**Performance**

**Report**

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| Name of service: | Chigwell Community House |
| Service address: | 8 Bucaan Street CHIGWELL TAS 7011 |
| Commission ID: | 300327 |
| Home Service Provider: | Bucaan Community House Incorporated |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 1 December 2022 |
| Performance report date: | 22 December 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 Chigwell Community House (**the service**) has been prepared by A. Grant 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:**

* Community and Home Support, 24905, 8 Bucaan Street, CHIGWELL TAS 7011

# Material relied on

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

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by 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 | Not Applicable |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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. | **Not applicable** |
| Requirement 1(3)(b) | Care and services are culturally safe | **Not applicable** |
| 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. | **Not applicable** |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | **Not applicable** |
| 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. | **Not applicable** |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | **Not applicable** |

Findings

This Standard was not assessed as part of the Assessment Contact.

# 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. | **Not Applicable** |
| 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. | **Not applicable** |
| 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

Evidence analysed by the Assessment Team showed the service since the last Quality Audit which occurred on 16 June 2022, implemented a suite of new and improved assessment and care planning documentation that includes the consideration of risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services.

Consumers interviewed by the Assessment Team stated that they are involved in discussion of their needs, goals and limitations with the staff and have participated in care planning activities. Evidence analysed by the Assessment Team showed the new care plans with consumers identified goals and strategies to achieve them were viewed on at least two of the six consumer files analysed.

The Assessment Team analysed evidence which showed the new documentation includes an assessment/reassessment form which is comprehensive and includes information on high risks to consumers. Evidence analysed by the Assessment Team showed a client risk assessment identifies risks such as mobility, communication and dietary requirements along with information on consumers general health, background and cultural diversity. The Assessment Team noted a home risk assessment is part of the documentation along with a goal-oriented care plan.

During interviews with the Assessment Team management advised that care planning policies and procedures have been updated and staff have been provided with appropriate training. Evidence analysed by the Assessment Team showed the service has commenced completing the goal-oriented care plans for consumers and are currently assisting consumers to submit applications to My Aged Care for home care packages as a matter of urgency to transition consumers to other service providers if the program closes.

Evidence analysed by the Assessment Team showed 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. Consumers when interviewed by the Assessment Team stated they have participated in a discussion regarding their advanced care and end of life planning. Evidence analysed by the Assessment Team showed the service has processes and procedures to document consumers advanced care and end of life planning, where appropriate.

Evidence analysed by the Assessment Team showed the service demonstrated that it has implemented processes to ensure 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.

# 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. | **Not applicable** |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | **Not applicable** |
| 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. | **Not applicable** |
| 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. | **Not applicable** |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Not applicable** |
| 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. | **Not applicable** |

Findings

This Standard was not assessed as part of the Assessment Contact.

# 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. | **Not applicable** |
| 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. | **Not applicable** |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Not applicable** |
| 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

Evidence analysed by the Assessment Team showed the service provides safe and effective services and supports for daily living that meet their needs, goals and preferences and optimise their independence, health, well-being and quality of life. Consumers when interviewed by the Assessment Team stated they are very well supported, and the services knows their care needs and supports them appropriately.

Evidence analysed by the Assessment Team showed the service has implemented new assessment and review/re-assessment documentation to identify and subsequently optimise their well-being and quality of life for consumers who attend the CHSP programs delivered by the service. Evidence analysed by the Assessment Team showed a new ‘client risk’ assessment document captures information to support consumers quality of life. Evidence analysed by the Assessment Team showed additional assessment documentation includes significant change review form, and a chart of symbols to identify supports needed by consumers while keeping their information private. Evidence analysed by the Assessment Team showed a meal attendance record identifies allergies and consumers likes and dislikes. During interviews with the Assessment Team staff advised that venue assessments are undertaken for all outings to ensure the safety of consumers.

Evidence analysed by the Assessment Team showed subsequent to the quality review on the 16 June 2022, the service has created and implemented an assessment and reassessment document that captures issues dealing with emotional, spiritual and psychological needs of the consumer. Evidence analysed by the Assessment Team showed the completed form reflects consumers specific cultural needs, emotional and physical wellbeing, mental health and medical history. During interviews with the Assessment Team consumers interviewed stated that staff and volunteers are aware of their backgrounds and whether religion was important to them or not.

