**Performance**

**Report**

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| Name: | Cobden - Abbeyfield Rural Community Extended Aged Care |
| Commission ID: | 300073 |
| Address: | 5 Victoria Street, COBDEN, Victoria, 3266 |
| Activity type: | Quality Audit |
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| Performance report date: | 17 October 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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 1739 Cobden District Health Services Inc  
Service: 18752 Cobden - Abbeyfield Rural Community Aged Care  
Service: 18753 Cobden - Abbeyfield Rural Community Extended Aged Care  
Service: 18754 Cobden District Health Service Inc

**This performance report**

This performance report has been prepared by N Chahal, 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 services it operates, 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 service outlets, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Home Care Packages (HCP)

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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 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 | | HCP |
| 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 the service is respectful of consumers and described how their dignity, individuality, culture and different backgrounds are acknowledged. Care documentation reflects planning and considers the individual needs and preferences of each consumer capturing their background, culture, and diversity.

Staff demonstrated an awareness of the cultural needs of consumers who are of diverse cultural backgrounds. This was supported by an example of a consumer from a farming background receiving personal care tailored to their preference and cultural needs.

There is evidence to support that consumers are supported to make choices and decisions informing the delivery of their care and services. This included consumer interviews confirming that the service involves them in decision making processes related to the planning and delivery of care and services. A review of care documentation also evidenced that the service enquires about and records consumer needs and preferences along with relationships of significance relating to the care. The service’s policy and procedures guide staff practice in relation to supporting consumer autonomy and valuing consumer relationships.

Risk is assessed and captured in ‘risk management chart’ documentation. The risk management chart records the identified risk activity or choice, risk mitigation strategies and consumers’ decisions in relation to the risk. Consumers confirmed the service undertakes discussions regarding risk and offers alternatives to support them to live their best lives.

Overall, consumers and representatives confirmed that information shared by the service is timely, clear and easy to understand. One consumer with sensory impairment discussed that statements are presented in an easy-to-read format with details, and added that staff provide additional support to understand information due to their sensory impairment. Some consumers and representatives expressed dissatisfaction with the telephone service. Management acknowledged the consumers’ feedback and demonstrated an improvement action registered on the Plan for Continuous Improvement (PCI) to address this.

The service protects consumer confidentiality and has procedures to obtain informed consent from consumers prior to information sharing. These processes apply to information sharing within the organisation and with external providers.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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 their representatives described the assessment and planning process as comprehensive. Clinical staff and care managers conduct the assessment and planning process through face-to-face consultations with consumers and their representatives in their home environment. This approach helps identify complex health needs and risks, such as falls. There was evidence of thorough assessments, with consideration given to identified risks and mitigation strategies. The service is transitioning to a comprehensive electronic information system to enhance communication, clinical information management, and care planning documentation.

Advance care directives and end-of-life wishes are discussed during the initial assessment and planning consultations. Consumers and their representatives reported receiving information on advance care planning. However, the Assessment Team noted that advance care planning was not always recorded in the care planning documentation. Management acknowledged this feedback and indicated that the new care planning process would ensure consistency in recording consumers’ advance care plans. A review of the PCI demonstrated that the service is currently undertaking improvement actions to ensure consistency in advance care planning processes, including the engagement of a registered nurse with expertise in this area.

There was evidence to support the service undertakes assessment and planning through partnerships with consumers and involves other organisations and providers of care services. For example, a consumers’ care documentation demonstrated involvement of a multi-disciplinary team including a medical practitioner and wound specialists to manage complex health needs. Consumers and representatives confirmed their involvement in assessment and care planning and receiving written copies of their care plans and service agreements. Staff confirmed that care plans are accessible on the electronic information system to inform consumer care.

The Assessment Team noted inconsistencies in consumer care documentation where allied health services were provided. At times care planning documentation lacked information regarding current interventions or had not been reviewed within the service’s policy timeframe. Management demonstrated awareness of this issue, and it was observed to be recorded in the PCI with improvement actions underway. These include a comprehensive consumer documentation review to address the identified gaps and ensure documentation consistency.

The service contacts consumers and representatives regularly, as well as when services have been reviewed following changes to needs or conditions. Management described that care plan reviews are conducted annually and when a change in needs occurs, and in line with a priority of intervention and service risk matrix.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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 provided positive feedback about the way clinical and personal care meet their needs and optimise their health and well-being. Staff demonstrated detailed knowledge of each consumer’s needs and how care is tailored. This included assisting a consumer with maintaining their independence and social engagement through an exercise program and individual social support. Care documentation reviewed demonstrated detailed assessments to ensure safe provision of care in relation to wound management.

The service demonstrated effective management of consumers’ high-impact and high-prevalence risks such as falls, wounds and isolation. This was supported by consumer care documentation review reflecting that assessments are conducted by clinical and allied health professionals, to identify consumer risks and to plan individualised risk minimisation strategies. The service has a risk register to record significant consumer risks and identify and categorise risk impact. Staff escalate high-impact, high-prevalence risks where identified, and management ensure appropriate risk and emergency management assessments are completed during intake and home visit.

