**Performance**

**Report**

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| Name: | City of Onkaparinga |
| Commission ID: | 600039 |
| Address: | Ramsay Place, NOARLUNGA CENTRE, South Australia, 5168 |
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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: 7359 City of Onkaparinga  
Service: 23730 City of Onkaparinga - Care Relationships and Carer Support  
Service: 23728 City of Onkaparinga - Community and Home Support

**This performance report**

This performance report for City of Onkaparinga (**the service**) has been prepared by D Saunders, 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, review of documents and interviews with staff, consumers, and representatives,
* the provider’s response to the assessment team’s report received 16 January 2024

# 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 | **Not Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* 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.
* 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.

# 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 service demonstrated each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Sampled consumers and representatives advised they are treated with dignity and their input is valued. Volunteers, staff and coordinators were familiar with consumers' individual backgrounds, needs and preferences. Management described how the service monitors services in-person and through reactive and proactive feedback channels, to ensure consumers are treated with dignity and respect.

The service demonstrated services are culturally safe. Consumers interviewed said staff and volunteers understand them and their cultural needs and deliver services with this in mind. Staff and volunteers demonstrated understanding of consumers' cultural background and described how they ensured services reflect consumers’ cultural needs and diversity. Documentation showed staff and volunteers have received training in indigenous and cultural safety.

The service demonstrated each consumer is supported to exercise choice and decisions about their services, including when others should be involved, communicate their decisions; and make connections with others and maintain relationships of choice. Consumers and representatives said the service provides them information about each program, allowing consumers to choose what suits them best. Staff described, and documentation confirmed, the service provides information about groups, outings and activities to enable consumer choice.

The service demonstrated consumers are supported to take risks to enable them to live the best life they can. Sampled consumers advised they are supported to take risks safely when they choose to do so. Staff demonstrated how they educate and assess consumers to ensure consumers are safe and supported when they choose to take risks. Management described how the service promotes consumer independence and supports consumers with education and supervision to ensure consumers can do what they want to do safely.

# 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. | Not Compliant |

Findings

Subcontracted services were found to not always reviewed regularly, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. Care planning documentation for the wholly subcontracted service showed service needs were not reviewed at least annually or when required under the standard.

As the requirements under 2(3)(e) for regular and periodic reviewing of care and services extends to all services, whether subcontracted or provided directly, I find this requirement is non-compliant.

I find all other requirements compliant for the following reasons.

The service generally demonstrated that 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. Consumers and/or representatives sampled confirmed consumer services were planned, and the service understood how to support the consumers’ risks and needs. Staff and management described how they assess consumer’s risks at commencement of services, at reviews and/or as required. Care planning documentation viewed for sampled consumers evidenced that assessment and planning was undertaken, which included consideration of risks to inform safe service delivery. The quality of assessment and subsequent support planning was not always consistent across different service types.

The service demonstrated assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care and end of life planning if the consumer wishes. Consumers and representatives interviewed confirmed in various ways that assessment and planning processes identify their needs, goals and preferences. Staff described how onboarding discussions with consumers and representatives identifies what services are important and includes information regarding advance care directives. Care planning documents for sampled consumers demonstrated that consumers’ needs, goals, and preferences are discussed and documented, including advanced care directives.

The service demonstrated assessment and planning is based on ongoing partnership with the consumer and/or their representative, and others who are involved in the care and services of consumers. Consumers and/or representatives interviewed confirmed they are involved in planning and making decisions about consumers’ care and services. Staff and management described how consumers, their representatives, family, and carers are involved in assessment and planning of care and services. This was confirmed through care planning documentation viewed for sampled consumers.

The service demonstrated the outcomes of the assessment and planning processes are communicated to consumers and documented in a care plan, is readily available to consumers, and where care and services are provided. Most consumers and/or representatives confirmed the outcomes of assessment and planning had been communicated to them, and a copy of the consumers’ care plan was provided, which staff have access to at the consumers’ home. Staff and management described how outcomes from assessment and planning are documented in the service’s electronic systems, which are provided to staff, subcontractors and volunteers at the point of service delivery.

