**Performance**

**Report**

**1800 951 822**

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| Name: | Casey City Council |
| Commission ID: | 300567 |
| Address: | Bunjil Place, 2 Patrick North East Drive, NARRE WARREN, Victoria, 3805 |
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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: 8749 Casey City Council  
Service: 25938 Casey City Council - Community and Home Support

**This performance report**

This performance report for Casey City Council (**the service**) has been prepared by P. Singh, 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.
* the provider’s response to the assessment team’s report received 9 July 2024.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Not Compliant** |
| **Standard 5** Organisation’s service environment | **Not Assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **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.

* Requirement 4 (3)(g), where equipment is provided, is safe, suitable, clean, and well maintained. Volunteer cars are used for transport purposes. The service needs to maintain a spreadsheet for vehicle registrations, driver license expiry dates, insurance, and vehicle inspections.
* Requirement 8(3)(c) effective organisation-wide governance system relating to oversight of continuous improvement.
* Requirement 8(3)(d) developing effective risk management systems, clinical governance framework, vulnerable consumer register and training for staff related to SIRS reporting.

# 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. | Compliant |
| 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. | Compliant |
| 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

I am satisfied, based on the Assessment Team’s observations and recommendations, that the service complies with the Requirements as outlined in the table above and, as a result, complies with this Standard.

Consumers and representatives described how consumers are respected and valued. They described how their life stories, backgrounds, and individuality were acknowledged. Care documentation reflected planning considered consumer individual needs and preferences, capturing their background, culture, and diversity, including what is important to them.

Consumers from culturally and linguistically diverse backgrounds confirmed staff provide care that acknowledges and respects their values and choices. Management described assessment processes, which include gaining an understanding of each consumer’s culture, preferences, life story and choices.

Staff provided examples of ways they support consumers with choice and independence by offering options and providing opportunities for discussion. Care plans include information related to consumer specific needs an identified choices and the people involved in the delivery of their care.

Identified risks to a consumer’s health and wellbeing are assessed and documented in consumer care planning documents. Staff discussed encouraging consumers to live their best life and how the service approaches risk management by providing support and guidance to meet each consumer’s needs.

Consumers and representatives confirmed they receive timely and clear information from the service through staff visits and phone calls. Consumers indicated they can exercise choice in the planning of services and are well-informed about what the service can provide.

Staff described being aware and respectful of consumer privacy when in a consumer's home. They discussed maintaining confidentiality through use of password-protected electronic access to consumer information and never discussing these details outside of the service.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed the service seeks to understand consumer needs and preferences through care planning and assessment. Consumer files identify assessments and care plans, completed upon consumer commencement with the service. Identified, risks and mitigation strategies are discussed with consumers, and documented.

Staff said consumer needs and goals are discussed with consumers and representatives when services commence. Management explained how they assist consumers to understand the purpose of advance care plans and refer them to their general practitioner or advocacy service if further clarity is required.

Consumers and representatives confirmed their involvement in assessment and planning and said they are encouraged to contribute to discussions in relation to the services they receive.

Consumers explained they receive information regarding their care plans, but do not receive a copy of the plan. Management said they are in the process of developing a process whereby copies of care plans will be offered to consumers.

Service staff explained care plans are reviewed annually, when consumers request a change, or when care needs change.

# 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| 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. | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| 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. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives were satisfied with the personal and clinical care received. Staff outlined how they tailor care to the needs of individual consumers, and the Assessment Team noted a positive outcome for a consumer who received physiotherapy services and was able to mobilise safely.

Consumer documentation demonstrates that high-impact or high-prevalence risks associated with the care of consumers are identified and documented, with clinical and allied health assessments occurring where appropriate.

Staff and volunteers demonstrated knowledge of their responsibilities in reporting consumer deterioration or change and documenting deterioration in progress notes. Consumers and representatives expressed satisfaction with how the service managed consumer deterioration.

Consumers and representatives were satisfied, that when needed, the service enables appropriate individuals, other organisations, and service providers to become involved in consumer care and service delivery. Documentation demonstrated referrals were made in response to consumers’ identified needs.

