**Performance**

**Report**

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| --- | --- |
| Name of service: | Cathay Care Packages |
| Service address: | 71 Annie Street COOPERS PLAINS QLD 4108 |
| Commission ID: | 700210 |
| Home Service Provider: | The Cathay Community Association Inc. |
| Activity type: | Quality Audit |
| Activity date: | 29 May 2023 to 31 May 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 Cathay Care Packages (**the service**) has been prepared by J Zhou, 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

**Home Care:**

* Cathay Care Packages, 18138, 71 Annie Street, COOPERS PLAINS QLD 4108
* Cathay Care Packages - Brisbane South, 18139, 71 Annie Street, COOPERS PLAINS QLD 4108

**CHSP:**

* Community and Home Support, 23695, 71 Annie Street, COOPERS PLAINS QLD 4108
* Care Relationships and Carer Support, 23696, 71 Annie Street, COOPERS PLAINS QLD 4108

# Material relied on

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

* the assessment team’s report for the Quality Audit; 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 20 June 2023 and 26 June 2023 respectively.

# Assessment summary for Home Care Packages (HCP)

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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 | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| 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 | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Based on the Assessment Team’s evidence gathered during this quality review, I am satisfied that the provider is evidencing compliance by:

* Providing culturally safe care which respects a consumer’s identity, culture and diversity.
* Recognising consumer’s individuality and their right to make their own decisions about the care and services they receive.
* Providing information that is current, accurate and timely to enable consumers to exercise choice.

# Standard 2

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| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

2(3)(d)

The following commentary refers to evidence against HCP consumers only as the Assessment Team did not identify any evidence that similar issues exist for the services CHSP-funded consumers due to the separate assessment and planning structure present for their funding arrangements. As a result, the Assessment Team considered that the CHSP aspect of the Requirement is Met, and I have no evidence before me to determine otherwise.

The Assessment Team identified deficiencies with several consumer’s assessment and planning documents. Specifically, they noted care plans are not consistently updated in line with additional information gathered during reviews of the consumer’s circumstances. Although the service conducts reviews on a regular basis, updates to the consumer’s care and services are frequently documented in progress notes, rather than updated in the care plan. The impact on consumers is that staff must refer to both the care plan and several iterations of progress notes on consumer files to understand their needs, which impacts on the quality of care that staff deliver to these consumers. The omission of information from care plans also goes against this Requirement. The team put forth three consumers on varying HCP packages as case studies of the varying deficiencies found.

The service responded to the Assessment Team’s findings and provided further evidence which satisfies me that it has rectified all deficiencies found against those three consumers. Moreover, the service has demonstrated to me via its submissions that systemic improvements to assessment and planning are underway. Its updated care plans, meeting minutes and business documents showed me the service has worked to understand its obligations under this Requirement. The plans now comprehensively details the consumers’ needs with relevant instructions to care staff on how to deliver individualised services bespoke to the relevant consumer. For instance:

* HCP level 3 consumer – revised care plan now contains recognition of their recent behaviours of aggression due to her cognitive decline and strategies to staff on managing said behaviours
* HCP level 3 consumer – revised care plan now documents her recent falls and an OT assessment has been organised for further home modifications to alleviate the potential of further falls.
* HCP level 4 consumer – revised care plan now documents continence being the barrier for the consumer recently rejecting social activities and details that education about the use of continence aids has occurred for the consumer and such aids ordered to address this barrier.

I find the service is now compliant with this Requirement.

I further find the service is compliant with the other Requirements on the basis of the Assessment Team’s evidence gathered during this quality review. As such, I am satisfied that the provider is evidencing compliance by:

* Involving consumers and their representatives in decisions about care and services.
* Undertaking assessment and planning and identifying risks to the consumer’s health and well-being.
* Regularly reviewing care and services and when the circumstances of the consumer impact their needs and preferences.

# Standard 3

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

Findings

Based on the Assessment Team’s evidence gathered during this quality review, I am satisfied that the provider is evidencing compliance by:

* Delivering personal and clinical care that is best practice and optimises the well-being of the consumer.
* Effectively managing high-impact and high-prevalence risks associated with the care of each consumer.
* Recognising and responding to deterioration or change of a consumer’s condition.
* Communicating information about the consumer’s condition, needs and preferences.
* Making timely referrals to other organisations that may be involved in their care and services. Care planning documents demonstrate consultation and referrals to other service providers, such as OTs and Physiotherapists.
* Minimising infection-related risks through standard precautions to prevent and control infection, including COVID-19.