For services directly coordinated by the service, the service monitors and actions annual reviews for consumers, and following any incidents or identified changed needs in accordance with the quality standard.

# 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 find this standard compliant for the following reasons.

The service demonstrated consumers get safe and effective services and support for daily living that meet the consumer’s needs, goals and preferences, and optimise their independence, health, well-being and quality of life. Consumers and/or their representatives' advised they are supported to live independently through the varied services they receive. Staff and management demonstrated services provided to consumers were tailored to their needs, goals and preferences, and optimised their independence, wellbeing and quality of life.

Services and supports for daily living promote consumers’ emotional and psychological wellbeing were evident at audit. Consumer, representative and staff interviews, and care planning documentation viewed for sampled consumers, confirmed that services enhance the consumer’s emotional and psychological wellbeing. Grieving consumers were supported through that process and appreciative of the support they received.

The service demonstrated services and supports for daily living assist consumers to participate in their community, have social and personal relationships, and do things of interest to them. Consumers and/or representatives confirmed community services enable consumers to do things of interest and maintain social relationships, such as going shopping, attending the Friendship and Kookaburra Clubs, bus outings, evening ‘Night Owls’ program, and the Woodworking Shed. Staff described processes to ensure a varied range of activities and outings is programmed to assist consumers to stay connected to their community, and access areas of interest that consumers may not be able to access independently.

The service generally demonstrated that information about consumers’ needs, conditions, goals and preferences is documented and communicated within the organisation, and with other organisations where responsibility for care is shared. Consumers and/or representatives confirmed provision of daily living support and services is consistent, with staff who know them well.

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Staff described processes to refer consumers internally or to external organisations for reassessment following identification of increased consumers’ needs.

The service demonstrated, where meals are provided, they are varied and of suitable quality and quantity. Consumers interviewed confirmed they are satisfied with the meal provided, stating they meet their nutrition and hydration needs and preferences. Staff were knowledgeable of consumers’ dietary needs, preferences and identified risks relating to their nutritional and hydration status. Some consumers considered they would not be able to find better food anywhere else.

The service demonstrated when equipment is provided, it is safe, suitable, clean, and well maintained. Consumers were not sampled in relation to this requirement. Home modifications is wholly managed externally through the subcontracted service and care planning documentation received and viewed by the Assessment Team confirmed that equipment received and/or installed was suitable to the consumers’ needs.

# 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 find this standard compliant for the following reasons.

The service demonstrated the varied service environments are welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction, and function. Consumers confirmed they feel welcome when utilising the transport services and at the venues where they attend, including the 2 Positive Ageing Centres. Staff and volunteers described how they ensure consumers feel welcome, and observations confirmed the varied service environments were easy to navigate, welcoming and functional.

The varied service environments are well maintained, safe, clean and enable consumers to move freely. Management and staff described the processes of site-specific preventative schedules and reactive maintenance. The service environments were observed to be clean, well maintained and comfortable.

Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. Staff and management described processes to ensure equipment is safe, clean and well maintained at the various venues frequented by consumers.

# 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 find this standard compliant for the following reasons.

Consumers and others are encouraged and supported to provide feedback and make complaints. Consumers and/or representatives said, should they have issues with the services, they would ring the service or speak to staff or volunteers to discuss their concerns. Staff and management described how they support consumers to provide feedback and make complaints. Complaints records show that consumers and representatives can provide feedback on their services.

The service demonstrated consumers are made aware of, and have access to advocates, language services and other methods for raising and resolving complaints. Management discussed processes to ensure consumers have access to advocates and language services if required, and consumers are made aware of other methods for raising and resolving complaints.

The service generally demonstrated appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Consumers and representatives confirmed appropriate action is taken to address feedback and complaints, however, some consumers advised the service did not contact them at the resolution of their complaint. Staff and volunteers described how they attempt to resolve any complaints immediately and report any feedback to the service for follow up. Management advised they meet regularly with contracted providers to discuss feedback and complaints, however, this process is not effective for all contracted providers. Staff and volunteers are guided in handling of feedback and complaints by policy and procedure.

