**Performance**

**Report**

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| Name: | Dementia Australia - Bega |
| Commission ID: | 200708 |
| Address: | 5 Hill Street, BEGA, New South Wales, 2550 |
| Activity type: | Quality Audit |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9554 DEMENTIA AUSTRALIA LIMITED  
Service: 27263 DEMENTIA AUSTRALIA LIMITED - Community and Home Support

**This performance report**

This performance report for Dementia Australia - Bega (**the service**) has been prepared by J Renna, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

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

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

The provider did not submit a response to the Quality Audit report.

# 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 | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **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 | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 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

Representatives confirmed the service treats consumers with dignity and respect and that the consumer’s identity is valued. Staff and management demonstrated their understanding of maintaining dignity and respecting cultural diversity. Management advised consumers and representatives are provided with a copy of the Charter of Aged Care Rights. Documentation showed consumers receive and sign a copy of the Charter of Aged Care Rights and management and staff have completed relevant training to ensure consumers are treated with dignity and respect. The service has a diversity, equality and respect policy.

Consumers and representatives described how staff value the consumer’s culture, values and diversity and provide services to meet these cultural needs. Documentation showed management and staff have completed cultural awareness training.

Representatives confirmed the service provides support to enable consumers to exercise choice. Staff discussed how they regularly contact representatives and communicate with consumers to exercise choice and control. Documentation showed evidence of the service ensuring consumers maintain relationships of choice.

Representatives confirmed consumers are supported to take risks and live the best life they can. Documentation showed evidence of sharing information with consumers and representatives about risks and how to mitigate risks for consumers. The service undertakes social group venues risk assessments to ensure risks for consumers with dementia are addressed.

Representatives confirmed consumers receive a CHSP agreement which includes a copy of the Charter of Aged Care Rights and individual consumer goals. Staff described how they provide information for consumers in various forms to aid in the consumer’s and their representative’s understanding of the information. Documentation showed the services has available various relevant information booklets, guides and brochures for consumers and their representatives.

Representatives confirmed staff respect the privacy of consumers. Management and staff reported all consumers and/or their representatives must consent to share information. Documentation confirmed consent from consumers and/or their representatives for sharing information is recorded in the CHSP service agreement as well as documented in consumer notes in the electronic information management system. The service has policies and procedures to guide staff in appropriate use of information technology and to ensure privacy and confidentiality of consumers and their information.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 1 Consumer dignity and choice.

# 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. | 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

Documentation showed the service consults with, and plans supports for consumers, with alerts for staff recorded on consumer records where risks have been identified. The service ensures venues used for social support group activities are risk assessed to ensure appropriateness for the consumers’ use. The service has processes in place to address environmental risks for individual consumers.

Staff described how the service provides safe and effective care through understanding the consumer’s needs, goals and preferences. While the service does not provide end of life care, staff spoke about the importance of advance care planning and how this is discussed with the consumer and their representative.

Staff reported they work closely with consumers and their representatives to identify consumer goals and preferences and strategies are developed to meet these goals and preferences. Staff advised that if there is a connection the service cannot provide, the consumer or representative will be referred to other services which can assist the consumer to meet their needs and goals. Documentation evidenced the service involving other organisations and services to support the needs of the consumer.

Representatives confirmed care planning occurs, including discussions about goals, and they receive a copy of the care plan. Staff described how they effectively communicate outcomes of assessment and planning using various approaches to meet the needs of the consumer. Management and staff stated consumers and representatives are provided a copy of the consumer’s care plan.

Representatives confirmed services are reviewed regularly. Staff described the process for speaking with consumers and their representatives to identify if services need to be reviewed. Management confirmed care plans are reviewed annually or when the consumer’s circumstances change or when changes are noticed, or incidents are reported. Documentation showed care plans are reviewed as consumer needs change.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

# 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. | 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

This Quality Standard was not assessed as the organisation does not provide personal care or clinical care.

# 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. | 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

Representatives confirmed consumers receive safe and effective services and supports for daily living which enables the consumer to remain at home and maintain their independence. Management stated the focus of the service is on empowerment for the consumer, enabling consumers to undertake as many tasks as possible for themselves.

Representatives confirmed staff can identify when consumers are feeling low, and the service promotes each consumer’s emotional and psychological well-being. Staff described how the recognise and support consumers when the consumer is feeling low. Staff were observed supporting the emotional and psychological well-being of consumers. Documentation showed the service has a suicide prevention and reporting policy to guide staff in managing suicide ideation incidents.

Representatives confirmed services and supports assist consumers to participate in their community, have social and personal relationships and do things of interest to them. Documentation evidenced maintaining social and personal relationships are addressed in consumer care plans and goals. Social groups are held regularly and both consumers and their representatives are supported and encouraged to attend.

The service has processes to ensure consumer needs, preferences and condition is shared with those who have responsibility for care. Confidentiality is maintained. External providers are contacted with consent from the consumer or representative. Documentation showed evidence of consumer consent and sharing of relevant information between other services and providers.

Staff provided evidence of referring consumers to other organisations for care and services, including referrals for re-assessments. Documentation showed if deterioration in a consumer’s condition required, the service provides additional information to the consumer and representative and if required, arrange an assessment for additional services.

