**Performance**

**Report**

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| Name of service: | Cooma Challenge Limited |
| Service address: | 4 Walgarra St COOMA NSW 2630 |
| Commission ID: | 200909 |
| Home Service Provider: | Cooma Challenge Limited |
| Activity type: | Quality Audit |
| Activity date: | 10 February 2023 to 14 February 2023 |
| Performance report date: | 23 March 2023 |

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 Cooma Challenge Limited (**the service**) has been prepared by M Murray, 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.

# Services included in this assessment

**CHSP:**

* Care Relationships and Carer Support, 25026, 4 Walgarra St, COOMA NSW 2630
* Community and Home Support, 25027, 4 Walgarra St, COOMA NSW 2630

# 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 and others.

# 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 | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Non-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.

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| 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. | Non-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. | Non-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. | Non-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. | Non-compliant | |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-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. | Non-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. | Non-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. | Non-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. | Non-compliant | |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Non-compliant | |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-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. | Non-compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-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 | |

# Standard 1

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| Consumer dignity and choice | | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

I have based my decision on compliance as outlined in the table above on the Assessment Team’s report. The approved provider did not submit a response to the Assessment Team’s report. A summary of the relevant evidence is outlined below.

All consumers and representatives interviewed said they are treated with dignity and respect. Consumers described how staff interactions with them are respectful and felt their background and culture was understood and respected by staff. Support workers provided examples of what treating a consumer with dignity and respect means in practice and could describe the consumer’s background and individual needs when asked.

The Assessment Team observed multiple phone conversations between staff and consumers which were all respectful in nature.

Consumers from different cultural backgrounds are satisfied with how staff undertake their care and services and the Assessment Team found cultural safety is central to the approach of staff in their day to day work.

Consumers described how the service works with them to understand their options and choices and said staff respect their choices.

Staff interviewed demonstrated how they supported consumers to maintain community connections and relationships of their choice through the services provided.

The Assessment Team’s report evidences that the organisation supports consumers to remain independent and take risks the consumer feels comfortable with in order to live their life to its fullest. Staff were alert to the importance of ensuring autonomy and active decision making for consumers.

Consumers are satisfied information is regularly provided on various aspects of care and services. Information, including invoices, are provided in a format that is easy to understand.

All staff interviewed demonstrated an understanding of the importance of protecting consumer information and respecting their privacy. They described practical ways they protect consumer information such as only discussing consumer information with relevant staff, checking the consumer information system for consent when people external to the service are seeking information and not disclosing a consumer’s personal information to anyone outside of the service.

Consumers expressed confidence their privacy is appropriately respected and their information is handled safely and securely.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Non-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. | Non-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. | Non-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. | Non-compliant |

Findings

I have based my decision on compliance as outlined in the table above on the Assessment Team’s report. The approved provider did not submit a response to the Assessment Team’s report. A summary of the relevant evidence is outlined below. I am satisfied based on the information available that the approved provider does not comply with Standard 2.

In Relation to the Non-complaint Requirements

Validated risk assessments are not used to ascertain if the consumer needs supports in place. While staff described a consumer as a ‘falls risk’ this is not documented and replacement staff would not be alert to this risk, placing the consumer at potential harm, and placing the staff member in a position of not delivering the service safely. The Assessment Team’s report notes that management said information about risks including medical risks is not captured or documented.

Care plans were found by the Assessment Team to be of a variable standard, in some cases only generic information was captured and in other cases the consumer’s needs, goals and preferences were inaccurately recorded.

Some consumers said they do not have a copy of their care plan, staff interviewed said sometimes the care plan is not sent to the consumer.

The Assessment Team reviewed 10 care plans. Of the 10 care plans reviewed, 7 were unsigned and undated. The Assessment team could not ascertain if reviews had occurred as scheduled. Management could not confirm if reviews had occurred as scheduled.

In Relation to the Compliant Requirement

While the documentation of information is inconsistent, consumers reported that the service makes it easy for them to be involved in planning their services. The Assessment Team’s report notes the involvement of other health professionals, such as social workers, in supporting end to end care planning.