# Standard 4

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| Services and supports for daily living | | HCP | 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Based on the Assessment Team’s evidence gathered during this quality review, I am satisfied that the provider is evidencing compliance by:

* Demonstrating that consumers get the services and supports important for their health and well-being and enable them to do the things they want to do.
* Supporting consumers to undertake a range of lifestyle activities of interest to them, participate in the broader community and maintain contact with people who are important to them.
* Reporting any concerns about a consumer’s emotional or psychological well-being to the care coordinator or RN, who takes necessary action to manage the consumer’s health.
* Demonstrating how information about the consumer’s condition, needs and preferences is communicated with others, such as allied health providers, where responsibility for services and supports for daily living is shared.
* Ensuring all meals cater to consumer’s cultural heritage.
* Requesting assessments where there is an identified need for equipment to support independence, safety and well-being, including demonstrations on how the equipment is to be utilised. Where consumers own the equipment, the service demonstrated processes in place to ensure the equipment is clean, safe and suitable for the consumer to use.

# Standard 5

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| Organisation’s service environment | | HCP | 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. | Compliant | Compliant |
| 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 | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

Based on the Assessment Team’s evidence gathered during this quality review, I am satisfied that the provider is evidencing compliance by:

* Supporting consumers ability to take part in the community and engage with others according to their preferences.
* Providing an environment that is clean, comfortable, well-maintained, and welcoming.

# Standard 6

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| --- | --- | --- | --- |
| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Based on the Assessment Team’s evidence gathered during this quality review, I am satisfied that the provider is evidencing compliance by:

* Encouraging consumers/representatives to provide feedback.
* Acting appropriately and using open disclosure when responding to feedback and complaints.
* Reviewing feedback and complaints to improve the quality of care and services.

# Standard 7

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| Human resources | | HCP | 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

Based on the Assessment Team’s evidence gathered during this quality review, I am satisfied that the provider is evidencing compliance by:

* Delivering care and services that are kind, caring and respectful.
* Providing the workforce with the time, resources and training required to deliver quality care and services to consumers.
* Regularly assessing the performance and capabilities of the workforce.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

8(3)(d)

According to evidence identified by the Assessment Team, the service demonstrated high risk and high prevalence risks for individual consumers were identified and managed, however, at the time of the audit there were deficiencies identified in the reporting of all incidents to the governing body. Specifically, the Assessment Team gathered evidence against three HCP consumers and one CHSP consumer as its sample of where deficiencies against this Requirement were noted.

The service responded to the Assessment Team’s findings with submissions against the specific deficiencies and supplemented its response with updated falls register. I note from the service’s response it has worked to understand its obligations under this Requirement via its meeting minutes about falls and ‘near misses’. The information contained in its updated falls register is also noted. Overall, I am satisfied that the service has rectified the deficiencies by attending to the following:

* HCP level 3 consumer – the service has now recorded the falls that occurred outside of service delivery given the service has had knowledge of these falls. Now the intelligence is documented into the service’s system, it can be trended and fed back to the service for further clinical management.
* HCP level 3 consumer – staff has now documented this consumers fall despite the fact the fall pre-dates when the service provided training on its updated falls register and trained staff on the importance of documenting all falls, not just the ones that occur during service delivery. Now the intelligence is documented into the service’s system, it can be trended and fed back to the service for further clinical management.
* CHSP consumer – a care worker failed to report an falls incident that occurred while services were being delivered. The service has now attended to this mishap and put in place parameters to minimise a chance of a repeat situation. The service has also now recorded this falls incident. Now the intelligence is documented into the service’s system, it can be trended and fed back to the service for further clinical management.
* HCP level 3 consumer – the service has now recorded the fall that occurred outside of service delivery upon knowledge of this fall. Now the intelligence is documented into the service’s system, it can be trended and fed back to the service for further clinical management.

I further find the service is compliant with the other Requirements on the basis of the Assessment Team’s evidence gathered during this quality review. In summary, I am satisfied that the provider is evidencing compliance by:

* Engaging consumers in the development, delivery and evaluation of their care and services through both day to day and more formal mechanisms.
* Identifying high risk and vulnerable consumers and managing the high prevalence risk for individual consumers.

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)