**Performance**

**Report**

**1800 951 822**

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| Name of service: | Evergreen Community Inc |
| Service address: | 2 Woodsiana Street ROBERTSON QLD 4109 |
| Commission ID: | 700825 |
| Home Service Provider: | Evergreen Community Inc. |
| Activity type: | Quality Audit |
| Activity date: | 22 February 2023 to 24 February 2023 |
| Performance report date: | 31 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 Evergreen Community Inc (**the service**) has been prepared by M Franco, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**CHSP:**

* Care Relationships and Carer Support, 27908, 2 Woodsiana Street, ROBERTSON QLD 4109
* Community and Home Support, 24847, 2 Woodsiana Street, ROBERTSON QLD 4109

# 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.
* the provider’s response to the assessment team’s report received 22 March 2023.

# 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 as not all requirements have been assessed** |
| **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

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

• Recognising consumers’ individuality, culture and their diversity to make their own decisions about the care and services they receive.

• Supporting consumers to act independently, make their own decisions and take part in their community.

• Providing consumers with sufficient information to make informed choices about the care and services they receive.

# 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

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

• Working in partnership with the consumer and/or representative to make decisions and plan for the care and services they require.

• Providing the consumer with a copy of their care plan which includes their needs, goals and preferences.

• Conducting a service-level assessment to inform development of a care plan which addresses each consumer’s current needs relevant to the services being provided.

• Effectively identifying and documenting consumer risk and strategies to manage such risks during service provision.

• Reviewing each consumer’s care needs at least 12 monthly and/or when the consumer’s condition changes.

Consumers and representatives sampled advised they are satisfied with the care and services they are provided. They described the services they receive and confirmed they are listened to and felt comfortable speaking to staff about the care and services they need and what is important to them.

In response to the assessment team report the service provided a comprehensive response outlining the immediate actions that have been undertaken by the service to ensure compliance with the above requirements. The service has reviewed and implemented various procedures and policies and have updated their internal management system to inform their practice relating to assistance needs and prevention of risks. The service has undertaken the initiative to review consumer care plans and ensure they are update and align with the care and services required for consumers. In addition, the service has now undertaken a review of all emergency contacts held in their management system and is committed to ongoing review to ensure accuracy and timeliness.

Based on the assessment team report findings and the services response to the assessment team report I find this standard compliant.

# 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 standard was not assessed as part of the Quality Audit as the service does not provide clinical and/or personal 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

At the time of the performance report decision the service is:

• Delivering services and supports to improve consumers’ wellbeing and quality of life.

• Providing a wide range of options for consumers to support them to live as independently as possible and remained connected to the community.

• Supporting consumers through referral for access to additional services and supports.

Consumers and representatives provided positive feedback, including examples of how the service helps them maintain their independence, wellbeing and quality of life. Staff showed an understanding of what is important to consumers, what they liked to do and how their independence is supported. For example:

• A variety of activities are designed to improve life skills and independence and enhance quality of life. Most of the social support activities are provided for free, with consumers contributing for the cost of meals during activities.

Consumers and representatives sampled provided examples of how the service supports their overall wellbeing, including attending social group activities of the consumer’s choice.

Staff and management evidenced how they support consumers to participate in a wide range of activities which support their emotional, spiritual and psychological wellbeing.

Consumers and representatives sampled said they are satisfied that information about their care and services is shared within the service and with others involved in their care. Most consumers reported they are attended by staff who know the care and services they need.

# 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

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

• Ensuring the service environment is welcoming and inclusive for all consumers.

• Providing safe, clean, well maintained and comfortable venues for consumers.

• Checking furniture, fittings and equipment is suitable for the consumer.

The service evidenced it utilises various venues to conduct social support activities, such as council premises, community halls, community centres and a restaurant. Social support outings include visits to a range of venues and locations of interest to consumers. One social support group venue was visited by the Assessment Team while approximately 45 consumers were in attendance and activities were in progress.

• Consumers were observed to be familiar with the community hall environment and to interact with each other on their own initiative.

• There is a main space for group interaction and activities, including dancing and exercises. Tables and chairs can be configured according to the activity and to accommodate individual consumers’ needs and preferences. There is also a porch area which can be used as a quieter conversation space.

• Consumers were observed to be actively participating in the group activities and interacting with each other on their own initiative.

• The community hall was observed to have a range of signage to assist the consumers to navigate independently, such as to the bathroom or outdoors, or with personalised support from staff if required.

# 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

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

• Encouraging consumers/representatives to provide feedback.

• Acting appropriately and using open disclosure when responding to feedback and complaints.

• Reviewing feedback and complaints to improve the quality of care and services.

Consumers and representatives sampled said they are aware of how to provide feedback or make a complaint and felt supported to do so. They advised they would generally provide feedback by speaking directly to their care staff, service coordinator or management. Management and staff described ways they support consumers/representatives to provide feedback, such as feedback forms and service survey forms as well as supporting them to contact the office if they have any feedback. On entry to the service, consumers/representatives are provided with a handbook which provides information about the internal complaints process, as well as the feedback/complaints form. The service has policies and procedures on complaints handling to guide staff in responding to feedback and escalating concerns.

