Performance

Report

1800 951 822

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| Name of service or service group: | Performance report date: |
| Coastlink Respite Care | 12 July 2022 |
| Commission ID: | Activity type: |
| 200389 | Quality audit |
| Home Service Provider: | Activity date: |
| Coastlink Respite Care | 10 June 2022 to 15 June 2022 |

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.

**This performance report**

This performance report for Coastlink Respite Care (**the service**) has been prepared by J Taylor, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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.

# Services included in this assessment

* Centre Based Respite, 4-7XV3UQ6, 7/10 William Street, GOSFORD NSW 2250
* Flexible Respite, 4-7XV3USX, 7/10 William Street, GOSFORD NSW 2250
* Social Support - Group, 4-7XV3UVP, 7/10 William Street, GOSFORD NSW 2250
* Social Support - Individual, 4-7XVFSQO, 7/10 William Street, GOSFORD NSW 2250

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Quality Audit; the Assessment Team 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 Home Care Packages (HCP) and Short-term Restorative Care Programme (STRC) (note STRC may not apply)

# 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 | **Not Applicable** |
| **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 |
| 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| 1(3)(b) | Care and services are culturally safe | Compliant |
| 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 |
| 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| 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 |
| 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

## Findings

Consumers interviewed said the service staff are kind, caring and respectful. Consumers and representatives expressed in various ways how they provided positive feedback around care and service delivery. Consumers interviewed confirmed the service staff treat them with respect and support them to make informed choices about their services. They provided examples of how they are assisted to live the life they choose. Consumers and representatives said that the service responds to their cultural backgrounds and staff protects their privacy.

Support Workers interviewed demonstrated their knowledge of the consumers and how they preferred to receive services. Coordination staff interviewed described how consumers and representatives are involved in making decisions about the services they receive and how they ensure consumer information is kept confidential.

Coordination and management staff interviewed described how the service identifies any potential individual risks to consumers including discussions with the consumers and representatives on how to minimise harm, including referrals back to My Aged Care for additional services and conducting relevant risk assessments to assist with safe consumer mobility.

The service evidenced access to consumer electronic records in the information management system requires employee credentials or is kept in locked filing cabinets for hard copy information.

Assessment and care planning documentation sighted by the Assessment Team contained information on consumers cultural needs, including use of an interpreter when needed. The consumer information pack included a range of information on services, relevant costs and the charter of aged care rights and information with how to make a complaint through internal or external mechanisms. The Assessment Team reviewed consumers care planning documentation and evidenced that it was personalised, inclusive and consumer focussed. Policies and training records reviewed indicated that consumer identity, culture and diversity is considered during service delivery.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| 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 |
| 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 |
| 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 |
| 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 |
| 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

Consumers and representatives interviewed said they were satisfied with the care and services they received, and that assessment and planning was in line with their goals and preferences. Consumers confirmed they were involved in the assessment and planning process and, where applicable, this was done in partnership with others when they wished them to be involved. Consumers and representatives interviewed said they had regular reviews of their care and services and are asked to provide feedback on their services at any time.

The service demonstrated consumers and nominated representatives are involved in assessment and planning processes and details are communicated in person and through emails and phone calls with the consumer and representative.

Staff interviewed said they receive care planning documentation and receive advice on any updated care needs or consumer requests through updated documentation and emails from coordination staff. Staff interviewed confirmed they provide services as per consumer preferences as outlined in relevant documentation.

The service evidenced consumers assessment and planning documentation identifies the current needs, goals and preferences of the consumer and documentation sighted guides the delivery of care and services. Documentation reviewed showed care and services are reviewed annually and more often if the need arises due to a change in circumstance or condition of the consumer, following incidents or a return from hospital.

Documentation reviewed showed the service records Information in relation to relevant risks on consumer files. The service demonstrated assessments, care plans and home risk assessments were documented in all consumers’ files and relevant policies were sighted around assessment and care planning processes. These included the identification of environmental, risks around non-response to a scheduled visit and individual consumer risks.

# Standard 3

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| Personal care and clinical care | | CHSP |
| 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. | Not applicable |
| 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| 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. | Not applicable |

## Findings

This Standard is Not Applicable as the service does not provide personal or clinical care to CHSP consumers.

# Standard 4

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| Services and supports for daily living | | CHSP |
| 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 |
| 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| 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 |
| 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 |
| 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not applicable |

## Findings

Consumers interviewed said they are receiving effective supports for daily living that enable them to live independently. Consumers also described ways social support services enabled them to participate in the community and to experience a good quality of life, helping them to maintain their independence. Consumers and representatives interviewed were satisfied with referrals made and gave examples of where they occurred, such as to social groups if they are interested in outings. All consumers interviewed said they were satisfied with the food provided and said their individual preferences were considered regarding food choices.

Staff interviewed demonstrated a good understanding of the consumers they care for and what was important to them. Support workers told the Assessment Team the care planning documents include details of how to support a consumer with their lifestyle and social interactions. Support workers described how they help consumers to stay connected and participate in the community. Support Workers described to the Assessment team how they assist consumers to do their shopping, take them to doctors’ and specialists’ appointments. Staff also said they can take consumers to visit family, friends or other community activities or just go for a drive.

Coordination staff and management advised one of their main aims is to optimise consumer independence and quality of life. Consumers are asked what they would like, what their goals are, how the service can help, and subsequent assessments are conducted to support consumers.

The service demonstrated support workers have completed food safety and infection control training and the coordinator and support workers at the centre demonstrated awareness of individual food preferences and dietary needs of consumers.

