**Performance**

**Report**

**1800 951 822**

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| Name: | CatholicCare Canberra & Goulburn |
| Commission ID: | 200977 |
| Address: | Tenison Woods House, 57 MacArthur Avenue, O'CONNOR, Australian Capital Territory, 2602 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 14 August 2024 |
| Performance report date: | 18 September 2024 |

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.

# Services included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7621 Roman Catholic Church for the Archdiocese of Canberra and Goulburn as trustees for CatholicCare  
Service: 26680 Roman Catholic Church for the Archdiocese of Canberra and Goulburn as trustees for CatholicCare - Ca  
Service: 24802 Roman Catholic Church for the Archdiocese of Canberra and Goulburn as trustees for CatholicCare - Co

**This performance report**

This performance report has been prepared by Julia Durston, 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 services it operates, 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at service outlets, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 3 September 2024.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 2 Ongoing assessment and planning with consumers | 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 2(3)(a) - the provider is to ensure assessment and planning considers risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services. Assessments to identify risks and inform safe care are completed in a timely manner, and by specified members of the workforce, in line with the organisation’s policies.
* Requirement 2(3)(b) - the provider is to ensure assessment and planning consistently addresses the needs, goals and preferences of consumers, and that they are clearly documented in the consumer’s care and service plan.

# 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. | Not 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. | Not 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 of non-compliance**

Requirement 2(3)(a)

The service was previously found non-compliant in Requirement 2(3)(a) following a Quality Audit from 13 January 2023 to 18 January 2023. The service did not demonstrate 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. Following the Quality Audit the service implemented actions in response to the non-compliance.

During the Assessment Contact conducted on 14 August 2024, the Assessment Team found the actions taken in response to the non-compliance have not been fully implemented or effective. The service did not demonstrate assessment and planning always considers risks to consumers’ health and wellbeing to inform delivery of safe and effective care and services. The CHSP coordinator who recently commenced in their role was able to describe the service’s assessment and planning policy and procedure. However, one third of sampled consumers’ files did not contain a completed risk profile. Almost half the sampled consumers receiving personal care had falls risk identified on their risk profile without mitigation strategies specified. The shift plans for some of those consumers had sections deleted from the template and did not include goals, risks, or strategies/mitigations for risk identified in their risk profiles. The service does not use a validated falls risk assessment tool, nor a falls screening tool that could be used to assist the CHSP coordinator to seek additional information or to make a referral for a consumer at risk of falls.

The aged care manager acknowledged numerous gaps in consumer files, including the blank risk profiles, overdue annual reviews, and identified risks not included on shift plans. The aged care manager also identified a significant number of consumers are overdue for their annual review. The service manager advised in October 2023 the service engaged staff to complete numerous annual reviews, which included phoning consumers and asking standard questions, but did not include updating consumers’ risk profiles or shift plans if changes were identified. The Executive Director advised the service had rebuilt its electronic care management system (ECMS).

In their response to the Assessment Team report the provider acknowledged not all consumer files are up to date, and stated that since the site visit, 27 of the 136 outstanding reviews have been completed and 13 consumers have exited the service. The provider noted the plan to complete the remaining reviews, including how it will prioritise the reviews based on consumer risk and a strategy for contacting consumers they have been unable to reach. The amended plan for continuous improvement (PCI) submitted by the provider included an item to implement a falls risk assessment tool to assess falls risk, seek information or make a referral by 30 September 2024.

I commend the provider for the actions already taken and planned to rectify the non-compliance in this requirement, including bringing in additional resources to address the backlog of care plan reviews. However, I note that a key aspect of non-compliance in this requirement was the lack of risk identification and mitigation strategies found in consumer’s care plans This was not specifically addressed in the provider’s response and the amended PCI actions submitted, except for the introduction of a falls assessment tool.

Based on the evidence provided, I find the service is non-compliant in Requirement 2(3)(a).

Requirement 2(3)(b)

The service was previously found non-compliant in Requirement 2(3)(b) following a Quality Audit from 13 January 2023 to 18 January 2023. The service did not demonstrate 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. Following the Quality Audit the service implemented actions in response to the non-compliance.

During the Assessment Contact conducted on 14 August 2024, the Assessment Team found the actions taken in response to the non-compliance have not all been fully implemented or effective. Overall, advance care planning information was found in most consumer care and planning documentation. However, the documentation showed assessment and planning are not always supportive of consumers’ needs, goals and preferences. Some care plans did not reflect the services currently provided to consumers, and/or showed that consumers’ needs and preferences had not been reviewed or updated for more than 12 months. One consumer’s care plan contained another consumer’s care need, and goals with generic wording, rather than consumer specific goals were used across several care plans reviewed. Some support staff advised they would probably refer shift plans to find consumer care requirements, while another support worker said they did not have access to shift plans. Consumers’ current care needs, are not always accurately identified, addressed or recorded with the impact consumers may not be receiving care that is right for them.

In their response to the Assessment Team report the provider stated the shift plans are being updated as part of the file review process outlined in Requirement 2(3)(a). The PCI supplied contained items including development of best practice guidelines and training for office staff and support workers on shift plans will be delivered by 29 November 2024. I acknowledge the steps the service is taking to complete care plan reviews by 31 October 2024. However, I consider it will take time for improvements to be sustained in relation to developing and maintaining support plans that accurately reflect consumers’ individualised care and service needs and preferences.

Based on the weight of the evidence provided, I find the service is non-compliant in Requirement 2(3)(b).

**Compliant Requirements**

Requirement 2(3)(e)

The service was previously found non-compliant in Requirement 2(3)(e) following a Quality Audit from 13 January 2023 to 18 January 2023. The service did not demonstrate care and services are reviewed regularly for effectiveness, when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. Following the Quality Audit the service implemented actions in response to the non-compliance.

During the Assessment Contact conducted on 14 August 2024 the Assessment Team found the actions taken by the service in response to the non-compliance have not been effective. Care and services are not being regularly reviewed for effectiveness. The team found one consumer advised their eyesight had deteriorated and their health and support needs had changed, but their needs had not been reviewed since they commenced with the service in 2017. The consumer said they had been receiving domestic assistance and gardening services for 7 years. Another consumer advised their health status had changed, but the coordinator had not contacted them since their last transport service for treatment in November 2023, regarding their service needs.

However, the Assessment Team found incidents, accidents or changes in a consumer’s physical or mental condition recorded in the incident management system, have been managed in accordance with the services incident management policy and procedure (last reviewed June 2023) including review of consumers’ care plans following incidents.

In their response to the Assessment Team report, the provider noted this requirement is being addressed as part of the reviews of consumer files. This was considered in Requirement 2(3)(a). Further, the Assessment Team found care plans are reviewed following incidents.

Accordingly, I find the service is compliant in requirement 2(3)(e).

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)