The service demonstrated feedback and complaints are generally reviewed and used to improve the quality of care and services for consumers. Staff and management described how consumers’ feedback and complaints inform continuous improvement as required. Feedback and complaints documentation viewed showed how the service used consumer feedback to improve the quality of services.

# 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 find this standard compliant for the following reasons.

The service demonstrated 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. Most consumers and representatives stated they were happy with the number of, and the support provided by staff delivering care and services. Some consumers advised contracted staffing was inconsistent. Management discussed processes to ensure there are enough staff to deliver services across a wide region. Staff shortages occasionally affecting consumer services in contracted cleaning, gardening and home maintenance were noted.

Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. Consumers and representatives stated services are delivered in a kind and caring manner, and consumers' identity, culture and diversity are respected. Staff and management spoke about consumers in a kind and respectful way, and staff and volunteers were observed to be engaged, respectful and kind when delivering services.

The workforce is competent and has the knowledge to effectively perform their roles. Most consumers advised they felt the workforce is competent and skilled. Staff and volunteers described receiving regular training and information provided by the service to build skills and maintain competence. Management described processes to ensure staff and volunteers have adequate skills and qualifications, and how management monitor staff and volunteer competency through supervision, regular meetings and performance reviews, with identified training gaps actioned.

The service demonstrated the workforce is recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards. Staff and volunteers described completing relevant training and being supported in their role through regular meetings and access to senior staff and guidance material for any consumer-related queries and reporting requirements. Management described processes of initial selection and onboarding processes, a mandatory schedule of training, and regular communication with staff, including meetings to provide information and support.

The service demonstrated regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Staff and volunteers interviewed confirmed they undertake regular performance reviews where they can discuss their performance with management and identify areas of improvement where they would like further training and support. Management monitor staff and volunteer performance through surveys, consumer feedback, feedback from other staff and complaints data. The service has an effective performance management system and the service has comprehensive policies and procedures in place to guide staff practice.

# 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. | Not 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

The assessment team did not disclose in its report any positive evidence that the governing body actively promotes the required culture. In addition to this the assessment team identified that, in relation to governance of contracted providers, medical action in relation to complaints and incidents was not always able to be demonstrated. Management acknowledged the service needs to improve their oversight of contracted services, and the services they subcontract to. A range of remedial actions were identified and commenced and action against these was further provided by the service. This shows clear, but incomplete, progress in relation to the identified deficiencies and I therefore find requirement 8(3)(b) non compliant.

I find the remainder of requirements compliant for the following reasons.

The organisation demonstrated consumers are engaged in the development, delivery and evaluation of care and services. Consumers sampled described how they have input about services provided through surveys and feedback processes. Management and staff described how consumers have input about their services through formal and informal feedback processes and co-design of programs.

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

All consumer information is stored securely, in line with legislative requirements and electronic data is password protected and accessed with relevance to staff position and role. Policies, procedures and other documentation are available on the electronic systems, and all policies were noted to have been reviewed recently.

The organisation and the service have active and effective continuous improvement processes to ensure services provided to consumers are responsive to consumer needs, and constantly evolving. Improvements are identified from various sources and are tracked for timely completion and monitored for effectiveness.

The City of Onkaparinga Council manages finances for the aged care services and other Council programs and operations through a dedicated financial team, with monthly reporting.

The service has effective systems to track a range of regulatory obligations.

The service has effective and proactive feedback and complaints processes, to encourage and support consumers to provide feedback and make complaints. Staff and volunteers are supported through feedback and complaints policies and procedures, including in relation to open disclosure.

The organisation demonstrated effective risk management system 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.

In relation to high impact or high prevalence risks associated with the care of consumers, the organisation conducts risk assessments for all services provided including aged care services to assess and monitor associated risks. Changes to risk assessments are discussed at departmental and service levels.

In relation to consumers being supported to live the best life they can, there are effective processes to assess and consult with consumers regarding their dignity of risk when they elect not to implement risk management strategies and staff provided examples of this process being implemented with consumers.

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)