**Performance**

**Report**

**1800 951 822**

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| Name: | City of Darebin Community Services |
| Commission ID: | 300573 |
| Address: | 274 Gower Street, PRESTON, Victoria, 3072 |
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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: 8751 City of Darebin  
Service: 25937 City of Darebin - Care Relationships and Carer Support  
Service: 25935 City of Darebin - Community and Home Support

**This performance report**

This performance report for City of Darebin Community Services (**the service**) has been prepared by P. Singh, 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.

# 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 | **Compliant** |
| **Standard 3** Personal care and clinical care | **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

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. | 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed they are treated with respect by staff at the service, and their culture and identity are valued. Care documentation reflects that planning considers the individual needs and preferences of each consumer and captures their background, culture, and diversity, including what is important to them. Staff were familiar with the cultural backgrounds of individual consumers and confirmed participation in cultural diversity training. The service has access to an interpreter service and strategic plans reflecting a commitment to inclusive services.

Consumer information packs provided include information detailing the rights in planning care, privacy consent forms and choices of consumers in planning their services as well as the Charter of Aged Care Rights. Consumer accounts reflected their ability to contribute to decision-making and choices in care.

Staff described support and assistance measures to ensure consumers are as safe as possible while living their best life. Care documentation reflected individual consumer risks and vulnerabilities, as well as individualised strategies to mitigate identified risks.

Consumers and representatives were satisfied they received clear and timely information from the service. Management described providing information through monthly statements, information packs and newsletters. This was supported by consumer and representative accounts confirming the information provided is easy to understand.

Staff explained consumer privacy and information is protected by accessing only required consumer information on electronic devices. Consent to share information is obtained and the service has policies and guidelines on health information privacy and information security.

# 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. | 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed that the service seeks to understand consumer needs and preferences through care planning and assessment. Consumers described initial assessments are conducted to obtain medical history, physical functioning, cognition, psychological and social supports, home environment, and mobility. Where identified, risks are discussed with consumers, mitigation strategies are documented, and consumers confirm their satisfaction with the assessment and care planning process.

Consumers and representatives confirmed the care and services provided were reflective of their needs and preferences. Management confirmed consumer needs and goals of care are discussed during the initial onboarding meeting, however, there is no formal process for discussing advanced care directives. Management described consumers are referred to their general practitioner for an advanced care directive consultation. The service has a policy on advanced care planning.

Consumers and representatives confirmed their involvement in assessment and planning and said they are encouraged to contribute to discussions in relation to the services they receive. Care planning documentation reflected involvement with medical and allied health practitioners. Support workers explained they access care plan information through the electronic portal and the service’s electronic health information management system.

Care planning includes information regarding family relationships and contacts the consumer wishes to be involved in care decisions. Care plans were in place for most consumers, who confirmed they received a copy when requested. Support workers confirmed that care plans are easily accessible on the electronic portal, and management is available to clarify information.

Consumers and representatives confirmed the service contacts and visits them regularly and services have been reviewed as their needs or condition change. Management discussed referrals for reassessment occur when consumer needs change, when there is an incident or the consumer requests changes to their services.

# 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. | 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives expressed satisfaction with the personal care they receive. Support workers interviewed discussed how they support consumer personal care needs, which are reflective of consumer care plans. The service does not provide clinical care. The service has a service delivery procedure.

The service has a systematic process of escalation where high-impact, high-prevalence risk is identified. Management described how the service is maintaining a high-impact high risk register to identify vulnerable consumers. Staff identified and discussed risks associated with the care of consumers including falls, cognitive impairment, and social isolation. Staff also outlined the ways they mitigate and minimise risks, including reading the service plan before providing service and leaving furniture and items in the same place. Management described all incidents are collated in a monthly report which is provided to executive management for auditing and analysis.

Management described consumers approaching end-of-life care are either referred to the external palliative services provider or are admitted to the hospital. The service will continue ensuring the continuity of support workers throughout the palliation period for consumers who choose to remain at home.

The service has guidelines within its policies to guide staff in relation to recognising deterioration and has practice guidelines in relation to physical, mental state and cognition changes. Support workers demonstrated knowledge of their responsibilities in recognising and reporting consumer deterioration or change, including advising management, calling emergency services if required, and documenting deterioration in shift notes. Care documentation was reviewed, identifying timely responses and actions taken when consumer health or condition changes were reported.

Consumers and their representatives were satisfied that when needed, the service enables appropriate individuals, other organisations, and service providers to become involved in care and service delivery. Management described processes and provided examples of referrals to other services including referring consumers to My Aged Care for re-assessment of additional services, home care packages and permanent and respite care.

All staff explained they have complied with hand hygiene and infection prevention and control training modules and discussed their use of Personal Protective Equipment (PPE) including masks and gloves. The service has an infection prevention and control policy which outlines a range of procedures for the prevention and control of infection.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and, as a result, complies with this Standard.

Consumers and representatives confirmed supports received were safe and effective, optimise independence, well-being, and quality of life. Support workers described how they research and facilitate access to activities of interest and a review of documentation confirmed services provided are those suited to consumers.

Consumers and representatives confirmed they are supported to attend the social group and other activities of interest. A review of care documentation included considerations of emotional, spiritual, and psychological well-being of consumers. Support workers provided information on how they assist consumers to do the things they like.

