**Performance**

**Report**

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| Name: | CIMAS Nursing Service |
| Commission ID: | 700993 |
| Address: | 3 Hamilton Street, BOOVAL, Queensland, 4304 |
| Activity type: | Quality Audit |
| Activity date: | 23 April 2024 to 24 April 2024 |
| Performance report date: | 29 May 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: 9218 CIMAS Nursing Services Pty Ltd  
Service: 27060 Cimas Nursing Services Pty Ltd

**This performance report**

This performance report for CIMAS Nursing Service (**the service**) has been prepared by M Glenn, 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.

# Material relied on

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

* the assessment team’s report for the quality audit, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management.

The provider did not submit a response to the assessment team’s report received.

# 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 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.

# Other relevant matters:

* Standard 5 was not assessed as part of the quality audit as the service does not provide respite facility services.

# Standard 1

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| Consumer dignity and choice | | HCP |
| 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

Consumers and representatives described staff as kind, gentle and respectful. They said they appreciate staffs’ attentiveness to consumers’ backgrounds, personal circumstances, and preferences, which makes them feel valued and comfortable sharing personal information. Staff interviewed showed respect towards consumers and an awareness of their individual identities, and documentation sampled demonstrated a consumer-centred approach to service delivery.

Consumers and representatives are satisfied with the way staff cater to consumers’ needs and preferences, fostering a sense of safety and respect. Consumers’ specific cultural requirements are captured during the assessment process, and documentation further supports the service's understanding of consumers’ individual differences and needs. Management and staff described how they tailor services to meet consumers’ individual needs, ensuring inclusivity and cultural sensitivity.

Management and staff described the importance of supporting consumers to make informed decisions, ensuring services align with their preferences, and demonstrated sensitivity to individual communication needs and preferences, fostering a supportive and inclusive environment. Consumers and representatives said they receive ample information about the services available, and consumers are empowered to make decisions autonomously. They said the service facilitates consumers’ independence and involvement in decision-making processes, emphasising ease of communication with staff and prompt responsiveness to their requests or changes.

Consumers and representatives said consumers are supported to maintain their desired level of independence and they are encouraged to make informed choices, specifically where risk is involved. Management and staff emphasised the importance of enabling consumers to lead lives according to their preferences whilst implementing strategies to maintain their safety. Open discussions with consumers and/or representatives, management and staff identify if a consumer is perceived to be taking risks, and tailored management strategies are initiated in collaboration with consumers and representative to ensure consumers’ safety and well-being.

Consumers and representatives are satisfied with the information provided to them, stating it is easy to understand and informs decision-making. Information is distributed based on each consumer’s communication preferences, and statements are distributed on the first week of each month. Family members are involved in communications where consumers may need extra support with understanding. There are processes to ensure each consumer’s privacy is respected and personal information is kept confidential.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant, therefore, the Standard is compliant.

# 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)(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

Care files show the assessment and planning approach considers individual risk factors and includes development of strategies across daily living functions, clinical considerations, nutrition, environmental risk and non-response procedures. Management and staff interviewed understand consumers’ individual health conditions and provided examples of tailored risk mitigation strategies in practice. Consumers and representatives expressed satisfaction with the care planning process, confirming it appropriately addresses consumers’ needs.

Consumers and representatives said management and staff listen to consumers’ goals and preferences and provide services consistent with discussed needs, and three of five said advance care planning has been discussed with them. Care plans show the assessment and planning procedure is tailored to each consumer's individual goals, requirements, and preferences, however, not all care files include discussions relating to advance care planning. Management and clinical staff are actively involved in the collaborative assessment and planning process undertaken with consumers/representatives to obtain a comprehensive understanding of the consumer.

Care files evidence consumer and other stakeholder collaboration and the service’s commitment to supporting consumers and/or representatives’ involvement in the assessment, planning and review processes. Consumers and representatives described how the service partners with them in the assessment and planning process, making it easy for them to be involved, and said they are provided the opportunity to select individuals involved in the care planning process.

Outcomes of assessment and planning are effectively communicated, documented and available where care and services are provided. While consumers are not provided a copy of the care plan after every review, consumers and representatives said assessment and care planning outcomes are communicated to them, they know who provides services, are involved when changes are made and the care plan available in the consumer’s home is updated in line with changes. Staff said they receive digital updates of consumer care plans through a mobile phone application.

