Performance

Report

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| Name of service or service group: | Performance report date: |
| Engadine Community Services | 2 August 2022 |
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| Engadine Community Services Incorporated | 27 June 2022 to 29 June 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 Engadine Community Services (**the service**) has been prepared by J Taylor, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Services included in this assessment

* Social Support - Group, 4-7YC2KY5, 1034-1036 Old Princes Highway, ENGADINE NSW 2233
* Social Support - Individual, 4-7YC2L14, 1034-1036 Old Princes Highway, ENGADINE NSW 2233

# Material relied on

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

* the assessment team’s report for 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 | **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 |
| 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| 1(3)(b) | Care and services are culturally safe | Compliant |
| 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 |
| 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| 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 |
| 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

## Findings

Overall consumers are treated with dignity and respect, can maintain their identity and are supported to take risks.

The Assessment Team found that consumers and representatives interviewed provided the following feedback:

staff and volunteers treat them respectfully and support them to make informed choices.

Consumers provided examples of how they are assisted to live the life they choose.

the service responds to their cultural backgrounds and staff protect their privacy.

the service supports them to make decisions in relation to their services, including involving those they wish to be involved in their care and preferred ways of communication.

they are provided information that is clear and easy to understand and enables them to make choices and described how staff assist them to understand the range of social support services available.

Consumers demonstrated their understanding of the services available to them, including the various centre-based and outings programs and relevant costs.

Volunteers and staff interviewed demonstrated their knowledge of the consumers’ choices and how consumers preferred to receive services. Staff and volunteers explained what it meant to treat someone with dignity and respect and were able to explain what they might do if a consumer’s dignity wasn’t being upheld. Staff provided examples of ways they implement dignity and respect in practice. For example, making volunteers aware if any consumers have dementia and if any specific strategies should be followed to manage their interactions with consumers.

Coordination and management staff interviewed described how consumers and representatives are involved in making decisions about the services they receive and how they ensure consumer information is kept confidential.

Staff and volunteers interviewed said they are guided by a code of conduct that services are provided respectfully and in an inclusive manner. Review of organisational documentation, including care plans, demonstrated how the service supports consumers to exercise choice and independence throughout service provision.

The Assessment Team noted staff and volunteer induction includes training and information on cultural safety. Consumer files reviewed included consumers’ cultural background, language and if an interpreter is required. Care planning documentation reviewed outlined preferred care and services and any goals consumer’s identified, individual strategies to support consumers to maintain their independence and mitigate identified risks. For example, mobility support consumer may need when in the community with volunteers.

Consumer information was observed to be kept in a password protected electronic system or kept in locked filing cabinets for hard copy information.

The Quality Standard is assessed as Compliant as six of the six requirements have been assessed as Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| 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 |
| 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 |
| 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 |
| 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 |
| 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

## Findings

Consumers and representatives interviewed confirmed they feel like partners in the ongoing assessment and planning of their support services. Consumers confirmed they were satisfied with the services they received, and they were in line with their preferences. Consumers confirmed they are involved in choosing and planning their services, and others are involved if they wished.

Assessment and consumer documentation reviewed included evidence of ongoing monitoring and updated documentation when changes for a consumer were identified. Staff and volunteers interviewed demonstrated the outcomes of the assessment and care planning are used in the delivery of care and services for consumers. Where incidents were identified the service demonstrated processes in place to manage these and address individual risks for consumers and examples were sighted.

Volunteers and staff interviewed described what is important to consumers, including their needs and preferences regarding the social support activities consumers liked and preferred. The service demonstrated processes in place should volunteers or staff have any concerns or see any changes for a consumer that may require further action, such as calling the aged service coordinator and providing a briefing and request for further instructions.

Management and staff interviewed advised consumer support plans are reassessed for effectiveness at least annually based on consumer needs, goals and preferences, or when required based on an incident.

In assessing the information provided by the Assessment Team, the Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

# Standard 3

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| Personal care and clinical care | | CHSP |
| 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 |
| 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not applicable |
| 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 |
| 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 |
| 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 |
| 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| 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 Standard is deemed Not Applicable as the service does not provide personal or clinical care to consumers.

# Standard 4

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| Services and supports for daily living | | CHSP |
| 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 |
| 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| 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 |
| 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 |
| 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable |
| 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not applicable |

## Findings

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service. Staff were asked about their understanding and application of the Requirements. The Assessment Team also examined relevant documents.

The service demonstrated that consumers get the services and supports for daily living that are important for health and well-being and enable them to do the things they want to do as:

Consumers interviewed expressed in various ways their satisfaction with the service they receive which accommodates their needs and preferences, allows them to continue to maintain their health and wellbeing and supports their lifestyle choices.

Consumers interviewed said the service is flexible and allows them to continue to maintain their independence and not to have to rely excessively on their family.

The service demonstrated an understanding of what is important to individual consumers and how the provision of a flexible service supports the wellbeing of the consumer.

The service demonstrated that staff and volunteers have access to consumer information that helps them provide a support service which respects the consumer’s choices, promotes their social connectivity and independence.

Staff interviewed advised when changes occur, they discuss with consumers and representatives and provide information and support they may need to request additional services or higher-level care via My Aged Care.

Staff interviewed said if they have concerns about a consumer’s wellbeing, especially if they seem to be a bit down, they make a note and advise the aged service coordinator, who will contact the consumer or their representative to discuss and see if any additional support is needed.

Review of care planning documentation showed consumers’ diverse social needs, preferences and goals and how consumers are supported to maintain their independence and quality of life.

Requirements 4(3)(f) and 4(3)(g) are not applicable as food and equipment are not provided as part of the services CHSP services.