Consumers and representatives confirmed that they are assisted to participate in the community including going out for coffee, shopping, or doing activities of interest. A review of care documentation reflected consumer participation in programs and activities to meet their needs, goals, and preferences. Staff explained they actively encourage consumers to access the community shops and to participate in household activities to promote a sense of purpose and well-being. Care managers and support workers described how they provide reassurance to consumers and monitor and assess their mood.

Staff explained consumer information is updated when changes in condition, needs and preferences occur. A review of care documentation demonstrated communication with others responsible for care including representatives, staff, and other services, occurs with consumer consent. Referrals to a range of services and supports for daily living are facilitated through the assessment and referral process. Consumers and representatives provided positive feedback about the meals provided and were satisfied with the food provided by the service. Staff said they check care plans and confirm preferences and risks with food preparation. Care planning reflects consumers' allergies, serving sizes, and any other food risks.

Consumers and representatives expressed confidence that the service would assist them in accessing repairs and maintenance when required. Care documentation demonstrated that consumers' needs for equipment are referred to My Aged Care for assessment by an allied health professional.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

The Assessment Team observed consumers undertaking group activities and interacting with each other and staff. Consumers who attend the group social support sites said they feel welcome, safe, and comfortable at these services. The Assessment Team was satisfied that cleaning and maintenance programs are effective and observed furniture, fittings, and equipment to be clean and appropriate for the consumer base.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives interviewed said they understood how to give feedback or make complaints. The staff interviewed described how they would support a consumer's complaint by encouraging them to contact the service. Management and staff provided examples of encouragement and support for consumers and others to provide feedback and make a complaint, such as telephone calls with staff, satisfaction surveys, and face-to-face contact.

Alternative complaints mechanisms and advocacy services information are provided in consumer folders. Verbal requests and arrangements for interpreter services are managed as required. Staff confirmed awareness of an advocacy support information to consumers in welcome packs, however, reported they would initially direct any feedback to management. All consumers and representatives interviewed said they would feel safe raising concerns.

Management and staff explained the principles of applying open disclosure and provided examples of how open disclosure has been implemented when things go wrong. Consumers said that issues are resolved once raised, and management described the feedback process to consumers on the outcome of any issues raised. The service has a feedback and complaints policy and procedure that includes open disclosure.

Consumers and representatives were satisfied with how complaints were managed at the service. A documentation review demonstrated the service takes appropriate action in response to complaints and has an open disclosure process. There was evidence of improvements implemented following consumer feedback and actions taken by the service to improve the recording and trending of all feedback.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representative were satisfied that staff are reliable and would arrive on time. The service demonstrated how they align consumers with staff and shifts are allocated to regular staff. Management described how the service undertakes workforce planning to ensure sufficient staffing levels through forecast planning of staff requirements, strict hiring requirements, and the use of sub-contractors to ensure enough staff. Staff confirmed adequate time was allocated to complete required tasks and provide care and service to regular consumers.

Consumers and representatives confirmed staff were kind and respectful. Management described examples where they have allocated staff according to consumer request and cultural background. A review of documentation demonstrated position descriptions for all roles within the service including the minimum qualification requirements for each role and conditions of employment. The service has a code of conduct policy and discussion with staff about the new Code of Conduct has occurred. An unacceptable behaviour policy further guides service expectation.

Training is provided to staff at induction and annually thereafter. Additional training is provided in response to regulatory or legislative changes, and complaints. There was evidence of completion of assigned training modules with staff confirming they receive training related to work health and safety, manual handling, fire, and other emergencies.

Management monitors the performance of most staff formally and informally, as confirmed by support workers and performance review records. Management demonstrated they monitor internal staff performance through regular supervision and support meetings.

# 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 |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Management described how the service supports feedback from consumers and representatives through surveys and ongoing discussions. Management explained this information is used in their continuous improvement plan to improve care and service.

The service demonstrated the organisation’s governing body promotes a culture of safe, inclusive, quality care and services and is generally accountable for their delivery. The organisation has developed a strategic plan that incorporates issues and improvements for the organisation.

The service’s electronic health information management system contains care plans and other consumer documentation. Staff confirmed access to adequate information through the service’s electronic portal.

The service has a Plan for Continuous Improvement (PCI) which is developed following review of incidents and complaints, consumer reviews, risk identification, and feedback. The PCI includes information related to actions, outcomes, staff responsible, and the proposed completion date.

Financial governance systems are in place to manage the resources and financial requirements of the service, to ensure continued delivery of quality care and services. Management reported maintaining oversight of income and expenditure through an unspent fund review and review of budget estimates, including consumer expenditure and workforce budgets.

The service maintains records of competency and qualifications for staff, and reviews staff compliance with mandatory education. All care staff were compliant with mandatory education requirements at the time of the Quality Review.

Management advised that the service tracks regulatory and legislative updates via subscription to the peak body and the Commission’s Regulatory Bulletins. The service has systems in place to ensure policies and procedures are updated to reflect legislative or regulatory changes.

The service has systems and processes in place to ensure that complaints and feedback are received, captured, and recorded.

The service has a risk management framework policies and processes to manage high-impact or high-prevalence risks associated with the care of consumers.

The organisation has a clinical governance framework that is monitored through the quality of clinical governance. The service does not have a policy on minimising the use of restraint; however, the service’s PCI was updated to include developing a new policy.

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)