Consumers and representatives are satisfied with the communication from staff regarding service updates and adjustments to meet evolving needs. Formal care plan reviews are completed annually, bi-annually for consumers with complex care needs and whenever a change of circumstances impacts consumer needs.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant, therefore, the Standard is compliant.

# 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)(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

Consumers and representatives expressed confidence in the safety and suitability of the personal and clinical care provided, confirming it is tailored to consumers’ needs. Clinical assessments are conducted by internal clinical staff upon intake, with care and services tailored to meet identified conditions, and care plans outline both personal and clinical care needs, providing staff with clear guidance to ensure the delivery of safe and effective care. When necessary, referrals are made to allied health professionals or other health practitioners for specialised assessments. Staff understand each consumer's individual needs, goals, and preferences, and described how they customise care and services accordingly.

Consumers and representatives are satisfied with how service delivery manages individual risks. Management and staff described their approach to identifying, escalating, assessing, and mitigating risks that can impact the safety and well-being of consumers. Various clinical assessments are conducted by clinical staff to identify each consumer’s risk factors, with assessment outcomes documented to enable ongoing monitoring and intervention. Referrals and communications to allied health and other health specialists further support efforts to prevent and address high impact risks.

There are process in place for addressing end of life planning needs with consumers and/or representatives during intake, reviews and through ongoing discussion. When a consumer approaches end of life, the service coordinates with the consumer’s general practitioner or other external health professionals to obtain corresponding planning documentation and plan care and services appropriately. While palliative care was not specifically mentioned, consumers, representatives, management and staff described the care and services they deliver at this time which aims to maintain and enhance consumers’ quality of life.

Consumers and representatives are satisfied with the continuity of care and competence of the staff in meeting consumers’ needs, often without requiring specific direction. Documentation shows efficient communication of information where responsibility of care is shared, including with external health professionals. Changes in a consumer’s condition are recognised and responded to in a timely manner, and, where required, appropriate referrals to individuals, other organisations and providers of care are initiated. Consumers and representatives are confident staff would recognise if there were a change in the consumer’s physical, cognitive or mental health condition and respond appropriately, including through initiating appropriate referrals.

Management and staff explained how they manage all types of infection-related risks, including prevention strategies, highlighting their commitment to training and education. Staff described transmission-based precautions they use to prevent the spread of infection, including washing hands, using hand sanitiser, and using gloves during personal and clinical care. Consumers and representatives described staff adherence to infection prevention practices, and one consumer said if the clinical team are worried about infection related to their wounds, they refer this to the general practitioner immediately for the correct prescription of antibiotics, if required.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant, therefore, the Standard is compliant.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives said services and supports provided by the service contribute to maintaining independence in daily living activities and enhance quality of life. Management and staff provided practical examples of where strategies are implemented to maximise quality of life while managing associated risks. Care plans guide staff to deliver safe and effective services with considerations given to consumers’ needs, goals, and preferences.

The service is dedicated to enhancing consumers’ emotional, spiritual, and psychological well-being through provision of daily living support services. Care plans includes details about consumer's well-being goals, mental health diagnosis, where applicable, and individualised strategies to promote well-being. Consumers and representatives confirm consumers are supported to participate in daily living activities which assist to maintain their well-being.

Consumers and representatives said the service supports consumers to maintain and have control over social and personal interactions and provides the opportunity to participate in activities which interest them. Care plans show how the service manages barriers to consumers’ community participation and how services are designed to support social interaction. Staff understand each consumer’s interests and demonstrated flexibility in tailoring services to meet their changing needs and preferences.

Consumers and representatives said consumers receive consistent services, delivered mostly by regular staff who are informed about their condition, needs and preferences, and new staff proactively review information through the mobile phone application. Staff understand how changes to a consumer’s condition, needs and preferences affects their role and described various ways they remain updated on consumers’ information. Where required, timely and appropriate referrals to individuals, other organisations and providers of other care and services are initiated.

While there are currently no consumers receiving meal services, meal options are available. Commencement of meal services is prompted by a consumer’s request during intake, assessment review or when recommended by the clinical team in response to identified health changes or nutritional needs. Staff provided an overview of the meal planning procedure, focussing on making the process easy and accessible for consumers and ensuring meals provided are suitable, meet preferences and dietary requirements. Related documentation shows sufficient information is provided to consumers to inform suitable selection of meals, and care plans shows the service considers care and service planning in relation to a consumer’s capacity for meal preparation and eating ability, physical health status or changes, nutritional assessments and dietitian input.