# Standard 3

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| 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-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. | Non-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. | Non-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 have based my decision on compliance as outlined in the table above on the Assessment Team’s report. The approved provider did not submit a response to the Assessment Team’s report. A summary of the relevant evidence is outlined below. I am satisfied based on the information available that the approved provider does not comply with Standard 3.

In Relation to the Non-Compliant Requirements

The Assessment Team’s report outlines high-impact or high-prevalence risks associated with the care of each consumer are not consistently identified, addressed nor have mitigation strategies put in place. Examples include a consumer expressing suicidal thoughts and a care worker’s concern for a consumer’s bowel management. In both examples, the information was brought to the attention of the service but not escalated to an appropriately qualified staff member to follow up.

Staff described examples of consumer deterioration that they monitor for such as increasing pain, reduction in mobility, changes in their ability to do things, increasing memory loss and confusion. Staff indicated that any deterioration noted is documented on their ‘shift report’. While the Assessment Team found some shift reports are made by staff, these are not addressed in a timely manner and deterioration is not always detected. For example, a consumer returning from hospital who disclosed multiple falls having occurred in the preceding months had no review of their care needs. Further, while management reported that no consumers currently need dementia support, a consumer told the Assessment Team about a deterioration to their cognition and dementia diagnosis.

Information collected across the organisation is inconsistent and cannot be relied on to accurately inform staff and/or others involved in the consumer’s care.

In Relation to the Compliant Requirements

Consumers and/or representatives reported that consumers have regular support workers who assist with personal care and that the care provided is satisfactory.

The service has processes in place to ensure consumers’ end of life needs, goals and preferences are recognised and documented. The staff discuss advanced care planning with consumers during the intake process and any preferences are documented in the electronic client management system. The service does not provide clinical care and management said staff would liaise with My Aged Care to seek specialist palliative care services to support a consumer.

While the service did not have a policy and/or procedure to follow for the referral process, the Assessment Team’s report evidences referrals have occurred in a timely manner, as and when required. Staff described the process for referrals to My Aged Care and other service providers when required.

All consumers and/or representatives said support workers protect them from infection by washing their hands, wearing masks and gloves. Staff said they are provided with sufficient personal protective equipment, infection control training has been provided and there is a policy in place to guide their practice.

The Assessment Team’s report outlines poor documentation in relation to failures within Standard 3. I have considered the deficit in documentation in my findings of non-compliance in Standard 2 and Standard 3, Requirement 3(3)(e).

# Standard 4

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| Services and supports for daily living | | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Non-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. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not applicable |

Findings

I have based my decision on compliance as outlined in the table above on the Assessment Team’s report. The approved provider did not submit a response to the Assessment Team’s report. A summary of the relevant evidence is outlined below. I am satisfied based on the information available that the approved provider does not comply with Standard 4.

In Relation to the Non-Compliant Requirement

Information collected across the organisation is inconsistent and cannot be relied on to accurately inform staff and/or others involved in the consumer’s care.

In Relation to the Compliant Requirements

Consumers reported that the service made them feel safe, and they were able to receive supports and services that enabled them to remain at home, maintain their independence and increase their overall quality of life. Consumers described supports with shopping, domestic tasks and help with their garden and how these services enhance their wellbeing. Management described how the goal of the service is to keep consumers in their own homes and have them supported in a way that is meaningful to them.

Consumers interviewed are confident that support workers know them well and would recognise if they were feeling low. Staff interviewed knew each consumer’s needs well and outlined strategies, techniques and referral processes they would use to assist a consumer if they are feeling low.

A number of consumers described how staff support them to be part of the community, including going to the hairdresser, markets and the swimming pool.

Management described how they connect consumers with social workers, the Aged Care Assessment Team, care navigators and to other services in the community to access additional services if required. The Assessment Team’s report outlines support workers and management go above and beyond to assist consumers, who have limited family supports, connect to organisations that can support their needs.

The Assessment Team’s report outlines poor documentation in relation to failures within Standard 4. I have considered the deficit in documentation in my findings of non-compliance in Standard 2 and Standard 4, Requirement 4(3)(d).

# Standard 5

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| Organisation’s service environment | | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not applicable |
| 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. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

The organisation does not have a service environment that consumers attend. This Standard is not applicable.