Requirements (3)(f) and (3)(g) were not assessed as the service does not provide meals or equipment.

Based on information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(e) in Standard 4 Services and supports for daily living.

# 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. | 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

Consumers and representatives stated staff always welcome the consumers to events and activities. Staff stated they will use one location for some months before reassessing its suitability based on feedback from consumers and/or representatives or if there are any changes to accessibility or suitability of the facility. The location used when the Quality Audit was undertaken was found to be welcoming and easy to understand and suitable for the function.

Consumers and representatives confirmed the service environment is safe, clean and well maintained. Staff and management stated a site risk assessment is completed for each location used for social groups. Documentation showed risk assessments are completed for social group locations, ensure consumers are safe and can move freely both inside and outside.

Staff and management stated no concerns have been raised by consumers or representatives about furniture or fittings and they have observed consumers to be comfortable in the service environment. Furniture was observed to be clean and well maintained and consumers were observed using the furniture easily.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 5 Organisation’s service environment.

# 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. | 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 stated they are in regular contact with staff to discuss services and provide feedback. Consumers confirmed they would feel comfortable raising any concerns with staff if needed. Staff and management stated consumers are encouraged to provide feedback during initial entry to the service and staff stated at the end of each appointment or session, they seek feedback from the consumer and representative. Management stated the service conducts consumer satisfaction surveys every 6 months. Documentation showed the service provides information about feedback and complaints mechanisms to consumers. The service has a feedback and complaints management policy and procedure which states feedback and complaints are encouraged and supported.

Consumers and representatives confirmed they are aware of advocates, language services and other methods for raising complaints. Staff stated they regularly assist consumers to access advocates. Documentation showed the service provides information to consumers about advocacy, language services and other ways to raise and resolve complaints.

Consumers and representatives stated the service responds to feedback and complaints and staff apologise when things go wrong. Staff and management demonstrated understanding of open disclosure and how it is implemented in service delivery. Management demonstrated appropriate action is taken in response to complaints. Documentation showed the service has a feedback and complaints management policy and procedure guiding staff on how to respond to and address complaints and how use open disclosure processes.

Consumers and representatives stated the service regularly seeks feedback and suggestions for improvements to services received. Management discussed the 6-monthly consumer surveys and how the results are collated, discussed, analysed and reported to the executive and the governing body, with trends identified and potential strategies to improve services developed. Management also discussed how complaint review and analysis leads to identifying and prioritising improvement opportunities.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 6 Feedback and complaints.

# 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. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Management described how the service plans consumer appointments and supports around staff leave. Documentation showed the service has a consumer services policy to guide staff on how to refer or recommend alternative services or emergency service if needed.

Consumers and representatives confirmed staff treat consumers with kindness, respect and dignity. Staff and management were observed interacting with consumers in a kind, caring and respectful manner. Documentation showed use of respectful language about each consumer and their individual circumstances. Training records showed staff have completed the service’s mandatory training on inclusion, cultural awareness, self-awareness and emotional intelligence.

Consumers and representatives confirmed they are confident staff have the required knowledge about dementia to provide information and referrals. Management described the recruitment and initial onboarding process which ensures the workforce is competent and suitably qualified to perform their roles. Documentation showed the service maintains workforce qualifications and certification records and has a recruitment and selection policy and procedures which guides staff in recruitment processes.

Staff confirmed they receive enough training and are supported by management. Management stated the service is increasing its volunteer base to support staff with social group activities. Documentation shows the service maintains a training register to ensure the workforce completes mandatory training courses. The recruitment and selection policy and procedures guide staff on mandatory training requirements and how management supports staff to access additional training and support if required.

Staff and management confirmed the service uses a performance management system for ongoing monitoring and review of staff performance. Management explained there is ongoing informal discussions with staff and management where additional training, or development opportunities can be identified. Documentation showed the service completes performance appraisals of staff in line with the service’s performance improvement policy and process.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 7 Human resources.

# 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. | 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 |
| 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

Consumers stated they the service regularly seeks feedback and at the end of each appointment the consumers are provided opportunities to provide suggestions for improvements in supports. Management stated consumer feedback is collected through 6-monthly surveys and collated and reported to the governing body and senior leadership team to discuss improvements. Management stated the service has an advisory committee which meets regularly and a community engagement branch which consults with consumers to discuss service changes and improvements.

Management said the governing body is provided with monthly reports on all areas of the organisation, including complaint trends, risks, hazards and incidents and the governing body provides feedback on areas of improvement and risk mitigation strategies. Management stated the governing body has responsibility to provide safe, inclusive and quality care, in line with the organisation wide governance systems in place. Documentation showed the governing body is provided with relevant information and reports and risks and incidents are regularly discussed and trended. The governing body comprises 10 members with a range of relevant experience, skills, qualifications and knowledge.

Interviews with consumers, representatives, staff and management, and documentation showed there are effective organisation wide governance systems in place to support information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. There are relevant policies and processes in place to guide the organisation.

There are systems and practices in place to ensure effective management of high impact or high prevalence risks, identifying and responding to abuse and neglect and supporting consumers to live the best life they can. Documentation showed staff receive relevant training.

The service does not provide personal care or clinical care. Therefore, Requirement (3)(e) is not applicable and was not assessed.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(d) in Standard 8 Organisational governance.

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)