**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Coolangatta Senior Citizens Centre |
| Service address: | 2 Gerrard Street COOLANGATTA QLD 4225 |
| Commission ID: | 700550 |
| Home Service Provider: | Coolangatta Senior Citizens Centre Incorporated |
| Activity type: | Quality Audit |
| Activity date: | 13 September 2022 to 16 September 2022 |
| Performance report date: | 25 October 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 Coolangatta Senior Citizens Centre (**the service**) has been prepared by J ZHOU, 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

**CHSP:**

* CHSP - Social Support - Group, 4-7Z3WVUS, 2 Gerrard Street, COOLANGATTA QLD 4225

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| 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 as not all requirements have been assessed** |
| **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 | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-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. The provider must ensure that:

* The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.
* Effective organisation wide governance systems relating to the following:
* information management;
* continuous improvement;
* financial governance;
* workforce governance, including the assignment of clear responsibilities and accountabilities;
* regulatory compliance;
* feedback and complaints.
* Effective risk management systems and practices, including but not limited to the following:
* 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
* managing and preventing incidents, including the use of an incident management system.

# Standard 1

|  |  |  |
| --- | --- | --- |
| 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

According to the Assessment Team’s findings from their site audit, consumers/representatives sampled advised they are treated with dignity and respect. Consumers/representatives described staff as caring and polite, and staff demonstrated a sound knowledge of consumer’s individual personal interests and described how they assist consumers in enjoying their preferred activities.

Management provided examples of how services are delivered to meet the needs and preferences of individuals including consumers with special requirements. The Assessment Team observed consumers from diverse cultural backgrounds at the service and that there are cultural diverse activities available to all consumers at the service. Staff and management described processes around supporting consumers to make informed decisions and how activities are individualised for consumers with specific needs. Documentation evidenced consumer involvement in decisions about the services that they would like to participate in and that the service prioritises the consumer’s preferences.

Consumers said that they are supported to take risks to live the best life that they can. Staff and management described how to support consumers to take risks and to participate in activities of their choosing. Documents demonstrated that the service supports consumers when they choose to take risks and evidenced the service prioritises the consumers right to make an informed choice. Identified risks or hazards are discussed with consumers to optimise opportunities for consumers to participate in the activities of their choosing.

Consumers said they receive written information in a way that they can understand and that enables them to make informed choices. This includes newsletters, pricing structure, complaints information and activities scheduled. Management described when, what and how information is provided to the consumers. Documents evidenced information provided is current, clear and accurate in almost all cases. The Assessment Team observed the ‘social support group handbook’ were provided to consumers but noted to management the handbook contained incorrect or inadequate information related to the Commission and interpreter services. Management was able to rectify this issue during the quality audit. This is discussed further under Requirement 6(3)(b). The service also demonstrated an understanding of maintaining and respecting consumers privacy and confidentiality. Consumers are provided with information about the collection, use and disclosure of their personal information.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers said the service generally meets their current, goals and preferences. The Assessment Team observed care plans of consumers that contained appropriate information to guide staff in managing the risks for consumers involved in delivering services. For instance, where a consumer may be a falls risk, this is captured during the initial assessment process and documented.

Consumers reported they have day-to-day control over the services they receive and can openly discuss changes with the service. Services are delivered on an ad-hoc basis, with consumers able to attend as many or as few activities as they would like. When initially engaging with the service, a ‘client support plan’ is completed to obtain details about the consumer, including their interests and reason for joining the service. Consumers can request a copy of the ‘client support plan’ if they choose.

Interviews with staff demonstrated they know the consumers well and can discuss their needs and preferences based on memory. The Assessment Team observed care planning documents, indicating why each consumer would like to join the service. Consumers sampled confirmed they can participate in the planning and review of the services they receive.

Staff and management described how they continually work with consumers to deliver services in line with their needs and preferences. This includes seeking feedback and encouraging consumers to make suggestions about future activities.

Documentation evidenced that consumer care and services are reviewed at least annually and more often when circumstances change or incidents impact the needs and preferences of the consumer. Staff stated that members must go through a ‘renewal’ process each year to confirm that their contact information is up to date.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| 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. | Not applicable |

Findings

The Assessment Team did not assess Standard 3 as the service does not provide personal or clinical care.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

Consumers said that the services and support they receive help them to maintain their quality of life and independence. Consumers interviewed said that the service supports them to remain active, maintain social interaction and to do activities they would not normally get to do. Consumers said that the services they receive meets their needs, goals and preferences and optimises their independence, well-being and quality of life. Care staff demonstrated an understanding of what is important to a consumer and provided examples of how to support the consumer’s emotional and psychological wellbeing. The service has processes in place to identify and record those consumer needs, goals and preferences and this information is accessible to all staff.

Staff interviewed demonstrated an understanding of what is important to individual consumers and could describe how they assist consumers to participate in activities based on their individual preferences. Staff said that maintaining social connections is important for consumers and that consumers can become emotional when they first engage with the service as they have been lonely and they are appreciative being able to socialise.

The service communicates information about consumer conditions needs and preferences. Consumers said they are satisfied that information about their needs and preferences is shared within the service and with others involved in their care, if appropriate. Care planning documentation has information to guide staff on delivering care and services in line with the consumer’s preferences. Any risks to consumers associated with the delivery of services, such as fall risks, are generally communicated to staff before facilitating activities. Staff advised that information about the consumer’s preferences is available in their file and that consumers can retain a copy of their ‘client support plan’ if they choose to.

