 2023 detailed how to make a complaint and provide feedback with an extensive section on advocacy, including how to access interpreter services and other avenues to resolve complaints.

Volunteers interviewed described what open disclosure meant to them and how they apply this in practice. Review of the services complaints register demonstrated complaints are dealt with in a timely manner. Management interviewed demonstrated an understanding of open disclosure and how this is applied. Overall, the service demonstrated open disclosure principles are applied to the management of complaints.

The service evidenced consumer feedback is used to inform service delivery improvements. For example, a consumer suggested the addition of Majong to the list of activities and this was included. Review of minutes from Board meetings demonstrated feedback and complaints data is reviewed regularly and is fed directly into quality improvements.

Considering the information above, the service demonstrated consumers are supported to provide feedback and complaints, evidenced how this is reported to the Board and provided examples where consumer feedback has been implemented. Four of the four requirements assessed are deemed to be compliant therefore, this Standard is assessed as Compliant.

# Standard 7

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| Human resources | | 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. | Not applicable |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Not applicable |
| 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 |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers sampled stated they felt staff are qualified and competent to provide services and this was echoed by staff interviewed demonstrating the appropriate skills and knowledge to provide services. Management interviewed confirmed volunteers providing social support activities and staff have current first aid certificates with all qualifications documented on file, monitored and updated as required.

The service evidenced staff are trained, have the relevant qualifications to deliver the outcomes required which is documented by the service and monitored for currency. For example,

* The cook providing meals to consumers is a qualified chef.
* The staff member providing fitness activities is a qualified personal trainer, gym instructor, group fitness instructor and yoga teacher.
* A volunteer managing consumer payments has been trained to use the electronic payment system used by the service.

The service demonstrated annual professional development reviews for volunteers and staff has commenced as per the noted action in the continuous improvement plan. Review of the staff and volunteer performance review template included discussion points looking at what has worked well, areas to improve and goals for the coming 12-month period.

Considering the information above, the service demonstrated the workforce is competent to provide supports and services and performance is reviewed. Three of the three requirements assessed are deemed to be Compliant. Two requirements were not assessed as part of this activity.

# Standard 8

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| Organisational governance | | 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 |
| 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 |
| 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 |
| 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. | Not applicable |

Findings

Consumers interviewed said they are regularly asked for feedback regarding the services delivered and can provide feedback through surveys, a suggestion box, via email or phone. The service advised development of a strategy to improve consumer engagement in the development, delivery and evaluation of care and services is currently underway. Consumers join the service as members and are entitled to nominate for Board positions and participate in various committees.

Board meeting minutes reviewed for the past three meetings demonstrated the Board is made aware of all aspects of service delivery and accountable for the delivery of safe and quality care and services. The service’s suite of policies, procedures and frameworks are currently being reviewed by the Board to ensure a culture of safe and quality care.

The service demonstrated implementation of an electronic management system to support tracking of payments and membership (consumer) information. Management advised the electronic system ensures consumer attendance is consistently recorded and all consumer records are stored securely with appropriate staff provided access. The service evidenced a continuous improvement register which included information to enable tracking of the activity, who was responsible and due dates for completion. The service demonstrated feedback, complaints and incidents are reported to the Board to enable trending and identified improvements to service delivery. Management interviewed demonstrated volunteer and instructor qualifications and credentials are recorded, reviewed regularly and reported to the board. The Manager of the service is the only full-time employee and evidenced a duty statement clearly detailing the requirements of the role, responsibilities and provided details of training completed, which included elder abuse, feedback and complaints and open disclosure. Management interviewed confirmed the service has subscriptions to newsletters from several regulatory organisations to keep abreast of any changes to compliance and/or legislation.

The service demonstrated effective maintenance of risk management systems and practices, including high-impact or high-prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can. The program of activities provided by the service details a variety of classes and social groups that tailored to consumer needs to ensure inclusivity of all consumers from a variety of multicultural backgrounds. Management interviewed confirmed completion of elder abuse and neglect training and are investigation options for volunteers to complete this training. Management interviewed described how the service supports consumers and the process followed should concerns regarding an individual consumer be raised.

Considering the information above, the service demonstrated consumers are involved in the development, delivery and evaluation of services provided as per the level of input to the Board and various committees. The service evidenced the Board promotes and is accountable for the safe and quality delivery of services, has effective systems in place demonstrating oversight of services and identifies and manages risks effectively. Four of the four requirements assessed are deemed to be Compliant. One requirement was not assessed as part of this activity.

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)