**Performance**

**Report**

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| Name of service: | Catholic Family Welfare Services |
| Service address: | 25-27 Auburn Street WOLLONGONG NSW 2500 |
| Commission ID: | 200633 |
| Home Service Provider: | Catholic Family Welfare Services |
| Activity type: | Quality Audit |
| Activity date: | 6 September 2022 to 8 September 2022 |
| Performance report date: | 13 October 2022 |

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 Catholic Family Welfare Services (**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:**

* Allied Health and Therapy Services, 4-7ZFTZ99, 25-27 Auburn Street, WOLLONGONG NSW 2500
* CHSP Personal Care, 4-7ZFTZCC, 25-27 Auburn Street, WOLLONGONG NSW 2500
* CHSP Transport, 4-7ZFTZFP, 25-27 Auburn Street, WOLLONGONG NSW 2500
* Domestic Assistance, 4-7ZFTZII, 25-27 Auburn Street, WOLLONGONG NSW 2500
* Flexible Respite, 4-7ZG0ED3, 25-27 Auburn Street, WOLLONGONG NSW 2500
* Home Maintenance, 4-7ZG0EGG, 25-27 Auburn Street, WOLLONGONG NSW 2500
* Social Support - Individual, 4-7ZG0EK3, 25-27 Auburn Street, WOLLONGONG NSW 2500

# 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.

# 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 | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **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 | | 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

The Quality Standard is Compliant as six of the six requirements have been assessed as compliant.

Consumers and/or representatives said they are treated with dignity and respect and that service coordinators, management and brokered staff understood consumer’s background, preferences and what is important to them. They indicated that the service supports them to make decisions in relation to their services, including involving those they wish to be involved in their care and preferred ways of communication. Information provided is clear and easy to understand and consumers and/or representatives stated that enabled them to make choices. They further indicated that staff respect their privacy when delivering services and that they are confident their personal information is kept confidential.

Staff interviewed were able demonstrate knowledge about consumers lives and what’s important to them. Staff and management confirmed all consumers and/or representatives are provided with an information pack and a copy of the Charter of Aged Care Rights. They explain to consumers they have the right to call and change their preferences whenever they want. Where consumers choose to involve others, they are involved to the level requested by the consumer. Staff discussed how the service identifies any potential individual risks to consumers and discusses with them how to minimise harm, and described the importance of supporting consumers in their choices. Management and coordination staff described how they adapt their form of communication with consumers, to help them understand concepts they may not be familiar with.

Assessment and care planning documentation reviewed included reference to consumer’s individual circumstances and involvement in decision making, and individual plans outlined consumer goals in relation to their physical and psychosocial wellbeing. Assessment and care planning documentation was also seen to contain information on cultural needs, including use of an interpreter when needed. Care planning documentation outlined preferred care and services and any goals the consumer has identified. Individual strategies to support consumers to maintain their independence and mitigate identified risks.

Assessment and care planning policies include the involvement of nominated representatives and consumers in making decisions regarding their services, and the organisation’s privacy policy outlines the protocol to protect personal information, such as only collecting necessary information, how information is used, and how consumer information is protected. Respecting the privacy of consumers is incorporated into staff, contracting and third-party provider training, and included in the code of conduct

# 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

The Quality Standard is Compliant as five of the five requirements have been assessed as compliant.

All consumers and/or representatives sampled reported they are satisfied with the care and services they receive and said the services meet their current needs, and said they are involved in making decisions regarding their care and services. Coordinators go through their care plan and service agreement with them before they sign it, and they understand what services and supports they are receiving.

All consumers and/or representatives interviewed also said they felt they could change their support and services if their needs changed, and that they would phone the service if there were any changes to their needs and talk to the coordinator. Most consumers and/or representatives interviewed said they had a copy of their current care plan.

All staff could describe risks to consumers health and wellbeing and how they care for consumers at risk. Staff said family members and people who are important to the consumer are included in the planning of care of services with the consent of the consumer. While advance care planning was not formally identified for CHSP consumers at the service, the care coordinator said she talks informally to consumers and/or representatives during the intake meeting and reviews.

All care plans sampled were detailed and provided sufficient information to guide staff in the delivery of safe care. Care Coordinators said a copy of consumer updated care plans are provided to the consumer and their representative on their request. All consumer files sighted by the Assessment Team were current, updated and complete. The Assessment Team sighted consumer plans that were current, contained recent medical information and preferences and had been recently updated. All consumer files sampled had extensive notes between the coordinators and support workers.

