**Performance**

**Report**

**1800 951 822**

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| Name: | City of Charles Sturt |
| Commission ID: | 600147 |
| Address: | 72 Woodville Road, WOODVILLE, South Australia, 5011 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | 5 March 2024 |
| Performance report date: | 4 April 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: 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 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) – non-site report which was informed by review of documents and interviews with staff, consumers/representatives and others
* the performance report in relation to the Quality Audit undertaken from 25 to 27 September 2023.

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

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 2(3)(a) and 2(3)(e) were found non-compliant following a Quality Audit undertaken from 25 to 27 September 2023, as the service did not demonstrate:

* assessment and planning processes, including consideration of risk, informed the delivery of safe and effective services, as only 103 out of 546 care plans had been developed and strategies to manage risks were not effectively considered or documented
* services were reviewed regularly for effectiveness and when circumstances changed or when incidents impacted on the needs, goals or preferences of the consumer, as when reviews were completed, the service was not always effectively identifying risks to consumers, including following incidents, hospital discharges or when circumstances changed.

The Assessment Team’s report for the Assessment contact undertaken on 5 March 2024 included evidence of actions taken to address the non-compliance, including but not limited to:

* improvements to the assessment process which has resulted in consumers having a care plan available
* recruitment of additional resources at coordinator level to better manage the quantity of assessments and reviews
* delivery of training to staff about assessment and care planning
* improvements to processes about reviewing consumers after incidents or changes in circumstances.

The Assessment Team found these improvements were effective and recommended Requirements 2(3)(a) and 2(3)(e) met. The Assessment Team provided the following evidence relevant to my finding:

* Consumers confirmed initial assessments occur and reviews are completed regularly and when circumstances change.
* Staff described how the new assessment and planning process prompts them to explore risks, learn about the consumer’s background and for a clear plan to deliver safe and effective services for consumers.
* Staff stated they completed training in all aspects of the assessment process and stated they are confident they connect consumers with the services they need.
* Staff described how the service’s review process is effective at identifying risk and implementing strategies to mitigate and manage the risks.
* Management advised the service has made significant progress in documenting results of assessments since the September 2023 Quality Audit. However, they advised they have not yet completed the process for all consumers. Consumers are prioritised by risk and frequency of service and the service has implemented additional observations of risk in consumers who have not yet been assessed through the new assessment process. Management advised the remaining consumers would be assessed under the new process by the end of June 2024. This will coincide with the implementation of a new electronic consumer management system.
* Management advised the service has focused on following up after incidents and changes in condition, resulting in better outcomes for consumers.
* Documentation showed thorough assessment and planning completed for consumers with results of the assessments leading to practical directions for staff to deliver safe and effective services.
* Documentation confirmed the service prioritises reviews by risk and there are no outstanding reviews in social support or respite services.

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.

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)