The Quality Standard is assessed as Compliant as five of the five requirements assessed have been assessed as Compliant.

# Standard 5

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

## Findings

Consumers interviewed considered the centre they attended for their social group activity was clean and comfortable and welcoming with well-maintained pathways leading to the centre. Consumers said they can freely and safely access indoor areas and felt safe attending the centre.

Management interviewed advised consumers may receive services in a range of environments for example, at the centre meeting rooms, consumer home, buses, volunteers’ cars and external venues like shopping centres. Management advised each environment is assessed for safety and accessibility and made comfortable for consumers.

Management and staff interviewed described the procedure to identify a hazard or maintenance issue. They said the service manager logs any maintenance issues with Sutherland Shire Council Maintenance and requests are attended to promptly.

The Assessment Team sighted the Maintenance log. Where service is provided in a home environment, staff interviewed said the ‘home safety checklist’ guides volunteers and consumers to ensure the consumers home environment safe, clean and comfortable. The Assessment Team observed the furniture, fittings and equipment at the centre to be safe, clean, well-maintained and suitable for consumers.

The Quality Standard is assessed as Compliant as three of the three requirements have been assessed as Compliant.

**Standard 6**

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

## Findings

Consumers interviewed confirmed they are able to provide feedback and suggestions at any time through a range of mechanisms such as verbally, by email and through surveys. Feedback and suggestions are sought throughout the course of service provision. Consumers advised they are informed of their right to make a complaint and are provided information on what they can expect from the service in response to a complaint. If a consumer asks for an advocacy service or access to external agencies, such as the Aged Care Quality and Safety Commission complaints area, they are provided with information and assisted. Consumers advised they feel comfortable in providing feedback and suggestions or making a complaint should they wish to do so.

Staff interviewed stated they encourage consumers to provide feedback at every opportunity. Where a consumer indicates dissatisfaction with any aspect of their care and services, this is reported to coordination staff or management for action. Staff interviewed advised management are actively engaged in seeking individual consumers’ opinions and suggestions for improvement. All feedback is analysed and feeds into the continuous improvement processes. Open disclosure was demonstrated when the service has not met the consumer’s expectations.

The Quality Standard is assessed as Compliant as four of the four requirements have been assessed as Compliant.

**Standard 7**

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| Human resources | | CHSP |
| 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 |
| 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

To understand how the service manages human resources, the Assessment Team sampled the experience of consumers, interviewed staff and volunteers and examined relevant documents.

For example:

Consumers interviewed advised services are provided on agreed days and times and were complimentary of the respect, care and attention shown to them by staff, management and volunteers.

Consumers confirmed they felt staff are not rushed when delivering services and they will receive a phone call on the occasion a volunteer is running late.

Volunteers interviewed said the time scheduled for individual social support services was enough. They said if extra time was needed and they were available, it would not be a problem to extend the service for the consumer. They said they would advise the office if any changes to individual services were needed.

The service demonstrated new staff and volunteers are supported with an onboarding program, with the roles and responsibilities clearly defined. Staff performance is also reviewed regularly, and action is taken promptly if consumers raise any issues regarding staff or volunteers.

Staff and volunteers interviewed reported feeling supported in their role via frequent team and individual communication and supported to access training as needed or requested. The service demonstrated a record of qualifications and training is completed by all staff and volunteers.

Evidence was sighted in staff files viewed that performance appraisals occur on a minimum annual basis. Documentation captures any staff requests and suggested training from management, with room to document actions as needed.

The Quality Standard is assessed as Compliant as five of the five requirements have been assessed as Compliant.

**Standard 8**

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| Organisational governance | | CHSP |
| 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| 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 |
| 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 |
| 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 |
| 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

To understand how the service manages organisational governance, the Assessment Team sampled the experience of consumers, interviewed staff, management and volunteers and examined relevant documents.

The Assessment Team found:

Consumers described how they are engaged to provide feedback, with many confirming they were invited to participate in surveys and receive regular reminders through newsletters. Some consumers interviewed also indicated they would give feedback verbally to staff or volunteers.

Consumers said they are kept informed of activities at the service through newsletters and verbally through centre-based activity and outings staff and volunteers.

Staff and volunteers interviewed thought the service is well run and they demonstrated an understanding of policies and procedures overseeing the delivery of safe, quality services. They said effective communication makes sure services run smoothly and they have all the information they need to provide safe care to consumers. They said coordination staff and management are approachable and make themselves available at any time to discuss any concerns or answer queries.

The Board consists of six members who are provided with information regarding complaints and incidents. A Board member is responsible to ensure regular checks are undertaken on the centre and community transport conducts regular checks and maintenance on the buses.

The service demonstrated effective information management systems in place to enable ready access for staff to support effective service delivery.

Continuous improvement mechanisms enabled the capture, tracking and management of activities contributing to improved service outcomes.

Financial governance systems enable oversight for both the service and consumers regarding cost to deliver services and processes were observed for workforce governance.

Regulatory compliance is achieved through membership of peak bodies and feedback and complaints processes ensure consumers input into the broader delivery of services.

Risk management systems are in place to identify and respond to vulnerable consumers. The Board is informed of any emerging risks and trends of incidents, complaints and continuous improvement. activities.

Regular planning mechanisms were noted to be in place and management advised they have ready access to all information to ensure transparency and informed decision making. The service focuses on achieving positive lifestyle outcomes for consumers.

Requirements 8(3)(e) is not applicable as the service does not provide personal or clinical care to consumers.

In assessing the information provided by the Assessment Team, the Quality Standard is assessed as Compliant as four of the four specific requirements assessed have been assessed as Compliant.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)