The service’s Assessment Planning Policy describes how assessment and care planning is organised in partnership with the consumer and others.

# 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. | 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 |
| 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

The Quality Standard is Compliant as seven of the seven requirements have been assessed as compliant.

Clinical care is not currently provided by the service for CHSP consumers, however all consumers receiving personal care said care is undertaken in a safe manner, and support workers are gentle and kind. Management said all staff undertaking personal care are recruited for their experience and qualifications. In addition, all consumers and/or representatives sampled said staff know when there is a change in their health or mood and will respond accordingly. A consumer spoken to stated they hadn’t needed any additional services that require a referral, but the Care Coordinator communicates with them regularly to ensure the services they currently receive are still suitable. Consumers and/or representatives sampled said all support workers wear masks and gloves and have observed support workers practicing hand hygiene when in their homes.

Management said staff are recruited by their qualifications and experience and undergo full induction and ongoing training. Staff are provided with buddy shifts on commencement until they are comfortable with processes and the consumer is happy with the level of care. Support staff could describe how they identify and report hazards that may pose a risk to consumers. A care coordinator said although the service does not provide care for consumers nearing the end of life, she talks to consumers during intake about planning for end of life and services available to assist them. All support workers said they have access to detailed information which includes the consumer’s needs and preferences.

All care plans sampled included a client risk profile which identified risks associated with a number of matters, including behaviours, falls risks, unsafe actions, potential resistance to support, manual handling, infectious diseases, recurrent medical conditions, environmental and social risks. Pop up alerts in the electronic care system were sighted by the Assessment Team.

The Assessment Team sighted policies and work instructions regarding the management of deterioration in consumers. The staff handbook provided to support workers on commencement demonstrated what to do in the case of a consumer not responding to a scheduled visit. One electronic care documentation system is used by the service to ensure there is no duplication of information. Support workers use a mobile application to obtain previous shift notes, write notes and to get current information and alerts on consumers they are caring for.

Support workers sampled said they have access to personal protective equipment and have received infection control training during orientation and update their training each year. The Assessment Team sighted vaccination certificates and influenza and COVID vaccinations up to date for all staff.

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

Findings

The Quality Standard is Compliant as five of the five applicable requirements have been assessed as compliant.

All consumers and/or representatives sampled reported that the service made them feel safe and they were able to receive supports and services that enabled them to remain as independent as possible in their own homes. Although most consumers and/or representatives interviewed said they never feel low, all consumers and/or representatives felt their support workers would recognise if they were and would talk to them about it.

All consumers and/or representatives sampled said the service enables them to participate in their communities, do things of interest to them, and maintain social and personal relationships. Consumers and/or representatives sampled said they receive support and services from mostly the same people and staff know them and their needs.

Care planning documentation sighted by the Assessment Team demonstrated goals and care plans were reviewed regularly and services and supports were individualised to meet the consumer’s needs and preferences. All staff said if they became concerned about a consumer they would always document a note in the shift notes and call their care coordinator to report the change in behaviour. Care documentation sighted by the Assessment Team demonstrates the service encouraging consumers to participate in their community and do that which interests them. Information regarding the consumers condition, needs and preferences is communicated where responsibility is shared. The care coordinators could describe the referral process for CHSP consumers from the My Aged Care (MAC) portal in detail.

Meal services are not provided by the service provider nor does the service provide equipment directly to consumers, therefore those requirements were not applicable

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

Findings

The organisation does not provide a service environment therefore this Standard is not applicable.

# 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

The Quality Standard is Compliant as four of the four requirements have been assessed as compliant.

Consumers and/or representatives advised they do not have any concerns as they are satisfied with the services and when they raise anything it was addressed quickly by the coordinator or management staff. They said the staff always check with them if they are satisfied with the service and they would be comfortable raising issues if they arose as all staff at the service were very approachable. Consumers and/or representatives also said they had received information on their right to an advocate and advocacy services in their community as well as how to provide feedback or complaints. They knew how to access interpreter services if needed. While consumers and/or representatives interviewed said they had not really needed to raise issues, they felt staff would take any concerns seriously and address their complaints. They also stated they knew how to provide feedback or make a complaint and felt comfortable contacting the service and speaking with staff if need be.

Management and coordinators advised all consumers and/or representatives receive an ‘information kit’ which explains the feedback and complaints process and includes the Charter of Aged Care Rights, outlining a consumer’s right to complain. Management explained how they encourage and support consumers and/or representatives to provide feedback and make complaints through various avenues.