Review of the feedback register provided showed positive feedback from consumers. Management advised they had not received any negative feedback about the quality of their service.

Staff and management demonstrated an understanding of the importance of utilising open disclosure throughout the complaints process and were able to describe the process, although staff were not aware of the specific term. The Assessment Team reviewed the feedback and complaints register which evidenced a record, response and outcome of the feedback or complaint would be detailed. The service has policies and procedures in place to guide staff in responding to complaints as part of their onboarding process. Whilst the procedures do not reference open disclosure or offering an apology information details that staff follow up to ask for feedback from the consumer on the complaint process, ask if the consumer is comfortable and offer access to further support if required.

# 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

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

• Providing staff with the required skill mix to deliver quality care and services to consumers.

• Ensuring staff are kind, caring, respectful and competent.

• Monitoring and regularly reviewing the performance of staff.

• Providing staff with training in identifying specific incidents to be reported.

Consumers and representatives sampled currently receiving services are satisfied the workforce is sufficient to ensure they receive safe and quality services that meets their individual needs and preferences. Consumers/representatives are generally advised that when there is a change of shift, they are informed in a timely manner. Management advised while they are able to provide domestic services to their current consumers however, they are unable to provide domestic services to new consumers or current consumers who are receiving other services and wish to have domestic services. Management advised there is an ongoing recruitment process to fill shift vacancies and are working with an RTO (Registered Training Organisation) to fill vacancies. Staff advised if a consumer has a specific preference for staff, language or gender there is a system in place to check this prior to allocating staff.

Consumers and representatives interviewed provided feedback that care staff are competent and perform their roles effectively. Consumers/representatives said they were aware of staffing challenges in delivering their services such as domestic assistance due to unexpected staff leave and that generally shift time changes and/or changes were communicated in a timely manner.

In response to the assessment team report the service advised it has implemented a Serious Incident response Scheme policy and procedure, a report has been created, discussed and finalised by their committee.

# 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

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

• Supporting consumer engagement in the development, delivery and evaluation of care and services.

• Demonstrating a culture of safe, inclusive care and services and accountability for its delivery.

• Ensuring an effective incident management system is in place.

• Demonstrating there are consistent practices in identifying what incidents are to be reported and detailed in the incident register.

The organisation’s governing body promotes safe, inclusive and quality care. Board documents including reports, minutes and agendas reviewed identified the Board receives information on incidents that have been reported, feedback and consumer complaints to ensure consumers are receiving safe, inclusive, and quality care and services.

The Assessment Team sighted examples of reports provided to the service’s Board. The information included relevant details to enable the monitoring of safe and effective services, including but not limited to the following:

• Feedback and complaints.

• Incident reporting.

• Resourcing concerns for all levels of staffing by region.

• Continuous improvement.

• Training for changes to aged care regulations.

• Changes for Code of Conduct and communication and implementation of the changes for the service.

• Financial reporting.

The service demonstrated an effective governance system relating to information management, continuous improvement, financial governance, workplace governance, regulatory compliance and feedback and complaints.

Information management

Management demonstrated that information management systems are in place. Staff confirmed through interviews that they receive information via their App, email and access consumer care plans via the App. Consumer, files are stored on the service’s internal management system and is password protected.

Continuous improvement

The service has a quality improvement register that documents the area of improvement, quality improvement action plan and due dates. Staff said they can bring up improvement suggestions at regular meetings and management are open to suggestions and talk to staff about possible solutions.

Financial governance

The organisation has financial governance systems in place that are overseen by the Board of Directors. Consumers/representatives sampled confirmed receiving information budgets including charges for CHSP services, and if they are required to pay, they receive a receipt. Care coordinators monitor consumer budgets and if a higher level of care is required assist the consumer in accessing assessment for a higher level of care. All financial matters are discussed at management and Board meetings.

Workplace governance

The organisation has workforce planning processes and effective workforce governance. All roles in the organisations have position descriptions. Management said they are aware of the Social, Community, Home Care and Disability Services Industry (SCHADS) Award changes from July 2022 and have made the required changes.

Regulatory compliance

Management advised there have not been any adverse findings by another regulatory agency or oversight body at the service in the last 12 months. Regulatory and legislative changes and updates from peak government bodies are regularly monitored and communicated to staff at meetings and via emails. Staff confirmed they receive regulatory compliance information from management.

Management advised they were not aware of SIRS at the time of the audit however management and staff would be trained in the next few months.

Feedback and complaints

The organisation’s feedback and complaints system support consumers/representatives to provide feedback. An open disclosure process is used, and reports are provided to the Board of Directors on complaints received by the service. The service maintains a feedback register that includes details of the feedback and the resolution.

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