The service undertakes initial and as-needed consultations with consumers regarding end-of-life planning. Management explained that consumers approaching the end of life are referred to the external palliative care service and are also supported by their treating medical practitioner.

The Assessment Team report outlined review of a consumer experiencing a decline in mobility. There was evidence of prompt review of changes in the consumer’s health and wellbeing. Strategies to support the new needs of the consumer were developed and appropriate referrals to allied health specialists were made. Staff demonstrated knowledge of their responsibilities in recognising and reporting consumer deterioration or change, including advising management and calling emergency services if required. The service is also working on providing mental health support to consumers through access to psychology, counselling and inhouse social group activities.

The service actively communicates with internal and external stakeholders to ensure the provision of safe and effective personal and clinical care. A review of documentation evidenced that communication between the service and other providers of care was consistent across referrals, recommendations and care plans. Staff described having access to all relevant and up-to-date consumer information through the electronic information system, ensuring continuity of care and maximising the support provided to consumers.

There was evidence of referrals undertaken for consumers in a timely manner, including involvement of allied health professionals. The service has established agreements with brokered service providers, to ensure the provision of allied health and clinical care to meet consumer needs, goals and preferences.

Staff were knowledgeable about their roles in minimising infection related risks and described infection prevention and management protocols when visiting consumers. Consumers and representatives were satisfied with infection control measures undertaken by staff. Management organises annual infection control training for staff and encourages staff to raise awareness among consumers and representatives relating to antibiotic usage and resistance.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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 indicated the services they receive assist them to maintain independence and quality of life. Support workers were aware of activities and outings of importance to consumers and outlined the positive impact of these on physical and emotional wellbeing. Care documentation outlined consumer needs, preferences and goals.

Consumers and representatives described the services provided as having a positive impact on consumer health and wellbeing. Support workers are matched with consumers based on background, language spoken, gender, and cultural appropriateness, and representative feedback noted the benefits of the relationship formed between consumer and support worker.

The Assessment Team report reflected consumers are supported to participate in the community and engage in activities they enjoy. Consumer feedback indicated the service understands consumers’ social needs and priorities and plans services accordingly. Staff demonstrated an awareness of consumer needs, and management indicated facilitating social engagement is a high priority for the service.

Consumers and representatives indicated staff are aware of consumer needs and know how to provide the necessary support. Support workers have access to notes and alerts via the service’s electronic application. Care documentation demonstrated communication occurs with others involved in consumer care including representatives, brokered staff, and external services, with consumer consent.

Consumers were satisfied they receive referral to external services when required. Case managers action referrals in response to consumer or representative request, and the service is introducing the use of an allied health telehealth platform to optimise consumer access. Referrals to a range of providers were evident within consumer care documentation including religious groups and community centres.

The service offers delivered meals prepared in the organisation’s residential aged care facility kitchen. Consumers also receive assistance from support workers to prepare meals in their homes or alternatively can access pre-made delivered meals. Consumers and representatives were satisfied meals are of good quality with a variety of options available. Consumer food allergies and dietary requirements were observed to be recorded within consumer care documentation for those consumers receiving assistance from staff or accessing delivered meals.

Consumers and representatives expressed satisfaction with equipment accessed via their HCPs, and expressed confidence the service would assist them to access equipment repairs and maintenance if required. Consumer equipment is recommended by allied health professionals to ensure suitability, and support workers described equipment as appropriate, clean and well-maintained. The service uses cars along with a bus for visits and consumers’ transport. An electronic maintenance system is used to manage preventative and reactive vehicle maintenance in accordance with manufacturer guidelines. Documentation review demonstrated regular preventative maintenance occurs.

# Standard 6

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| Feedback and complaints | | HCP |
| 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.

Overall, consumers and representatives described feeling comfortable to provide feedback and make complaints. Support workers encourage consumers to provide feedback, as demonstrated by their own reports and review of documentation. Information regarding how to submit feedback is provided to consumers when they commence with the service, and there was evidence this information is reinforced through the service’s newsletters.

Consumers and representatives expressed confidence the service would support them if they required an advocate, language service, or alternative methods for resolving a complaint. The service’s consumer handbook provides information on advocacy groups, and the feedback and complaints policy instructions include information on how to access interpreter services. The service plans to promote advocacy groups in an upcoming newsletter to reinforce this information for consumers.

The Assessment Team report reflected most consumers and representatives were satisfied with how complaints are managed by the service. Support workers explained they attempt to resolve complaints themselves but pass them onto management if unable to do so. Case managers provide apologies in response to negative feedback, in accordance with open disclosure principles. Not all complaints are recorded in the service’s complaints management system, however management at the service committed to encouraging further staff training.

Consumers and representatives were satisfied their feedback and complaints are used to improve care and services. Consumer feedback surveys are conducted annually, and the feedback obtained informs service improvements. Consumer satisfaction is a standing agenda item at monthly support worker meetings, and case managers attend team meetings weekly to review and improve consumer care. The service is working on modifying its quarterly complaints report so trends can be more easily analysed.

