**Performance**

**Report**

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| Name: | City of Charles Sturt |
| Commission ID: | 600147 |
| Address: | 72 Woodville Road, WOODVILLE, South Australia, 5011 |
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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: 7567 City of Charles Sturt  
Service: 24218 City of Charles Sturt - Care Relationships and Carer Support  
Service: 24217 City of Charles Sturt - Community and Home Support

**This performance report**

This performance report for City of Charles Sturt (**the service**) has been prepared by , 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 Quality Audit 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 1 November 2023.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **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

* The Approved Provider must ensure 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. This includes ensuring assessments and care planning capture current care needs, identified risks and service requirements and that all consumers have a plan of care.
* The Approved Provider must 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. This includes ensure process to monitor annual and as needed reviews are occurring and effective.
* The Approved Provider must implement the actions as outlined on the plan for continuous improvement received 1 November 2023.

# 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. | 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

The Assessment Team provided information that consumers described staff, volunteers, and sub-contracted staff as kind, caring and respectful. Staff, coordinators, and the Team Leader described how they ensure each consumer's identity and culture is valued, consumers are treated with dignity and respect. This was confirmed through documents provided to the Assessment Team.

The service demonstrated services are culturally safe. Consumers interviewed said that staff understand their needs and preferences. Staff, volunteers and management demonstrated an understanding of consumers’ cultural backgrounds and described how they ensure services reflect consumers’ cultural needs and diversity.

Consumers and representatives said the service involved them in making decisions about their services. Staff described how they support consumers and their representatives to exercise choice and make decisions about their services. Documentation reflected the consumers choice about who should be involved when decisions are made about the services they receive.

The service demonstrated consumers are supported to take risks to enable them to live the best life they can. Consumers and/or representatives confirmed information is provided to them verbally and in writing when they first access the services and ongoing. Staff and management described how they provide information to consumers at commencement of services and ongoing.

I have considered the information provided by the Assessment Team and I am persuaded by the consumer feedback and the services’ ability to demonstrate compliance in determining my findings.

I find that all requirements in this Standard are compliant.

# 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. | 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. | Not Compliant |

Findings

The Assessment Team provided information that consumers and/or representatives confirmed in various ways that consumer’s needs, goals, and preferences were discussed with them, and informed the provision care and services. Staff, coordinators, and management described, and provided evidence showing, how they generally assessed consumer’s needs, goals, and preferences, in consultation with consumers and/or their representatives, at commencement of services and reviews; including consideration of advanced care and end of life planning if they wished.

The service demonstrated assessment and planning is based on ongoing partnership with the consumer, and others who are involved in the care and services of consumers. Consumers and/or representatives confirmed they are involved in decision making regarding the care and services they receive. Staff and coordinators explained the involvement of consumers and/or representatives in assessment and planning of care and services, including the option to elect a representative to be present during assessments and reviews. Care planning documents viewed for consumers demonstrated the inclusion of consumers and/or their representatives, as well as others involved with assessment and planning such as health professionals or external providers.

The service demonstrated the outcomes of the assessment and planning processes are communicated to consumers; however, they are not consistently documented in a care plan. This information is not consistently readily available to consumers and where care and services are provided. Some consumers and/or representatives could not recall being offered a care plan, however, they confirmed that information was provided to them about the consumer’s care and services. Staff and volunteers described how outcomes from assessment and planning are documented in the service’s electronic systems and in multiple other documents, which are provided to staff, contractors, and volunteers at point of service delivery.

In relation to 2(3)(a) The service did not demonstrate that assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective services. For some consumers sampled, key risks had been identified through My Aged Care assessments, staff handovers, and schedules. However, strategies to manage risks were not effectively considered or documented. Care planning documentation did not include sufficient detail about assessed needs and risks to the consumer to guide staff in managing risks for consumers.

Management advised they have 103 completed care plans and a current caseload of 546 consumers; this was confirmed by documentation provided to the Assessment Team. Staff, coordinators and management advised under previous leadership care plans were not required for all consumers. New management advised they are working towards getting every consumer a current care plan. Management described how My Aged Care assessments are used when planning services, however, did not demonstrate that they are considering or assessing risk to the consumers to identify individualised risks to a consumer's health and wellbeing or using this information to inform the delivery of the consumer’s services.

