**Performance**

**Report**

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| Name: | Continuum Care |
| Commission ID: | 600577 |
| Address: | 3/635 North East Road, GILLES PLAINS, South Australia, 5086 |
| Activity type: | Quality Audit |
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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

Home Care Packages (**HCP**) included:  
Provider: 8803 Continuum Care Australia Pty. Ltd.  
Service: 26186 Continuum Care Australia

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9997 CONTINUUM CARE AUSTRALIA PTY. LTD.  
Service: 27992 CONTINUUM CARE AUSTRALIA PTY. LTD. - Community and Home Support

**This performance report**

This performance report for Continuum Care (**the service**) has been prepared by R Beaman, 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
* the provider’s response to the assessment team’s report received 23 July 2024.

# 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 | **Not 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** |

# 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 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

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.

* Assessment and planning includes the consideration of risk to inform safe and effective care for consumers.
* Outcomes from assessment and planning are effectively communicated to the consumer and documented in a care and service plan that is readily available to the consumer and where care and services are provided.

# Standard 1

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Consumers confirmed they are treated with dignity and respect and the service accommodates their cultural needs and preferences. Consumers described how they had choice and input for the care and services they receive and are able to make decisions relating to their independence. They said they are supported to undertake activities that include risk to live their best lives. Consumers and representatives confirmed information is timely, accurate and easy to understand.

Staff described provision of culturally safe, and kind, caring practices and processes for care and services to recognise and value diversity. Staff were knowledgeable in supports to aid consumers with communication and advocacy services.

Documentation showed mitigation for risks was identified to support consumers to continue to live their best lives. The service had policies and procedures for supporting consumers with choice around their care needs and maintaining independence. Documentation, systems and processes showed consumers privacy and confidentiality is maintained.

Based on the information available in the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | 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. | Not Compliant | Not 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 | 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 | 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. | Not Compliant | Not 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 | Compliant |

Findings

The assessment team recommended requirement (3)(a) and (3)(d) in this Standard not met. The assessment team were not satisfied assessment and planning with the consideration of risk informed the delivery of safe and effective care and services. Mitigation strategies were not developed for identified risk, assessments and planning for wounds for one consumer was not completed. The assessment team were not satisfied that assessment and planning was effectively communicated, available at the point of care of readily available to the consumer.

**Requirement (3)(a)**

* Four consumers’ assessment and planning identified potential risk to consumers but did not include any supporting or mitigating strategies to inform safe care practices Including nutrition and hydration, behaviours, falls, catheter care and wound and skin integrity.
* Support staff advised they have limited information in relation to consumers care and are not always aware of consumer’s risks.
* Two named consumers had a falls risk documented, however care documentation did not record any strategies to keep the consumer safe when ambulating or in the community. One of the consumers did not have supports documented for catheter care management.
* The behaviour support plan for one named consumer with a known risk of wandering and forgetting to eat and drink did not have any information or mitigating strategies to guide staff in addressing those behaviours.

The provider accepts the assessment team’s findings. The provider in their response asserts risk is always considered even when not clearly documented, however they have modified assessment and planning documents to include risk assessment and prevention. Additional commentary in the providers response included them undertaking a review of all consumers care and services plans where risk is identified. The providers response also included examples of changed processes implemented to make care planning documentation available to staff at the point of care.

I acknowledge the information and actions included in the providers response. However, I find care documentation for the named consumers did not contain supports and services to ensure their safety, health and wellbeing are not compromised. I have considered information in the assessment team’s report that shows assessments for skin integrity/wounds, catheter care, falls, food and nutrition and behaviours were not completed or did not contain risk mitigation and supports to guide safe and effective services at the point of care. I have also considered information that shows support staff confirmed they are not always aware of consumer risks and have limited information available to them regarding a consumers needs.

I acknowledge the planned actions for improvement in the providers response, however I consider time will be required for implementation of the improvements and efficacy.

For the reasons details above, I find requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers non-compliant.

**Requirement (3)(d)**

* Three consumers and 3 representatives confirmed they had not been offered a copy of their care planning documentation. Staff and management confirmed information about consumers is shared verbally, staff do not have access to consumers complete care documentation at the point of care, and consumers and representatives have not been offered a copy of care documentation as standard practice.
* One representative for a named consumer confirmed if regular staff were not available, they were required to repeat care needs and requirements to relief staff.

The provider did not agree with all the findings in the assessment team’s report and provided additional information and commentary in their response. The provider asserts a brief summary of consumers circumstances, tasks to be completed, identified risks, access to residency and living arrangement information has always been available to staff at the point of care. The provider in their response confirmed care plans are offered to consumers; however, care documentation is not called a care plan, which the provider asserts resulted in the ‘no’ response from consumers and representatives when asked if they received or were offered a copy of their care plan. The provider asserts the interview responses from coordinators and management is not factual, as all coordinators and management know that a copy of the care plan is provided to consumers within 14 days of completion. The providers response included an example of how the service will now upload complete care plans and assessments for staff to access at the point of care.