Consumers assessment documentation reviewed reflected consumers’ emotional, spiritual and psychological well-being needs were assessed and strategies to assist support staff provide services was noted in care planning documentation. The service evidenced progress notes that included follow-up phone calls with consumers and representatives from coordination staff if any concerns were noted. The Assessment Team noted consumer care documentation reflected referrals made and documented discussions and follow up with these service providers.

The Assessment Team reviewed consumer notes and coordinator emails which showed communication between office-based staff and support workers regarding individual consumers is regular and include strategies to address any risks when providing services.

# Standard 5

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| Organisation’s service environment | | CHSP |
| 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 |
| 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 |
| 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

## Findings

The Assessment Team observed the service environment, spoke with consumers and representatives about their experiences of the service environment and interviewed support workers about the suitability and safety of equipment at the centre.

Consumers and representatives interviewed provided positive feedback about the centre environment. Consumers stated they felt it was safe and easy for them to get around independently. Consumers and representatives interviewed said they always feel they belong at the centre and the staff make them feel welcome whenever they come. They said the room and the buses are very clean and the support workers are good drivers.

Staff interviewed said the environment is easy for the consumers to get around independently and make sure they assist consumers when coming in and leaving each day. Staff interviewed advised the chairs and tables are cleaned at the end of each day by the COVID marshal and the bus is also cleaned regularly.

The Assessment Team observed the hall had level access and support workers escorted consumers out of the hall and onto the buses. Bathrooms were observed to be easy to locate and consumers were observed accessing them independently.

The Assessment Team noted the door to the outside undercover area was unlocked for consumers to access this area if they wished. The service demonstrated regular environmental checks are conducted on the centre and a range of venue assessments are conducted for locations they take consumers to as part of their outings program

Furniture and equipment at the centre were observed to be clean and well maintained and the chairs and tables were of a suitable height for consumers. The Assessment team observed the buses transporting consumers to be in good condition, including seating and seat belts with a step to aid in mobility on and off the bus.

**Standard 6**

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| Feedback and complaints | | CHSP |
| 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

## Findings

Consumers and representatives interviewed said they did not have any concerns about the service and have not needed to make a complaint. Consumers and representatives said they know how to provide feedback or make a complaint and felt comfortable contacting the service and speaking with staff if need be.

Management and staff interviewed described how the service supports consumers and their representatives to make complaints and provide feedback informally by speaking with consumers on the phone and more formally during the care plan review process and using satisfaction surveys. Management and staff interviewed said consumers are provided with an information sheet on how to provide feedback, including how to make a complaint, during the intake process. Staff interviewed said the service’s advocacy policy provides guidance for staff on the role of advocacy services and procedures to follow to assist consumers access an advocate.

Support staff, consumers and their representatives interviewed, and records reviewed, showed the service takes appropriate action to ensure consumers and representatives are aware of and have access to advocates, language services and other methods for raising and resolving complaints. Review of the client handbook evidenced information on how to make complaints via phone, email or in writing, visit office, complaint procedures, external complaints, including Aged Care Quality and Safety Commission and the complaints process is provided to consumers.

The service demonstrated appropriate action is taken in response to feedback provided. For example, the service had a complaint on the feedback register raised by a staff regarding a possible safety issue of consumers exiting the bus due to the narrow width of the bottom step. Management interviewed advised a specialist risk assessment was scheduled and the outcome communicated to staff. The bottom step was widened, and guidance provided to staff when assisting consumers to enter and leave the bus.

**Standard 7**

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| Human resources | | CHSP |
| 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 |
| 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

The Assessment Team interviewed consumers and their representatives and reviewed the service’s consumer survey results. The feedback from consumers and representatives demonstrated the following:

* Consumers received safe, quality care and services by kind, caring and respectful staff and volunteers.
* There are enough staff to deliver services when it suits the consumer.
* A representative of consumer said staff are wonderful, caring, very patient with the consumers dementia.
* Staff have the skills and knowledge to effectively perform their roles.

Consumers interviewed confirmed staff always turn up on time and they are advised of any changes to either staff attending or a request to adjust the time of a service.

Management interviewed advised the service is proactive in ongoing recruitment of staff and they have marketing conversations with the Board. Management advised the service has had no unfilled shifts in the past month.

Staff interviewed confirmed they received a position description, had induction and a range of training including dementia and infection control.

The Assessment Team reviewed a number of staff job profile documentation and noted relevant qualifications and training was documented. For example, Lifestyle Officer’s staff profile listed a Certificate IV in Leisure and Lifestyle, skills in working with people with dementia, manual handling, driver training, first aid certificate and more. Further documentation reviewed highlighted information in staff profiles showing current driver’s license and registration checks were included.

Policies and procedures reviewed demonstrated regular assessment, monitoring and review of the performance of each member of the workforce.

**Standard 8**

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| Organisational governance | | CHSP |
| 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| 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 |
| 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 |
| 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 |
| 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. | Not applicable |

## Findings

The service demonstrated how consumers are engaged in developing, delivering and evaluating their care and services by seeking input from consumers through feedback processes, and client satisfaction surveys. Consumers were provided an opportunity to provide feedback to the Board.

The organisation’s Board consists of 8 members and meets bi-monthly. The organisation has five committees that report to the Board, including finance, risk and audit; remuneration and nomination; growth and diversification; continuous improvement; and governance and compliance committees. Information provided regularly to the Board includes updates on workforce governance.

The service demonstrated that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The service has systems and processes in place to ensure the service is complying with relevant legislation, regulatory requirements, professional standards and guidelines.

The service demonstrated a secure electronic management system containing consumer information which can be accessed by staff through password protected applications. Feedback, complaints, risks, and continuous improvement were noted as recorded, monitored and escalated to relevant managers and documented and discussed at committee level.

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.

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-2)