The Approved Provider provided a plan for continuous improvement in response to the Assessment Team report. The plan includes improvement actions to address the deficits identified, including reviewing the current consumers being provided services, providing education to staff on assessment and care planning, ensuring care plans are available for consumers and care plans identify known risks to consumers.

In relation to 2(3)(e) The service was not able to demonstrate that services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals, or preferences of the consumer. Care planning documentation viewed for sampled consumers showed that, when reviews were completed, these were not always effectively identifying risks to consumers, including following incidents, hospital discharges, or when circumstances changed.

Management and coordinators advised that the process to complete a review for each consumer was to contact the consumer and fill out a formal review form. Once the formal review is completed, a new care plan will be created. The Assessment Team viewed several consumer files and confirmed this process was not being utilised by staff. Management advised they are aware of the care planning and review deficiency, and they will meet with Senior Management within the Council to implement a more streamlined care plan and review process that meets these Standards.

During the audit management advised, and documentation provided confirmed, management have provided staff with instructions on how to complete a care plan review and started to implement positive changes based on feedback received from the Assessment Team.

The Approved Provider provided a plan for continuous improvement in response to the Assessment Team report. The plan includes improvement actions to address the deficits identified, including reviewing the current consumers being provided services, providing education to staff on assessment and care planning, ensuring care plans are available for consumers and care plans identify known risks to consumers. The Approved Provider is also reviewing the consumer intake process to identify risks to consumers prior to the commencement of service delivery.

I have considered the information provided by the Assessment and the Approved Provider.

In relation to 2(3)(b), 2(3)(c), 2(3)(d) I am persuaded by the consumer feedback on satisfaction and the Approved Provider and staff being able to demonstrate compliance. I find these requirements compliant.

In relation to 2(3)(a) and 2(3)(e) I am persuaded by the Assessment Teams findings of deficits in systems and processes that identified the Approved Provider was not able to demonstrate compliance with these requirements. I note the Approved Provider has planned actions to address the identified deficits, also noting that these actions are continuing to be implemented and have not been tested for effectiveness and sustainability. I find both these requirements non-complaint.

# 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. | 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

The Assessment Team provided information that consumers and/or representatives were satisfied that the services provided support the consumer’s independence, wellbeing, and quality of life. Staff could describe what is important to consumers, and how the services they provide enhances their quality of life. This was confirmed through care planning documentation viewed by the Assessment Team.

The service demonstrated services and supports for daily living promote consumers; emotional, spiritual, and psychological wellbeing. Consumers and/or representatives described in various ways how staff and the services provided promote their psychological wellbeing and support them emotionally. Staff, volunteers, and coordinators confirmed how the service supports consumers emotionally and promotes their psychological wellbeing.

Consumers and or representatives sampled confirmed they have day-to-day control over what activities they take part in and how the services assist them in accessing the community. Staff and management described how the service assists consumers to participate in their community, have social relationships and do the things of interest to them.

The service demonstrated information about consumer’s condition, needs, goals and preferences are generally communicated within the organisation and with others where responsibility for care is shared. Consumers and/or representatives confirmed that staff know the consumer and they do not need to repeat information about their needs and preferences. Staff advised relevant information about consumers’ services are documented and communicated through electronic and paper-based documentation.

Staff described processes to refer consumers to other organisations and this was confirmed through care planning documents viewed for sampled consumers. Consumers and representative interviewed confirmed they were referred as required.

The service demonstrated that meals provided are varied and of suitable quality and quantity. Consumers interviewed described how they are satisfied and involved in the choice of meals being provided, and how they are of good quality and quantity. Coordinators and volunteers demonstrated they know consumer’s dietary needs and preferences relating to consumer’s nutritional and hydration status.

The service demonstrated that, where equipment is provided, it is safe, suitable, clean, and well maintained. Consumers and/or representatives confirmed that equipment provided was assessed by allied health professionals and were satisfied it was safe and suitable. Management and documentation confirmed how the service ensures that consumers equipment needs are assessed and reviewed by Occupational Therapists. Management advised the service does not regularly monitor the installation of consumer equipment to ensure it is installed correctly, however, the service does monitor if the equipment is clean and well maintained.