# Standard 7

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| Human resources | | HCP |
| 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 representatives indicated services are not often cancelled. Support workers were described as prompt and unhurried. Support staff described that rostering considers the consumer’s location and the tasks required in order to ensure sufficient time is allocated. Consumer feedback reflected the service understands the importance of continuity of staff and attempts to provide consistency. The service works to provide services on consumers’ preferred days and at their preferred times, considering the busiest times for service requests and planning accordingly. When unplanned leave occurs, the service prioritises clinical and care services, redirecting support workers to cover vacant shifts. Ongoing recruitment has led to a reduction in the service’s use of agency staff.

Consumers and representatives described support workers and other staff as kind, caring and respectful. Consumer feedback regarding staff performance was extremely positive. The service’s policies and processes provide a values framework highlighting the importance of honesty, accountability, respect and excellence. Staff receive training in consumer dignity, respect and diversity, as well as the Code of Conduct for Aged Care.

The Assessment Team report reflected all consumers and representatives were satisfied staff are competent and adequately skilled. Staff provide evidence of their qualifications in order to work for the service, and reference checks are conducted. Staff induction incorporates competencies and ‘buddy’ shifts to ensure staff are adequately prepared to perform their roles. Position descriptions outline core requirements and competencies for each role.

Staff receive a staff handbook and policy guide on commencing work with the service. The handbook outlines core values and provides detailed work instructions in relation to falls, caring for consumers living with dementia, and management of serious incidents including the Serious Incident Response Scheme (SIRS). Staff are required to complete a series of mandatory training modules on commencement. Management monitors staff training attendance and compliance, and support staff if they require training in any aspect of consumer care.

Staff undergo annual performance reviews incorporating formal feedback. Staff performance is also monitored through observation, feedback, competencies and review of incidents. The Assessment Team report reflects all staff at the service had undergone an appraisal within the preceding 12 months.

# Standard 8

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| Organisational governance | | HCP |
| 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.

The service provides a number of avenues through which consumers can have input into the development and evaluation of care and services. These include annual and exit consumer experience surveys, feedback forms, and regular informal contact with case managers. Management explained that consumer and representative feedback informs the service’s PCI. The PCI reflects continuing work on consumer engagement, recording plans to introduce a regular feedback forum for consumers and representatives, develop a feedback mechanism designed to directly access the Chief Executive Officer, and appoint a consumer representative to the clinical safety and risk committee. Documentation review demonstrated the service has also sought expressions of interest for a consumer advisory body.

Service agreements and insurance records of brokered service providers demonstrated oversight by the service. Quality and safety data is collected, reviewed by subcommittees, and reported to the Board. The service aims to adhere to a clear mission, values and vision statement supported by the organisation’s framework for prioritising safety and quality.

The Assessment Team report reflects effective organisation wide governance systems. Support workers indicated they can access sufficient information to guide them in their work with consumers via the service’s mobile telephone application. Consumer and organisational information is communicated at regular case manager and departmental committee meetings. The service is transitioning to a new electronic health information system to address the current storage of information in multiple locations. The service has a PCI informed by management and staff observation, complaints, consumer reviews, clinical indicators, regulatory reforms and audit reports. Management of the PCI is guided by a governance continuous improvement policy. Effective financial governance systems are in place to manage financial requirements to ensure continued delivery of quality care and services. Case managers maintain oversight of consumer budgets, expenditure and unspent funds. Consumers receive monthly statements outlining available funds, itemised monthly expenditure, fees and contributions.

Staff qualifications and professional registrations are checked before commencement of employment, and completion of mandatory training is monitored. There are clear lines of reporting for staff. Management monitors regulatory updates via subscription to updates from relevant bodies including the Department of Health and Aged Care and the Aged Care Quality and Safety Commission. Changes are communicated to staff and policies and procedures updated as required. All recorded complaints are reviewed by the management team and reported to the Board for review. While some complaints are not recorded, all are handled in a timely and appropriate manner.

The service has a risk management framework and policies and procedures for managing high-impact and high-prevalence risks. These guide staff in the identification of risk and appropriate responses to ensure consumers can live their best lives. Significant risks are documented within a vulnerable consumer register; however, this has focused to date on risks associated with social isolation and consumer environment. The service plans to incorporate the recording of clinical risks more consistently, in collaboration with clinical staff. Clinical incidents and data from quality and safety committees, along with SIRS reports, are reviewed and analysed before being presented to the Board. Staff know how to report incidents, and review of incident documentation demonstrated appropriate reporting. Staff indicated they feel well-supported in recognising and responding to risks.

The service has a clinical governance framework which outlines policy and procedure, quality improvement, staff training and competency, and regulatory compliance. Policies are in place in relation to restrictive practice, antimicrobial stewardship, and open disclosure. Care managers demonstrated an understanding of restrictive practice and confirmed no consumers are currently subject to this. An infection prevention and control lead has recently been appointed who will promote antimicrobial stewardship with consumers.

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