Where equipment is provided, it is safe, suitable, and meets consumers’ assessed needs. Where equipment needs are identified, the internal clinical team and external allied health professionals are involved in assessments to ensure suitability. Consumers and representatives said equipment provided meets consumers’ requirements and are satisfied with the efficiency and support when obtaining or maintaining equipment.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant, therefore, the Standard is compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| 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

Consumers and representatives feel encouraged and supported to provide feedback and make complaints, stating they will speak directly to staff or management to communicate their needs or to give feedback. Consumers and representatives are also aware of other agencies they can contact to escalate complaints if necessary. When commencing with the service, consumers are provided with information detailing how to make a complaint, including internal and external complaints avenues, as well as advocacy services, and information on language services for interpretation or translation support is provided if needed.

Staff and management understand the importance of using an open disclosure approach throughout the complaints process. A feedback and complaints register is maintained and includes a record, response, and resolution of feedback or complaints. Policies and procedures guide staff responses to complaints and reference open disclosure, and are incorporated into the onboarding process. All staff said they acknowledge, apologise, and address consumer concerns while maintaining confidentiality. Feedback and complaints data is monitored, reviewed, analysed and used to improve the quality of care and services. Consumers and representatives confirm staff and management responsiveness to their concerns.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant, therefore, the Standard is compliant.

# 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)(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

Most consumers and representatives are satisfied with staff availability and consistency, stating staff understand consumers’ needs and preferences, they receive the agreed care and services as planned, and staff are punctual. Management maintains active oversight of workforce planning to ensure the ongoing capacity to meet the current and emerging needs of consumers, and collaborate with other organisations to address the diverse needs of consumers effectively if required. In cases where regular staff are unavailable, consumers are consulted and offered alternatives, ensuring their needs are still met.

Consumers and representatives said staff are kind, caring and respectful, highlighting their attention to consumers’ individual preferences. All staff complete training modules as part of the induction program, such as the code of conduct, customer service, advocacy, and cultural diversity which contribute to their ability to provide compassionate and culturally sensitive care. Management and staff showed respect and empathy in their interactions with consumers, and an understanding of their backgrounds, past experiences, and important relationships.

Staff selection criteria for recruitment is based on qualifications and knowledge requirements, ensuring a suitable workforce. Staff undergo preparation before commencing care provision, including induction, mandatory training, buddy shifts, and competency assessments. Ongoing mentoring and support from management ensures staff are equipped for their roles. Management and staff have access to education and training, with reminders for mandatory training, police checks, and qualifications renewal sent by management. Training needs are identified through internal reviews, consumer and staff feedback, performance reviews, and observation. There are processes to monitor brokerage contracts to ensure compliance with required documentation and qualifications.

Staff performance is evaluated through annual performance appraisals. Consumer and representative feedback plays an important role in monitoring staff performance continuously. Management promptly address performance issues identified and ensure compliments received are relayed to relevant staff. Contracted service providers’ performance is monitored through management meetings and review processes, with consumer feedback sought, as necessary, to inform assessment and ensure quality service delivery.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources compliant, therefore, the Standard is compliant.

# Standard 8

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

Findings

Consumers and representatives are encouraged and supported to engage in the development, delivery, and evaluation of care and services through various avenues, including feedback mechanisms, surveys, and assessment and planning processes. The service holds a business meetings covering statistical data of feedback, incidents and any matters of significance, such as consumer deterioration or actions requiring urgent attention. The business meeting is held with management, while clinical meetings delve into more detailed discussions about individual consumers.

The organisation’s governance framework fosters a culture of safety, inclusivity, and quality care across its divisions. Regular reporting channels ensure the governing body stays informed about service performance, safety, and compliance with Quality Standards. Management facilitates the flow of necessary information to the governing body through regular meetings with staff. Oversight of performance and care quality is maintained through ongoing monitoring, reporting, and various meetings, including weekly clinical case reviews. The governing body receives quarterly updates on various aspects of service operation, including audit results, incident data, complaints, regulatory compliance, and workforce information. Additionally, induction programs include culture awareness training to ensure staff are attuned to the needs of diverse consumers, and consumers are actively encouraged to provide feedback to ensure service quality and safety.

A governance structure is in place to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and the governing body is aware of and accountable for the delivery of services. The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system. A clinical governance framework is supported by policies, procedures and training to guide staff practice.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant, therefore, the Standard is compliant.

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)