# Standard 6

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

Findings

I have based my decision on compliance as outlined in the table above on the Assessment Team’s report. The approved provider did not submit a response to the Assessment Team’s report. A summary of the relevant evidence is outlined below. I am satisfied based on the information available that the approved provider does not comply with Standard 6.

In Relation to the Non-Compliant Requirements

Management and staff said the service does not provide training on feedback and complaints or how to access advocacy or language services. The Client Handbook has no contact details for the Aged Care Quality and Safety Commission or other support services for making complaints.

Management did not provide any examples of formalised / written complaints or feedback data, therefore, while there was an example of an action taken in response to a consumer making a complaint, the Assessment Team could not establish that this occurred for all consumers. Relevant staff did not have any understanding of open disclosure and what this means in a complaint context.

The Assessment Team’s report outlines each manager they spoke with gave a different version of how feedback and complaints are used to inform better practice, an example of an improvement stemming from feedback was requested but not provided to the Assessment Team to consider as part of the evidence for the audit.

In Relation to the Compliant Requirement

Most consumers and representatives interviewed said they would feel comfortable making a complaint or providing feedback to the service. Most consumers said they haven’t needed to submit a complaint in the past, but if they had a concern, they would talk to their support worker or call the service in the first instance. The Assessment Team’s report provides an example from a consumer of raising a complaint and a change occurring as a result.

Management described, during the intake process, consumers are advised on how they can make a complaint or provide feedback.

# Standard 7

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| Human resources | | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Non-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

I have based my decision on compliance as outlined in the table above on the Assessment Team’s report. The approved provider did not submit a response to the Assessment Team’s report. A summary of the relevant evidence is outlined below. I am satisfied based on the information available that the approved provider does not comply with Standard 7.

In Relation to the Non-Compliant Requirement

The service was unable to demonstrate how it understands that staff have the knowledge to undertake their roles. The service does not require staff to have any qualifications, other than to hold a first aid certificate. Management could not describe to the Assessment Team how they ensure themselves that staff are competent.

While the service provides access to various online training platforms for staff, management was unable to demonstrate that staff were trained to deliver the outcomes required by the standards, for example, identifying and responding to abuse and neglect of consumers.

In Relation to the Compliant Requirements

Consumers said that staff are on time and if there is a schedule change or a staff member is running late, they are informed ahead of time. Consumers are also satisfied that staff complete their tasks during the allocated shift time. A review of the roster noted shifts are rarely unfilled and the time allocated to each shift reflects the consumer’s needs.

Consumers and/or representatives reported in various ways that staff treat consumers with kindness and are caring and supportive.

Staff confirmed that the service conducts annual performance appraisals. A record is maintained to monitor that appraisals occur as scheduled. At the time of the assessment, all support workers had a recent performance appraisal.

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | 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

I have based my decision on compliance as outlined in the table above on the Assessment Team’s report. The approved provider did not submit a response to the Assessment Team’s report. A summary of the relevant evidence is outlined below. I am satisfied based on the information available that the approved provider does not comply with Standard 8.

In Relation to the Non-Compliant Requirements

Management discussed the recent business systems/risk analysis that has been undertaken. The timeframes for a number of the required system reviews identified in the organisation’s own report and by the Assessment Team at this audit are yet to be completed. It will also take time to establish that governance systems once updated are effective. Management said a detailed timeline will be established once a gap analysis of each business stream is completed.

Deficits were also found by the Assessment Team in the organisation’s risk management systems and practices. Management acknowledged that risk tools and systems need to be updated and that they do not currently have a process to identify vulnerable consumers.

Incidents that do occur are not always recorded and incident data is not used to inform continuous improvements for consumers of the service more broadly.

In Relation to the Compliant Requirements

The service demonstrated to the Assessment Team that it had engaged consumers in how the service is performing.

A new Chief Executive Officer was appointed in November 2022 and as one of their initial tasks undertook an organisational assessment. The findings, recommendations and report were tabled at the Board Meeting in December 2022. Governance and other deficits identified have been prioritised and a timeframe is in place to achieve high priority activities.

The Assessment Team sighted the agenda items for the February 2023 Board Meeting and their report notes a new format for Board Meeting has been implemented to better support good governance.

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