**Performance**

**Report**

**1800 951 822**

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| Name: | CatholicCare Canberra & Goulburn - Home Care Packages |
| Commission ID: | 201365 |
| Address: | Tenison Woods House, 57 MacArthur Avenue, O'CONNOR, Australian Capital Territory, 2602 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 1 November 2023 to 2 November 2023 |
| Performance report date: | 11 January 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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 7206 Trustees of the Roman Catholic Church for the Archdiocese of Canberra and Goulburn as Trustees for C  
Service: 26909 Marymead CatholicCare Canberra & Goulburn - Home Care Packages

**This performance report**

This performance report for CatholicCare Canberra & Goulburn - Home Care Packages (**the service**) has been prepared by Therese Solomon, 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 Assessment contact (performance assessment) – site 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 7 December 2023.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Not Applicable |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Applicable** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Not Applicable** |
| **Standard 7** Human resources | **Not Applicable** |
| **Standard 8** Organisational governance | **Not Applicable** |

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 |
| 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 |

Findings

Requirement 1(3)(c) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Consumers and/or representatives described how they are informed of the services available to them, how they are supported to make their own decisions about the services they receive, and how the service supports them to be as independent as possible. Consumers described how the care coordinator will recommend new services that could be utilised by the consumer, however the final choice is the consumer’s.

Support workers demonstrated how they support consumers to make and maintain connections within their community and make decisions about their day-to-day care. Documentation reviewed contained information around specific needs and goals of consumers including details of consumer wishes to maintain independence and consumer preferences with the involvement of family and friends in their care.

Requirement 1(3)(d) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Consumers and/or representatives described how the service supported them to be as independent as possible through the services provided and referrals made to other services as required. Consumers reported that support workers encourage them to do as much as possible for themselves, increasing independence and well-being.

Documentation demonstrated that risk is discussed with consumers when identified, and alternative suggestions are offered to mitigate the risk of harm. It was evident that consumers are consulted throughout the process and that the final decision was made by the consumer.

The service has a dignity of risk policy and procedure which was consumer-centred, included roles and responsibilities, and provided guidelines on discussions and appropriate actions. Care plans included a risk profile and shift plan for each consumer which guided staff in the delivery of safe and effective care and demonstrated consumers are supported to live the best life they can.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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)(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

Requirement 2(3)(a) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Consumers and/or representatives reported that the care and services they received enabled them to be independent and remain in their own homes. Support workers demonstrated that they knew the risks associated with each consumer by describing the risks and what they do to prevent incidents from occurring. Documentation reviewed, including care plans, client risk profiles and shift plans demonstrated that consumer risks were identified and mitigating strategies implemented.

Requirement 2(3)(b) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Consumers and/or representatives reported they received the care and services they needed, and stated it was important to them to have consistency of workers which they explained was occurring. Support workers stated that shift plans were attached to their schedules and enabled become familiar with consumers and provide safe and effective care and services.

Coordinators described the assessment and planning process which include questions related to advanced care planning. If consumers were willing to share this information, a copy is uploaded into the electronic management system. Consumers who do not already have an advanced care directive in place, is provided with additional information and resources by the care coordinator.

Requirement 2(3)(c) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Consumers and/or representatives stated they were involved in the assessment and planning process related to their care and services. They recalled speaking with their coordinators about what services were available and would fit within their allocated budget.

Documentation reviewed reflected external services consumers were receiving through their packages, including podiatry, occupational therapy equipment, physiotherapy, nursing, and massage therapy. The Assessment Team sighted fortnightly progress notes received from nurses attending to consumers to monitor their vital signs. Additionally, allied health correspondence, reports, and quotes were also sighted for various consumers which demonstrated that external services were involved in the assessment and planning of consumer care.

Requirement 2(3)(e) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The Assessment Team sighted the service’s Changing Needs of Individuals policy and procedure which showed care plans were to be reviewed at least every twelve months or when triggered by events, including but not limited to an increase in home care package level, health care crisis or episode, changing care needs or if requested by the consumer or their carer.