The service has a COVID safety plan that provides detailed procedures for staff visiting consumer homes. Staff and volunteers confirmed their use of Personal Protective Equipment (PPE) and maintaining social distancing when visiting consumers' homes.

# 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. | Compliant |
| 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. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations and the approved provider’s response that the service is not compliant with requirement 4(3)(g) and as a result is not-compliant with standard 4.

Requirement 4(3)(g):

Volunteer drivers provide transportation services for the service, using their private vehicles to transport consumers. Management said volunteer transport drivers supply the service with annual proof of registration renewal and comprehensive insurance. The Assessment Team sighted a spreadsheet showing the make and model, registration number and expiration date, insurance provider, and date of insurance expiry for volunteer transport driver vehicles. The Assessment Team identified vehicle registrations included in the spreadsheet were out of date. The service was not able to provide documented evidence showing volunteer vehicles were roadworthy and registered. One consumer said the cleanliness of volunteer cars varied, and they recently travelled in a car that was ‘dirty’ inside and out.

The Provider submitted a written response (the response), acknowledging the Assessment Team report findings, providing additional evidence and a plan for continuous improvement (PCI). The response evidence service plans to undertake regular audits of volunteer cars used for transporting consumers. The response indicates the intention of the service to provide communication to volunteers about the importance of maintaining safe and clean cars, the conducting of future consumer surveys regarding the cleanliness and maintenance of volunteer cars, updating documentation of volunteer car registrations and the undertaking of regular vehicle inspections.

With consideration of the information available to me and the Provider’s response, I consider that further time is required to ensure planned improvements are successfully implemented, evaluated, and sustained in practice. As a result, I find this Requirement is not compliant.

In relation to compliance with the remainder of the Requirement:

Consumers and representatives indicated services they receive, help them to maintain independence and quality of life. Consumer documentation outlined the services most suited to each consumer. Management explained the service ensures provide support optimises consumer independence and quality of life through providing services as determined by the consumer.

Consumer care documentation included considerations of consumers' emotional, spiritual, and psychological well-being. Staff described how they provide support to consumers, and representatives were confident that staff would be able to identify when consumers required further emotional support.

Consumers and representatives confirmed they were assisted in participating in their preferred community activities. Care documentation demonstrated communication with others responsible for care, including representatives, staff, and other services as appropriate, occurs with consumer consent to ensure services are coordinated. Referrals to a range of services and supports for daily living are facilitated through the assessment and referral process.

Consumers and representatives provided positive feedback about the meals provided at the centre-based respite service. Staff described how the consumer’s dietary and cultural needs and preferences are considered to inform meal provision.

# 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 Assessed |
| 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. | Not Assessed |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Assessed |

Findings

Standard 5 was not assessed as the service does not provide onsite services or transport consumers in service-owned vehicles.

# 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

I am satisfied, based on the Assessment Team’s observations and recommendations, that the service complies with the Requirements as outlined in the table above and, as a result, complies with this Standard.

Consumers and representatives confirmed they were comfortable and supported in providing feedback and making complaints. Documents indicated consumers provided information regarding provision of feedback and or making a complaint on commencement with the service. Management confirmed consumer surveys are conducted annually.

Advocacy services and information related to the Aged Care Quality and Safety Commission (the Commission), and an interpreter service are made available to consumers on commencement with the service.

Consumers and representatives described positive changes made to their services following provision of feedback and or complaints, and management provided examples of broader improvements arising from consumer feedback. Staff and volunteers described a complaints resolution and referral process and management confirmed management of complaints as they arise including the practice of open disclosure.

The service has guidance material to identify the purpose and intent of ensuring complaint outcomes inform continuous improvement.

# 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

The service plans its workforce to ensure consumers receive safe and quality care. Consumers and representatives expressed satisfaction with workforce performance, indicating satisfaction with the delivery of safe and quality care and services.

Consumers and representatives described staff as kind, caring and respectful of their diversity and staff provided examples of numerous ways they demonstrate kindness and respect during the provision of care.

