**Performance**

**Report**

**1800 951 822**

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| Name of service: | Daughterly Care Community Services - Northern Beaches |
| Service address: | Shop 1, 20 Wellington Street NARRABEEN NSW 2101 |
| Commission ID: | 201280 |
| Home Service Provider: | Daughterly Care Community Services Limited |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 11 October 2022 |
| Performance report date: | 3 November 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 Daughterly Care Community Services - Northern Beaches (**the service**) has been prepared by M Abjorensen, 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:**

* Daughterly Care Community Services Limited, 26414, Shop 1, 20 Wellington Street, NARRABEEN NSW 2101

# Material relied on

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

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff.
* the provider’s response to the assessment team’s report received 25 October 2022.
* the following information given to the Commission, or to the assessment team for the Assessment Contact - Desk of the service: to assess non-compliance in 2(3)(a), 2(3)(b), 3(3)(g) and 8(3)(e) related to decision made on 9 August 2021 regarding a Quality Audit conducted on 21 April 2021 to 21 April 2021.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Not Applicable |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not Applicable** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Not Applicable** |
| **Standard 7** Human resources | **Not Applicable** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Not applicable |
| 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 applicable |
| 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. | Not applicable |

Findings

The service has documentation guiding staff in the management of deterioration and escalation practice.

The Assessment Team considered the service demonstrates collaboration with consumers and/or representatives, and internal and external providers; in planning safe and effective care, including the consideration of risks for each consumer.

The Assessment Team reported, where risks have been identified in the delivery of care by the service, these are discussed with consumers and/or their representatives, and an informed decision form is signed which includes the risk and any mitigation strategy is completed if services and supports proceed and the risk cannot be resolved.

The Assessment Team reviewed service processes used to identify consumer risks and inform planning. For example, this includes an eight step plan used by all staff undertaking assessments, and a comprehensive assessment form, incorporating use of additional clinical assessment tools to identify risks and assist in planning.

The Assessment Team reviewed actions taken by the service to update sampled consumer care plans with clinical and allied health information; and in response to a change in need. For example:

Consumer A is 102 years of age, and care planning documentation states they are a high falls risk, has a diagnosis of osteoarthritis, macular degeneration, and Lewy Bodies Dementia. Consumer A experiences dementia related symptoms of paranoia and hallucinations. The Assessment Team reported care documentation demonstrates the service undertook the following actions:

A clinical review occurred on 22 February 2022. A cognitive assessment and geriatric depression scales were undertaken. Results indicated Consumer A is experiencing cognitive decline, but does not show signs of depression.

An unwitnessed fall occurred on the 30 August 2022 which resulted in hospitalisation. The service contacted the representative after discharge from hospital to if additional services were required.

Care staff receive information regarding Lewy Body Dementia and care directives to support Consumer A.

The Assessment Team reviewed the service’s continuous improvement plan which evidenced actions taken to improve assessment and planning. These include:

* The use of a comprehensive assessment form
* Use of validated assessment tools to inform and plan the delivery of services and supports
* Inclusion of consumer’s medical diagnosis in care plans.

The service demonstrated assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advanced care planning and end of life planning.

The Assessment Team reviewed documents including sampled consumer care plans, advanced care planning information provided to consumers and service guidance documents which showed how the service incorporates current needs and end of life planning into assessment and planning processes.

The service assesses current needs and assists consumers receiving palliative care, and collaborates with palliative care professionals when required. The Assessment Team reviewed care planning documentation and reported the service demonstrated how the current needs, goals and preferences of Consumer B have been identified and palliative care arrangements coordinated through the following actions:

Consumer B was diagnosed with a fast growing brain tumour in May 2022, as a result Consumer B experiences impairments to their vision, hearing, balance and memory. Consumer B elected against surgical treatment for the brain tumour.

Risks including falls have been identified, and mitigation strategies and supports have been communicated to staff.

An annual review of the care plan was completed on 11 October 2021, with a follow-up clinical assessment completed on 7 February 2022

A functional capacity assessment was undertaken during an Aged Care Assessment Team reassessment on the 17 May 2022, identifying declining cognition.

Pain management is currently being provided by an external palliative care team. A referral was made by a medical practitioner at the request of Consumer B’s family.

The service is maintaining regular contact with Consumer B’s family, including a family conference held by the care manager on 5 September 2022.

Care staff regularly report services, and notify the service if there are issues. An example, sighted by the Assessment Team, included concerns over a slippery shower mat and the risk posed to Consumer B. The service was notified and a new mat purchased the same day.

The Assessment Team reported end of life planning and advanced care information is included within consumer assessment documentation and acknowledged by consumers through a signature.

End of life wishes were documented for Consumer A on 22 February 2022.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | 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. | Compliant |

Findings

The service demonstrated infection related risks are minimised through service policies, processes and staff practices.

The Assessment Team reported COVID-19 protocols are documented in the care plans of sampled consumers. Additionally, consumers are informed of antimicrobial stewardship in the consumer handbook, with additional information incorporated including:

* The services antimicrobial stewardship policy
* Antibiotics information
* Antimicrobial stewardship customer and representative fact sheet.

The Assessment Team reviewed practices undertaken by the organisation and service staff which evidence actions taken to minimise infection related risks. Practices include wearing full personal protective equipment (PPE), if required; wearing face masks and using hand sanitisation as directed.

The Assessment Team reported staff have received training and resources to support their infection control practices. The Assessment Team sighted infection control and handwashing procedures in the staff handbook and reported the resource provides appropriate guidance on infection control practices and hand washing protocols.

Staff training records, reviewed by the Assessment Team, evidenced the service delivers relevant training on minimising infection related risks and COVID-19 modules.

Vaccination records, reviewed by the Assessment Team, evidence all staff have received influenza and COVID-19 vaccinations.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The service demonstrated a clinical governance framework guides the delivery of quality clinical care for consumers. Organisational policies and staff interviews undertaken by the Assessment Team demonstrated the framework operates to promote antimicrobial stewardship, minimising the use of restraint and the practice of open disclosure.

Interviews conducted by the Assessment Team with clinical staff were able to identify consumers who have been prescribed antimicrobial medications.

The Assessment Team reported the service has a microbial policy, aimed at promoting the ideal use of antibiotics and use of appropriate infection control methods.

The Assessment Team conducted Interviews with Management demonstrated an awareness of the different types of restrictive practices, including mechanical, chemical, seclusion, environmental and physical. Organisational policies support staff to understand the different forms of restrictive practices and guide staff on minimising the use of restraints.

The Assessment Team reviewed organisational policies relating to open disclosure. Through interviews conducted with management, the Assessment Team reported open disclosure principles are practiced according to the policy.

The Assessment Team also reviewed the consumer handbook which references the organisation’s implementation of open disclosure principles to resolve concerns.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)