Consumers said they are satisfied that they could be referred to other services if necessary. Staff described the process for referrals, which involves obtaining permission from the consumer first. Given the service’s function as a social support group, referrals are almost exclusively made to My Aged Care (MAC) for additional assessment of the consumer’s circumstances.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

The Assessment Team visited the organisation’s physical service environments to gather evidence against this standard. Consumers said that the service environment is warm, engaging, easy to understand and they are made to feel welcome and comfortable. The service has areas that are sufficient to host the activities conducted on-site with access for consumers who experience physical limitations. Consumers sampled reported that management and staff maintain the service environment well and that it is clean.

Consumers said that management and staff maintain the service environment well and that it is clean. All environments observed were clean and well maintained. The Assessment Team observed consumers present had free movement throughout the service environment The service does not operate in an outdoor area but consumers were able to enjoy the outdoor areas if and when they choose to.

The Assessment Team observed furniture, fittings and equipment in the service environment that were safe, clean and well maintained. Staff described the process for cleaning equipment and maintaining the service environment. Consumers said that the service maintains furniture, fittings and equipment well and that it meets their needs.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives could describe the process of providing feedback and expressed being supported to make a complaint. Importantly, consumers felt comfortable engaging with the service to seek early resolution of a complaint and management described holding regular conversations with its consumers regarding service issues. When signing up for the service, consumers are given a pamphlet detailing how to make a complaint, with appropriate contact information.

While the service had a ‘social support group handbook’ to assist consumers understand other external avenues for raising and resolving complaints, references to the Commission were incorrect and management was able to quickly resolve this oversight during the audit. Management advised that going forward, consumers would also be provided with a pamphlet available on the Commission’s website that details its function, purpose, and how to raise a complaint.

The Assessment Team was satisfied that open disclosure was practiced at the service as management and staff who were interviewed could consistently describe the steps to take to review and action a complaint.

There was also evidence that the service uses data to monitor and use feedback to improve the quality of care and services. For instance, several consumers suggested additional music activities due to the success of existing sessions. After gauging interest, the service added guitar lessons and an additional ukulele class.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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. | Non-compliant |
| Requirement 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 representatives, staff, and management and found the service could demonstrate it had the appropriate number and mix of members of the workforce to ensure the delivery and management of safe quality care and services for the consumers. Management advised that activities are only cancelled as a last resort if they cannot secure a volunteer to facilitate the session. They stated this has only happened on rare occasions.

When speaking with the Assessment Team, management and staff spoke about consumers in a kind and caring way and knew each consumer’s background well and the Assessment Team observed respectful interactions between carers and consumers during their audit.

Staff are required to undergo background checks and have the necessary insurance in order to join the service workforce. This includes volunteers who wish to help at the service, who must provide evidence of previous experience that would make them suited to providing services for aged care consumers.

The Assessment Team sighted evidence that the suitability and performance of staff and volunteers are monitored on an ongoing basis. Given that the vast majority of the workforce are volunteers, performance is generally measured informally by observing how they interact with consumers and conduct activities.

Non-compliance in 7(3)(d)

The Assessment Team noted the lack of formal training at the service in the form of emergency fire and evacuation and a lack of first aid training which should be an annual occurrence. Management acknowledged this deficiency and indicated it would organise further training.

I note the provider has not been forthcoming with evidence regarding whether this training has occurred when it was asked to provide submissions. I therefore find this requirement non-compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Non-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. | Non-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. | Not applicable |

Findings

Non-compliance – Requirement 8(3)(c)

The Assessment Team found evidence that the service could not meet its regulatory obligations under the Quality Standards.

For example:

* The service could not demonstrate that first aid training had been provided to all staff within the last 12 months, as is required under CHSP guidelines.
* The service does not store and monitor the COVID-19 vaccination status of the workforce.
* The service has not been reporting the COVID-19 vaccination status of the workforce to the Department of Health and Aged Care.

Management verbally advised the Assessment Team they thought they received advice from Queensland Health that they were exempt from reporting vaccination status, however, management could not specify when the advice was provided nor were they able to supply any written evidence to support their position.

At the conclusion of the quality audit, management advised that it would resume monitoring the COVID-10 vaccination status of its workforce having regard to Queensland Health directives and guidelines. However, the service has not provided a framework for how it will embed this regulatory process and as such, I find it is non-complaint.

Non-compliance – Requirement 8(3)(d)

The Assessment Team saw no evidence that the service has an effective risk management framework to manage and respond to high-impact or high prevalence risks. For instance, the service’s care documents detailed incidents regarding a consumer who was at risk of falls and that same consumer has exhibited deterioration in their behaviours during social events. The Assessment Team sought the service’s response to these records; however, the governance area demonstrated a lack of awareness regarding this information and a lack of oversight over how to manage this consumer and their particular risks. The specificity of this matter is contained in the Assessment Team’s report which the provider was asked to comment on, and no response was forthcoming. I also note the service acknowledged during the quality audit that this consumer’s risks has not been appropriately managed. I therefore find this requirement non-complaint.

Compliance – Remaining Requirements

In summary, I am satisfied by the evidence contained the Assessment Team's report that the service is demonstrating compliance for the following reasons:

* Consumers sampled felt engaged in the development and delivery of care and services.
* Members of the governing body were able to explain what they do to make the organisation a safe, inclusive and welcoming environment for 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-2)