I acknowledge the information in the providers response. However, I do not have evidence before me that confirms consumers and representatives were provided care documentation and the outcomes of assessment and planning is available where care and services are provided. In coming to my decision, I have placed weight on information in the assessment team’s report that shows 3 consumers and 3 representatives confirmed they did not have a copy of care documentation. Three staff, coordinators and management confirmed consumers and staff do not have access to all care documentation at the point of care. I have also considered information in the assessment team’s report that shows for one representative care needs have to be repeated in the event a regular care worker is not available.

For the reasons listed above, I find Requirement (3)(d) in Standard 2 Ongoing assessment and planning with consumers non-compliant.

In relation to requirements **(3)(b), (3)(c), and (3)(e),** consumers confirmed the service is meeting their needs, goals and preferences including advance care planning. Consumers confirmed they are involved in the assessment and planning process including those they wish to be involved. Staff described processes to identify and document consumer’s needs, goals, and preferences for care and services. Documentation showed consumers’ needs and goals were identified, documented, and reviewed regularly for effectiveness when changes in condition or incidents occur.

For the reasons above, I find requirements (3)(b), (3)(c), and (3)(e) in Standard 2 Ongoing assessment and planning with consumers compliant,

# Standard 3

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| Personal care and clinical care | | HCP | 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

Consumers and representatives confirmed care and services is tailored to their needs and optimises their health and wellbeing. Consumers confirmed the service responded and supported them when their conditions changed, and they were confident staff knew how to reduce risks in their home.

Staff described individual care needs for consumers and safe practices. Staff described processes for identifying, escalating and responding to risk including timely referrals to allied health and other providers of care. Staff confirmed hand hygiene and standard transmission based precautions are undertaken to prevent and mange infections.

Documentation showed care is provided that is tailored to individual consumer needs and care goals. Documentation confirmed referrals to other providers of care were undertaken in a timely manner and information about a consumer’s condition, needs and preferences was communicated where care is shared.

Based on the information in the assessment teams report, I find all requirements in Standard 3 Personal care and clinical care compliant.

# Standard 4

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| Services and supports for daily living | | HCP | 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers and representatives confirmed the service provides effective services which optimises their independence and quality of life. Consumers confirmed staff supported them to maintain relationships, engage with the community and do things of interest to them. Consumers confirmed they are supported through referrals to access services and activities that improve their psychological wellbeing. Consumers are satisfied with the quality and quantity of home meals that are provided to them.

Staff described practices for knowing consumers goals and ways in which they supported them to be independent and remain connected to community.

Documentation showed consumer choice and preferences were recorded to guide the delivery of support services. Consumer care records showed assessments were completed for lifestyle equipment and aid purchases.

Based on the information in the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Consumers and representatives confirmed they were aware of how to make complaints and provide feedback including advocacy, language and support services available to aid consumers.

Staff described the feedback and resolution process including open disclosure practices and provide examples of how they can support consumers with communication barriers to access advocacy supports.

Documentation included information on how to provide complaints and feedback along with advocacy and language services and is provided to consumers. Documentation showed consumers lodged feedback via various methods including verbal, telephone and in writing. Documentation confirmed complaints and feedback were used for continuous improvement outcomes and complaints resolution including open disclosure was supported by policies and procedures.

Based on the information in the assessment teams report, I find all requirements in Standard 6 Feedback and complaints compliant.

# Standard 7

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

Findings

Consumers and representatives are satisfied there is sufficient and appropriately skilled staff available to meet their care and service needs. Consumers confirmed staff are kind, caring and respectful in their approach. Consumers are confident staff are skilled in their roles.

Staff confirmed they felt they have sufficient support to provide safe and effective care and services. Staff described tailoring services to each individuals needs and preferences. Staff confirmed receiving ongoing training and support to deliver quality care and they had annual performance assessments conducted.

Documentation confirmed all staff have undertaken required mandatory training. Documentation showed consumer feedback on staff performance is sought and monitored and the service has processes for monitoring staff performance.

Based on the information in the assessment team’s report I find all requirements in Standard 7 Human resources compliant.

# Standard 8

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| Organisational governance | | HCP | 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

Consumers confirmed they are engaged in the evaluation, improvement and development of care and services. Consumers felt confident in the providers ability to provide effective, safe and supportive care and services.

Staff described being engaged to identify and improve processes and consumer outcomes and described ways in which they are able to do so.

Documentation showed consumer feedback was reviewed and dictated improvement opportunities. Documentation showed there are systems in place for organisational governance, clinical governance and risk management, which are supported by a suite of policies and procedures. Documentation confirmed risk, abuse and neglect of consumers and incidents were recorded, investigated and resolved. Documentation confirmed board oversight of the organisation’s governance practices.

Based on the information in the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant.

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)