The service demonstrated there is a system in place to ensure that care plan reviews are completed in a timely manner. Management explained that the electronic client management system has a reporting functionality to identify care plans that were due for review. Coordinators showed the Assessment Team how care plan review tasks were created and assigned to each coordinator for completion.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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)(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 |

Findings

Requirement 3(3)(a) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Consumers and/or representatives receiving personal and/or clinical care reported consistency with support workers and that they were satisfied with the care and services they received. Support workers described how they provide personal care to consumers and gave examples of how they tailored their care and services to the individual needs of the consumer. They described how they enable consumers to do things for themselves and only assist when requested by the consumer.

The Assessment Team sighted policies and procedures relating to behaviour support management, falls prevention and wound care which demonstrate that adequate guidance is provided to support staff practices.

Requirement 3(3)(b) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Support workers described the process they took when incidents occurred or when a consumer reported an incident to them. The support workers confirmed that they complete incident reports via the mobile application and will also inform the care coordinator through a phone call.

Management and coordinators explained that once an incident report was completed, an automated email was sent to the manager to notify them. Management then notified the coordinators who conducted further inquiries and followed up with the consumer and determined if a reassessment was necessary. Management then determined if appropriate action was taken with the incident and was responsible for closing it off.

The service demonstrated that it managed high-impact or high-prevalent risks through the completion of the Consumer Risk Profile which is attached to consumer care plans. The form lists risks identified, risk rating, and controls/mitigating strategies implemented. The form prompted coordinators to assess risk areas such as behaviours, resistance to support during activities of daily living, accidental movement, hazard exposure, unsafe activities, environmental and social, recurrent/chronic medical conditions, infectious diseases, manual handling, and others. Additionally, it also described strategies implemented to minimise consumer risks.

Requirement 3(3)(e) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Consumers and/or representatives described that support workers and coordinators knew their individual needs and preferences. They explained that they had regular support workers who attended to their care and services, and it was rare to have new support workers attend to their care. Support workers and coordinators clearly articulated the needs and preferences of consumers. They demonstrated that they knew the consumers well and information about the consumers was easily accessible to all those involved in their care. Support workers explained that shift notes were completed via the mobile application and shift plans were attached to their schedule.

Coordinators explained that for consumers receiving brokered services they requested reports from those providers fortnightly and reminders were set on the electronic consumer management system to collect the documentation required. The Assessment Team sighted documentation received via email from external service providers related to consumer care, demonstrating that the service had processes in place to ensure that information about the consumer’s health was shared and communicated to those involved in their care.

Requirement 3(3)(f) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service demonstrated timely and appropriate referrals were made when required. Consumers and/or representatives provide positive feedback in relation to timely and appropriate referrals being made by the service.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |

Findings

Requirement 6(3)(c) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Consumers and/or representatives stated when they have submitted a complaint to the service, the issue has been actioned appropriately and timely, and that they were satisfied with the outcome. Support workers demonstrated an awareness of open disclosure and advised they would always apologise to consumers if something went wrong. Management stated they ensure any issues are addressed promptly and maintained regular communication with consumers to ensure they are kept informed regarding any actions and outcomes relevant to their feedback.

The Assessment Team sighted the complaints policy which included a definition of, and the main principles of open disclosure. Open disclosure is discussed at a staff meetings and reiterate the importance of ensuring apologies are provided and that conversations are transparent and empathetic when something goes wrong.

# Standard 7

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| Human resources | | HCP |
| 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)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |

Findings

Requirement 7(3)(a) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Consumers and/or representatives stated staff arrive on time, and there is sufficient time allocated to complete the service. Consumers reported at times changes to staff occur, however staff always turn up when expected and the service will call to discuss any changes.

Support workers stated they have enough time allocated for their respective shifts to complete the tasks required and would contact their coordinator if they had any concerns with time constraints and request a review.

