**Performance**

**Report**

**1800 951 822**

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| Name of service: | Council’s Community Care Services |
| Service address: | 89 Vulcan Street MORUYA NSW 2537 |
| Commission ID: | 200707 |
| Home Service Provider: | Eurobodalla Shire Council |
| Activity type: | Quality Audit |
| Activity date: | 1 February 2023 to 3 February 2023 |
| Performance report date: | 8 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 Council’s Community Care Services (**the service**) has been prepared by S Bickerton, 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

**Home Care Packages (HCP):**

* Active Living HomeCare packages, 26999, 89 Vulcan Street, MORUYA NSW 2537

**Commonwealth Home Support Programme (CHSP):**

* Care Relationships and Carer Support, 26096, 89 Vulcan Street, MORUYA NSW 2537
* Community and Home Support, 26098, 89 Vulcan Street, MORUYA NSW 2537

# 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
* the provider’s response to the assessment team’s report received 1 March 2023

# Assessment summary for 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 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for CHSP

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **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 | **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 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. | Non-compliant | Non-compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-compliant | Non-compliant |

# 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

At the time of performance report decision, the service was:

* Evidencing that consumers are treated with dignity and respect with their individuality and diversity valued
* Demonstrating practises that ensure delivery of culturally safe consumer care and services
* Evidencing consumers are informed and supported to make choices and maintain their independence, including to take risks to live the best life they can
* Evidencing provision of information to consumers that is accurate, timely, and easy to understand
* Evidencing practises that ensure consumer privacy is respected and protected

# 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. | Compliant | 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. | Compliant | 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

At the time of performance report decision, the service was:

* Demonstrating embedded processes to consider, identify, and mitigate consumer risks during assessment and planning
* Evidencing a consumer centric approach to service planning that accurately reflects needs, goals and preferences
* Evidencing that consumers are involved and engaged in the assessment and planning of their own services
* Demonstrating that the outcomes of assessment and planning are communicated with consumers and those they wish to be involved in the process
* Evidencing the regular and episodic review of consumer care and services

# 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

At the time of performance report decision, the service was:

* Evidencing safe and effective clinical care practises that are tailored to consumers needs and optimise health and well-being
* Evidencing consideration, identification, and mitigation of high-impact, high-prevalence consumer risks
* Evidencing that consumers needs are recognised and responded to, including when consumers preferences change, or when a consumer approaches end of life
* Evidencing that consumer deterioration is recognised and responded to by service staff
* Demonstrating that consumer needs, goals and preferences are documented and communicated to inform those involved in delivering consumer care
* Demonstrating the service makes timely and appropriate referrals to other organisations
* Demonstrating practises that minimise infection-related risks for consumers

# 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 | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Not applicable |

Findings

At the time of performance report decision, the service was:

* Demonstrating the delivery of services to improve and promote consumers health, independence, and quality of life
* Demonstrating practises that support consumers emotional and psychological well-being
* Demonstrating provision of a range of support options to promote consumer independence, social support and community contact
* Evidencing effective communication within the service and with other organisations where consumers needs or preferences involve shared care delivery
* Evidencing timely referrals are competed to optimise consumers quality of life
* Evidencing that equipment is provided and maintaining in a safe way that is suitable for consumers

# Standard 5

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

Findings

At the time of performance report decision, the service was:

* Evidencing a welcoming environment that optimises consumers sense of belonging independence, interaction and function
* Evidencing a service environment that is clean, safe and well-maintained
* Demonstrating practises that enable consumers to move freely in the service environment
* Evidencing service equipment is clean, safe, suitable, and maintained for all consumers

# 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

At the time of performance report decision, the service was:

* Evidencing the identification of trends in feedback and instigating measures and strategies to bring about positive consumer resolutions
* Demonstrating consumers are encouraged to contact the service and provide compliments, feedback, and complaints in several ways
* Evidencing that consumers and their representatives are provided with contemporary information to guide contact with advocacy services, interpreter services, and making complaints to the Aged Care Commission
* Evidencing that consumer and representative feedback is used in designing and implementing improved consumer care and services

At the time of quality audit, the service demonstrated appropriate action is taken in response to consumer complaints and service staff demonstrated an understanding of open disclosure principles. However, open disclosure principals and processes were not evidenced in service documentation or integrated into service policies and procedures to guide staff. The assessment team evidenced the services volunteer’s handbook did not guide open disclosure practises. The services complaints register evidenced that while consumer feedback was being recorded by the service, transparency in the services response and clear notes identifying resolutions was omitted.