I have considered the information provided by the Assessment Team and I am persuaded by the consumer feedback and the services’ ability to demonstrate compliance in determining my findings.

I find that all requirements in this Standard are compliant.

# 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. | Compliant |
| 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. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The Assessment Team provided information that consumers confirmed they feel welcome when they attend the social support groups. Staff, volunteers, and coordinators described how they ensure consumers feel welcome and are encouraged to socialise with others. This was confirmed by Assessment Team observations.

The service demonstrated the service environments are well maintained, safe, clean and enable consumers to move freely. Volunteers and staff described the processes of site-specific cleaning schedules and reactive maintenance. The Assessment Team observed the service environments to be clean, well maintained, and comfortable.

The service was able to demonstrate fittings and equipment are safe, clean, well maintained, and suitable for the consumer. Consumers expressed satisfaction with the fittings and equipment provided. Staff and volunteers described processes to ensure equipment is clean and well maintained, this was confirmed through observations and documentation.

I have considered the information provided by the Assessment Team and I am persuaded by the consumer feedback and the services’ ability to demonstrate compliance in determining my findings.

I find that all requirements in this Standard are compliant.

# 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. | 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

The Assessment Team provided information that most consumers interviewed stated they are actively encouraged to provide feedback to the service. Staff, volunteers and management described how they support consumers to provide feedback and make complaints. The feedback register demonstrated that consumers are confident to provide feedback on their services.

The service demonstrated that consumers are made aware of, and have access to, advocates, language services and other methods for raising and resolving complaints. Consumers interviewed stated they would feel comfortable ringing the service to discuss their concerns.

Most consumers interviewed stated they have not needed to make a complaint or provide feedback, however, felt confident that the service would resolve their issues. Management discussed the service’s processes for managing complaints. Documentation demonstrated that the service has adopted open disclosure principles which are used during the complaint resolution process.

The service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services. Management and staff were able to describe how the service used consumers’ feedback to inform continuous improvement. Documentation viewed demonstrated how the service uses consumer feedback to inform continuous improvement.

I have considered the information provided by the Assessment Team and I am persuaded by the consumer feedback and the services’ ability to demonstrate compliance in determining my findings.

I find that all requirements in this Standard are compliant.

# 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. | 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

The Assessment Team provided information that consumers and representatives interviewed were satisfied with the number of staff to deliver their services. Staff and volunteers interviewed indicated that there were sufficient staffing numbers to effectively complete their roles. Management discussed processes to ensure there are enough staff to deliver care and services.

The service demonstrated workforce interactions with consumers are kind, caring and respectful of each consumer’s identify, culture and diversity. All consumers and representatives advised staff are kind and caring. Staff, volunteers and coordinators were observed talking and engaging with consumers in a kind and respectful manner throughout social support groups.

All consumers described staff delivering services as competent. Staff and volunteers advised they are provided adequate training which enables a competent workforce at the point of service delivery.

The service demonstrated the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. Staff and volunteers described in various ways how the service supports them to perform their role through regular meetings, training and induction.

Staff and volunteers confirmed they do not undergo an annual performance review, they have regular one on one meeting with their supervisors for support. Management described their process for regular assessment and monitoring of staff performance.

I have considered the information provided by the Assessment Team and I am persuaded by the consumer feedback and the services’ ability to demonstrate compliance in determining my findings.

I find that all requirements in this Standard are compliant.

# 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. | 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 |

Findings

The Assessment Team provided information that the organisation demonstrated consumers and representatives are engaged in the development, delivery, and evaluation of services. Consumers and representative described how they have input about services provided. Management and staff described how consumer feedback received through formal and informal channels is used to influence the delivery of services. The service has various methods to ensure the organisation is accountable for the safe and quality delivery of care and services.

The service demonstrated effective risk management systems and practices, including, but not limited to, managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents

The organisation demonstrated an established, documented and effective organisation-wide governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance, feedback and complaints.

I have considered the information provided by the Assessment Team and I am persuaded by and the services’ ability to generally demonstrate effective governance systems in determining my findings.

I find that all requirements assessed in this Standard are compliant.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)