The service demonstrated that workforce planning is undertaken and that the service understands the number and mix of staff they need. The rostering staff communicate constantly with the care coordinators to discuss any short falls in staffing and consideration of new clients and whether the current workforce can take on more shifts.

When a shift cannot be filled management stated rostering staff prioritise services for personal care, medication, transport for doctors/hospital appointments, followed by social support and domestic assistance. Consumer preferences for staff and appointment times is managed within the rostering system.

Requirement 7(3)(c) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Consumers and/or representatives stated support workers and office staff are competent and know what they are doing. Management described the recruitment process and demonstrated the service has a robust system in place to recruit the best available staff which includes ensuring references are checked and the staff have the relevant qualifications, skills, and experience.

Although the service has staff who are competent with the right qualifications, skills and experience, evidence of monitoring of compliance documents such as drivers licence, car insurance and registration are not being managed effectively due to transitioning to a new management system. The Approved Provider responded with actions taken to address the identified deficits, including finalising the transfer of all current documents into the new system. Based on the information provided by the Assessment Team and the Approved Provider, Requirement 7(3)(c) is Compliant.

# Standard 8

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| Organisational governance | | HCP |
| 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. | Compliant |

Findings

Requirement 8(3)(c) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service demonstrated effective organisation wide governance systems relating to the following: information management, continuous improvement, financial governance, regulatory compliance, and feedback and complaints.

Management explained that the service had a privacy and confidentiality policy. Additionally, staff had an employment clause in their contracts to maintain the privacy and confidentiality of information. Staff and management verbalised that they sought consumer consent prior to sharing information with others involved in their care through the completion of the authority to seek and release information form.

Management articulated that continuous improvement initiatives were identified through best practice guidelines, complaints/feedback, incidents, risks, strategic plans, program planning, audit recommendations and changes in legislation. Management stated that the service had an operational-level and agency-level continuous improvement register and that the quality team oversees the register.

Management described the process that the service followed to keep informed of regulatory changes. Management stated that the quality team performed a monthly review for legislative updates. These were then communicated to the directors to review for operational impact followed by a review of policy if required. The service has a policy working group that is responsible for the oversight of policies.

The organisation’s feedback and complaints system support consumers to provide feedback. The service provides many options for consumers to provide feedback and/or raise a concern, including via email, in person, phone or on paper-based form. Information is provided to consumers when they commence services on how they can provide feedback to external organisations and engage advocates if required.

The Assessment Team identified areas for improvement within workforce governance. The Approved Provider responded with actions taken to address the identified deficits, including finalising the transfer of all current workforce related documents into the new system to improve the monitoring of required documentation. Based on the information provided by the Assessment Team and the Approved Provider, Requirement 8(3)(c) is Compliant.

Requirement 8(3)(d) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service demonstrated it has effective risk management systems and practices in place. Risks to the consumer are identified through the completion of the client risk profile during assessments and reviews, the risk profile includes the risks identified, a risk rating and mitigating strategies for support workers to follow.

The service has a centralised incident management system which captures incidents and risks and includes Serious Incident Response Scheme incidents. Support workers could describe what they do in the event of an incident, and the incident management system demonstrated that incidents are investigated and actioned quickly and are overseen by the governing board. Risk management and incidents are a standing agenda item and discussed at the board level as demonstrated through the minutes of meetings.

Requirement 8(3)(e) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service has a clinical governance framework in place and the framework incorporates subcontracted services and their requirement to work and perform according to the framework.

The service is committed to ensuring open disclosure is used when incidents occur and this was reflected in the staff training, the complaints policy, complaints register, staff interviews and throughout the clinical governance framework. Staff could provide examples of actions they have undertaken when things go wrong which included being sympathetic and offering a sincere apology.

Staff are trained in infection control and are provided with personal protective equipment to help minimise infection related risks. The infection control policy includes roles and responsibilities, and the comprehensive business continuity plan provides guidance in the case of a critical incident including an infectious disease outbreak.

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)