Consumers were confident staff are knowledgeable in their roles and management described a recruitment process and provided position descriptions considerate of qualifications, skill mix, experience, and knowledge of relevant staff.

Staff confirmed management monitors staff performance, confirmed by documentation indicating staff performance is reviewed every 12 months.

# 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. | Not 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. | Not 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. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations and the approved provider’s response that the service is not compliant with requirements 8(3)(c) and 8(3)(d) and as a result is not-compliant with standard 8.

Requirement 8(3)(b):

The Assessment Team report identifies that the service did not recognise the requirement for assessing their performance against this Requirement or their responsibility for oversight of where consumers are receiving clinical care. The service did not address Standard 3 of the Aged Care Quality Standards when completing the self-assessment tool and did not address the requirement for clinical care to be monitored by a clinical governance framework.

The Provider submitted a written response (the response), including a PCI and acknowledging the findings in the Assessment Team report. The response indicated changes to funding for allied health service provision in the new financial year resulted in the service’s incomplete self-assessment of Standard 3 of the Quality Standards. The response indicates the Provider’s intention to retain specialised support services, with funding aligned with the future strengthened Quality Standards clinical care standard. This is evidenced in the response, in the service’s PCI.

The service operates under a grant agreement with the Commonwealth to deliver CHSP funded services. The response indicated that based on available government guidance documentation, ‘Provider Responsibilities relating to Governance-Guidance for Approved Provider’, this requirement did not apply to them.

With consideration to the information available to me and the Provider’s response, I have come to a different view to the Assessment Team. I am satisfied that the service complies with this Requirement.

Requirement 8(3)(c):

The Assessment Team found the service did not effectively demonstrate continuous improvement actions were prioritised and embedded in work culture. While an extensive suite of areas for action was documented within the service’s PCI, the service could not provide evidence of progression.

The Provider submitted a written response (the response) acknowledging the Assessment Team's findings. The response reflects that a review of the PCI has taken place, with intended improvements prioritised as low, medium, and high. The leadership team has established continuous improvement meetings to monitor the progress of improvements and ensure the PCI continues to be updated.

With consideration to the current actions related to continuous improvement, further time is required to ensure these activities are successfully implemented, evaluated, and sustained in practice. As a result, I consider this Requirement not compliant.

Requirement 8(3)(d):

The Assessment Team recommends that this Requirement was not met due to the service omission to maintain a clinical risk register. The development of a vulnerable consumer register has been recorded as an item for action in the PCI. Where a risk has been identified, management said the process would be to complete a safe work method statement.

The Provider submitted a written response (the response) acknowledging the Assessment Team’s findings. The response reflects the service has commenced with development of a clinical governance framework and development of a vulnerable consumer register. The response indicates a plan to update the safe work method statements for all services, which includes identifying risks and mitigation strategies to prevent incidents. The response indicates relevant training to be provided to all staff.

Staff confirmed receiving training about the digital incident management system and reporting structure. However, whilst the requisite information on the serious incident response scheme (SIRS) is available to all staff, the service did not demonstrate staff understand and action SIRS reporting with an omission identified by the Assessment Team in the reporting of a priority 2 SIRS incident.

The Provider submitted a written response (the response) indicating that staff training related to incident reporting to be commencing and the service PCI updated to reflect same.

I acknowledge the Provider’s response and progress towards addressing the concerns raised by the Assessment Team. There has been significant progress to ensuring this requirement moves toward compliance however without the implementation of risk management plan and risk register this requirement remains not compliant.

In relation to compliance with the remainder of the Requirement:

Consumers and representatives expressed satisfaction with their involvement in how the service is run and with broader service improvement occurring through advocacy meetings and individual care plan consultations. Management described how consumer input is obtained in developing, delivering, and evaluating care and services through surveys and meetings.

The service does not provide clinical care, and a clinical governance framework is not in place. Consumers and representatives expressed satisfaction with the arrangement of clinical and/or allied health services for them. Although the service does not have a formalised open disclosure process or policy, there was evidence the service practices open disclosure when things go wrong.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)