In response to the assessment teams report, the service evidenced a robust and responsive plan for continuous improvement addressing the assessed requirements and demonstrated a commitment to taking prompt action to align service practises with the Aged Care Quality Standards. The service evidenced accelerating timelines for updating documentation, handbooks, and policies guiding staff practise. Additionally, the services complaints management system was enhanced. At the time of performance report decision, the services plan for continuous improvement evidenced early completion of high impact service improvements associated with the assessed requirements under this standard.

As decision maker, I find the services response and responsive posture instils trust and confidence. I find the service has remedied the issues identified at the time of quality audit and is compliant with requirement 6(3)(c) at the time of performance report decision.

# 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. | Non-compliant | Non-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. | Non-compliant | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

At the time of performance report decision, the service was:

* Evidencing adequate time is allocated for service staff to complete consumer service delivery
* Evidencing provision of new staff induction, training, and mentoring on commencement
* Evidencing governance around position descriptions and roles and responsibilities for service staff so they are equipped to undertake their roles
* Evidencing that service staff performance is monitored, managed, and assessed regularly and episodically when the need arises
* Evidencing that service staff consistently receive guidance material regardless of their position and permanency

At the time of performance report decision, the service was not:

* Evidencing adequate staffing resources are available to deliver the committed level of consumer care and services
* Evidencing ongoing training is provided to service staff in managing consumer complaints and feedback using open disclosure practises

At the time of quality audit, evidence in the form of consumer complaints indicated service staff shortages had impacted on consistent service delivery. Service records and data corroborated this, and evidenced workforce shortages accounted for consumer service cancellations. Service management demonstrated a responsive approach to improving this metric by refining scheduling and planning processes to optimise the human resources that are available. Additionally, the service evidenced recruitment efforts in progress to attract and retain service staff.

At the time of quality audit service documentation for staff and volunteers evidenced superseded information relevant to consumer complaints and elder abuse and serious incident reporting scheme (SIRS). The service evidenced prompt remediation of this when responding to the assessment teams report and demonstrated the capability to refine its policies and processes to align with the requirements of the Aged Care Quality Standards. However, service staff training relevant to recent improvements across a range of process and guidance improvements had not been delivered at the time of performance report decision.

In response to the assessment teams report, the service evidenced a proactive plan for continuous improvement and demonstrated a commitment to taking prompt action to achieve compliance with the quality standards. As decision maker, this instils trust and confidence in the service. At the time of performance report decision, I find the service non-compliant with requirements 7(3)(a) and 7(3)(d) and recognise that planned improvement measures specific to staff training and workforce stabilisation will require time to complete and embed. The service evidenced recruitment measures are under refinement and planned to support its existing workforce. Additionally, service staff training is scheduled to inform its workforce of contemporary requirements under the Aged Care Quality Standards.

# 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

At the time of performance report decision, the service was:

* Demonstrating that consumers are engaged and supported in evaluating and developing service improvements
* Demonstrating its governing body is accountable for service delivery and a culture of safe, inclusive, quality care
* Evidencing effective organisation wide governance systems
* Evidencing embedded risk management systems manage and mitigate consumer risks
* Evidencing a clinical governance framework that includes antimicrobial stewardship, minimising restraint, and open disclosure

At the time of quality audit, the service evidenced documented policies and procedures with superseded information, including but not limited to recent legislative reforms and consistent workforce guidance for service staff and service volunteers. Additionally, the service did not evidence a contemporary plan for continuous improvement. The service demonstrated an immediate response to information imparted by the assessment team at the time of quality audit, when gaps in governance systems where evidenced.

In response to the assessment teams report, the service evidenced a series of robust improvements implemented in a timely manner including but not limited to: service staff handbooks, complaint policies, organisational governance, incident management processes, SIRS processes, and service code of practise for managing complaints and the disclosure of abuse. These improvements evidenced the services competency in responding to regulatory guidance and aligning its practises with the Aged Care Quality Standards. As decision maker, this instils trust and confidence in the service, and at the time of performance report decision, I find the service compliant with requirements 8(3)(c).

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)