**Performance**

**Report**

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| Name: | City of Campbelltown |
| Commission ID: | 600134 |
| Address: | 172 Montacute Road, ROSTREVOR, South Australia, 5073 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 8 January 2024 |
| Performance report date: | 16 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

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7601 Corporation of the City of Campbelltown  
Service: 24501 Corporation of the City of Campbelltown - Community and Home Support

**This performance report**

This performance report for City of Campbelltown (**the service**) has been prepared by J Renna, 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, which was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the performance report dated 21 September 2023 in relation to the Quality Audit undertaken from 21 July 2023 to 26 July 2023.

The provider did not submit a response to the Assessment Team’s report for the Assessment contact (performance assessment) – site.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 2 Ongoing assessment and planning with consumers | 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 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)(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

Requirements (3)(a) and (3)(e) were found non-compliant following a Quality Audit undertaken from 21 July 2023 to 26 July 2023, as the service did not demonstrate:

* assessment and planning, including the consideration of risks to the consumer’s health and well-being informed the delivery of safe and effective care and services, with risks and management strategies not identified beyond those identified during My Aged Care assessments
* services are reviewed regularly for effectiveness and when circumstances change or when incidents occur, with guidance materials not instructing staff to consider a review after an incident or change in circumstances.

The Assessment Team’s report for the Assessment Contact undertaken on 8 January 2024 included evidence of actions taken to address the non-compliance, including, but not limited to:

* development and implementation of an enhanced assessment process regarding risk, social isolation and vulnerability
* strengthened procedural guidance material and assessment and review templates to prompt coordinators to interrogate and document risk to consumers
* developed processes to ensure social services are available to consumers with vulnerability or at risk of social isolation
* updated procedures and provided education to coordinators to ensure reviews are conducted and follow up action is taken after an incident or change in a consumer’s condition
* increased the frequency of reviews of consumers who have not accessed services from 12-monthly to 3-monthly and developed a plan to review consumers with higher risk factors more often.

The Assessment Team found these improvements were effective and recommended Requirements (3)(a) and (3)(e) met. The Assessment Team provided the following evidence relevant to my finding:

* Consumers stated the service understands their needs and provides services that are safe and helpful, with consumers who had incidents or changed circumstances describing how the service followed up with them and offered additional services or referrals.
* Management and staff described and demonstrated the enhancements made to the assessment template to prompt coordinators to further explore consumer risk, vulnerability and social isolation in assessments and reviews.
* Management advised the service has updated its assessment and review procedure to trigger a review of services following an incident or change in consumer circumstances. Although the procedure is still in draft form, staff showed awareness of the requirement to review a consumer’s services following an incident or change in circumstances.
* Documentation showed updates to the service’s assessment and review procedure include details about risk and assessment of vulnerability.
* Documentation showed follow up actions and referrals are completed following incidents or changes in circumstances.

While the service has not fully implemented all planned improvements, I find the service demonstrated an effective system to assess risk and vulnerability and review consumers’ services regularly and when incidents occur, or circumstances change.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

# Standard 8

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| Organisational governance | | CHSP |
| 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 |

Findings

Requirement (3)(d) was found non-compliant following a Quality Audit undertaken from 21 July 2023 to 26 July 2023, as the service did not demonstrate effective risk management systems and practices for high impact and high prevalence risks or incident management.

The Assessment Team’s report for the Assessment Contact undertaken on 8 January 2024 included evidence of actions taken to address the non-compliance, including, but not limited to:

* development of a definition of vulnerability factors to assess consumers and apply additional supports to ensure identified consumers receive services to support their health and well-being
* creation of a CHSP operational risk assessment which identifies service delivery risks regarding consumers, staff, contractors and volunteers, with defined controls to mitigate risks for consumers receiving services
* review of the incident management procedure to include further guidance on responding to and reporting incidents.

The Assessment Team found these improvements were effective and recommended Requirement (3)(d) met. The Assessment Team provided the following evidence relevant to my finding:

* The team leader and management described, and documentation confirmed, a range of actions undertaken to ensure risk is considered for all services delivered for consumers.
  + The service has strengthened procedural guidance material and assessment templates to ensure risk is considered and addressed, with support plans redesigned to better capture guidance regarding consumer risk.
  + Vulnerability factors have been defined for the assessment of consumers to ensure more targeted services for those consumers.
* Management described documented monthly meetings to review risk management strategies, with the CHSP operational risk assessment reviewed and monitored.
* Staff described how they deliver services to support consumers to life their best life and provided examples of individual consumer choices and preferences.
* Staff have been provided with elder abuse education, to enable the workforce to identify, assess and manage risks to consumers. Staff confirmed they have received training in incident management.
* Documentation showed the incident management procedure and additional guidance materials provide guidance for the workforce to ensure incidents are reported and escalated appropriately. Management acknowledged further refinement and training is required to enable the service to fully use and implement incident management reporting on the organisational management system. However, documentation showed incidents are identified and reported and appropriate actions are taken.

While the service has not fully implemented all changes to address the non-compliance, I find the service demonstrated an effective risk management system including, but not limited 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.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(d) in Standard 8 Organisational governance.

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