# 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

This Standard was not assessed as part of the Assessment Contact

# 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. | **Not applicable** |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | **Not applicable** |
| 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. | **Not applicable** |

Findings

Evidence analysed by the Assessment Team showed the service demonstrated they have improved their complaints management process to insure open disclosure processes are used when things go wrong. Consumers when interviewed by the Assessment Team stated they were happy with the services provided and did not have complaints about the program, some consumers interviewed by the Assessment Team stated the program is very good.

During interviews with the Assessment Team management and staff were able to describe how appropriate action is taken in response to complaints. Staff when interviewed by the Assessment Team stated feedback, concerns and complaints are responded to in a timely manner, however the Assessment Team noted there were no recent complaints to demonstrate the practice.

Management when interviewed by the Assessment Team stated and documentation analysed substantiated that open disclosure has been embedded in the Complaints and Complaints Policy and Procedures. Evidence analysed by the Assessment Team showed all staff have had training on open disclosure.

# 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. | **Not applicable** |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | **Not applicable** |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | **Not applicable** |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | **Not applicable** |

Findings

Evidence analysed by the Assessment Team showed the current workforce is sufficient to meet the needs of the CHSP program. Evidence analysed by the Assessment Team showed the service currently has two casual part time activity staff and three volunteers who support the thirty-four consumers currently accessing CHSP services. The Assessment Team noted the service is in the process of transitioning their consumers to other service providers with a view to close the CHSP program in early 2023. The Assessment Team noted as a result, all permanent staff were laid off earlier this year, as the need to support consumers under the CHSP program continues the staff have been re-employed as casual part time staff. Evidence analysed by the Assessment Team show the staff undertake services such as transport of consumers to the centre based and outing activities and assist in transport consumers to medical or other appointments.

Consumers when interviewed by the Assessment Team stated they were happy with the support they receive, stating that they receive the services they desire with no cancellations or disruptions. Staff and volunteers when interviewed by the Assessment Team stated they enjoyed the work they do and are supported with training and access to information on how to support consumers safely.

# 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. | **Not applicable** |
| 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. | **Not applicable** |
| 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

Evidence analysed by the Assessment Team showed the service has implemented processes to meet the governance requirements under information management and regulatory compliance. Evidence analysed by the Assessment Team showed new assessment, review, re-assessment and care planning information and documentation has been implemented to assist and support consumers to access services that improve their quality of life. As documented within Standard 2 of this document.

Evidence analysed by the Assessment Team showed the service has updated its police check policy to ensure all staff and volunteers have current police checks and have completed a statutory declaration stating that since turning sixteen they have never lived oversees, been a citizen of a country other than Australia and have never been convicted of a criminal offense. The Assessment Team noted based on evidence analysed that all staff have now completed the statutory declaration requirement and signed declarations.

Evidence analysed by the Assessment Team showed it has a risk management framework and a risk matrix that identifies organisational and consumer risks. Evidence analysed by the Assessment Team showed a client risk assessment form is completed at assessment and reassessment. Evidence analysed by the Assessment Team showed the risk assessment captures the client’s risk rating, existing controls, risk management strategy and persons responsible for managing the risk. Evidence analysed by the Assessment Team showed the risk rating is determined by a symbol at assessment and at the annual reassessment or during the provision of service. The Assessment Team noted this symbol is to be included against each client’s name when they are listed on registration or attendance forms in order to clearly identify any risks with individual clients so that we can provide a service that meets their needs and ensures their safety. Staff and volunteers when interviewed confirmed that documentation on attendance records and in meal preparation areas clearly identify risks, allergies and likes and dislikes of consumers. Evidence analysed by the Assessment Team showed to ensure safe transport and prevent falls consumers are assessed for mobility and supported on to and off transport vehicles.

Staff and volunteers when interviewed stated that all incidents and accidents are logged in the incident register. During interviews with the Assessment Team staff and management confirmed they have had no incidents or falls over the last four months.

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)