Coordinators and management staff advised although consumers have not needed to be assisted to access advocacy or language services to date, there are processes to ensure this occurs. These included all consumers being provided with the Senior Rights’ Service and Commission’s contact details if they wish to make an external complaint, along with information on Telephone Interpreter Services (TIS). They advised some consumers may use family or friends as advocates to raise issues.

A complaints policy guides staff and third-party providers in complaints and feedback mechanisms at the service, including relevant timeframes. The Assessment Team sighted the organisations Advocacy, Feedback and Complaints policies. The complaints policy described external supports available to consumers to raise complaints and general feedback. Staff interviewed demonstrated awareness of open disclosure and advised they would always apologise to consumers that were not happy with anything regarding their services. They ensure any issues are addressed promptly and make sure to keep consumers informed regarding any actions or outcomes of their feedback.

The service maintains a ‘Client Stakeholder feedback register’ for recording Feedback, Complaints and Compliments. Actions taken, and the outcome was noted on the ‘Client stakeholder feedback register’ and were sighted by the Assessment team. Policies regarding feedback and continuous improvement guide staff practice. Complaints and suggestions are discussed in planning meetings and outcomes are noted in the service’s continuous improvement register to monitor improvements. The continuous improvement register was sighted by the Assessment Team.

# 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

The Quality Standard is Compliant as five of the five requirements have been assessed as compliant.

Consumers and/or representatives interviewed provided positive feedback in relation to their interactions with the workforce. They described in various ways how the staff are kind, caring, respectful and helpful. Consumers and/or representatives interviewed also provided positive feedback regarding management, coordinators and subcontracting staff. They advised they are satisfied with the knowledge and skills of all staff. They also stated they are frequently asked to provide feedback about their services and any issues with staff or the way services are provided. All consumers and/or representatives advised they are satisfied with the services and their coordinators overseeing services.

Management advised there is a set staffing establishment and staffing profile for each consumer. Rosters and workforce management is planned to meet each consumer required care and service delivery management needs. The Assessment Team sighted evidence of the organisations subcontracting signed service agreements which showed the brokered service has relevant policies and procedures. Position descriptions and organisational policies and procedures like social inclusion, diversity, sexuality and relationship and code of conduct guide are in place.

Staff and management could describe how their interactions with the consumers and/or representatives are conducted in a kind and respectful way, for example, staff advised they take direction from the consumer and, if a consumer changes their mind, they respect their decision and accommodate to the consumers decisions. All staff confirmed they received training and information on forms to use when issues arise, such as feedback, complaints and incident reporting. Staff said they have access to all policies and procedures via the service’s electronic system . Staff interviewed confirmed they receive initial and ongoing training, both face-to-face and online. Staff said they feel well supported by management.

Management described processes for monitoring and reviewing staff performance. Staff confirmed there is an appraisal system in place

# 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

The Quality Standard is Compliant as four of the four applicable requirements have been assessed as compliant.

Consumers and/or representatives said they can provide feedback at any time. They are asked for input on their delivery of care and services, this occurs regularly from their CHSP coordinators. They said they are kept up to date with any service improvements verbally through staff. They also stated they feel they can provide ongoing input into how care and services are delivered. Consumers provided examples of how the service helped them live the best life they can, by stating their appreciation of getting the support staff who understand them and know of their needs.

Staff said they feel the service is well run and management staff are reactive to consumer and/or representative requests and implement any changes quickly. Staff were able to explain how they report any concerns regarding consumers, for example, deterioration that may include some high impact and high prevalent risks. Staff were aware of the aged care abuse line, advocacy agencies and demonstrated that they can source support for their consumers if required. Management and staff were able to identify vulnerable consumers, including those with special needs, cognitive and functional difficulties and limited supports.

The service’s continuous improvement plan and complaints/feedback register show input from management, subcontracting staff and consumers and/or representatives is captured and tracked through to implementation. The Assessment Team sighted board minutes from the previous 12 months and they showed aged care services being promoted by the board as culture of safe, inclusive, and quality care for CHSP services. The minutes reviewed included the Boards response to issues including policy and training reviews which then fed into the service continuous improvement plan.

The organisation maintains an organisation wide governance system relating to information management, continuous improvement, financial governance, workforce governance, including the assignment of clear responsibilities and accountabilities, regulatory compliance and feedback and complaints.

The service does not currently provide clinical care.

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