**Performance**

**Report**

**1800 951 822**

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| Name: | Forest View Childers Inc |
| Commission ID: | 700133 |
| Address: | 4 Morgan Street, CHILDERS, Queensland, 4660 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 5 September 2024 |
| Performance report date: | 9 October 2024 |

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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 801 Forest View Childers Inc  
Service: 18199 Forest View Childers

**This performance report**

This performance report has been prepared by Kimberley Reed, 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 services it operates, 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 Assessment contact (performance assessment) – non-site report was informed by a desk assessment, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Team’s report received 25 September 2024
* the performance report dated 24 November 2023, following the Quality audit 16 to 19 October 2023
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Not applicable as not all Requirements were assessed |
| **Standard 6** Feedback and complaints | **Not applicable as not all Requirements were assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all Requirements were 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 1

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| Consumer dignity and choice | | HCP |
| 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 |

Findings

The service was found to be non-compliant in this Requirement following the Quality Audit conducted on 16 to 19 October 2023 and this related to information provided to consumers was not accurate or communicated in a way that was easy to understand.

The service took action to address the deficiencies previously identified. These actions included revising the home care statement, informed by suggestions from consumer and representative feedback. Consumers and representatives confirmed significant improvements had been made to consumers’ budget information, monthly statements and price lists which increased their understanding of the information provided. Monthly statements for five consumers were observed to contain appropriately detailed information of each service delivery item with corresponding dates, times, hourly rates and service costs.

Other improvement actions included an apology was provided to all consumers and representatives relating to the deficits identified in this Requirement. A letter was sent to all consumers 17 September 2024, from the Service manager, introducing the newly appointed Service manager, apologising for the previous handling of comments and complaints and providing a commitment to helping consumers to clarify their fees and charges. Home care package agreements were reviewed and more detailed information and current price lists for care and service delivery options and management fees were provided to consumers and representatives. Package management fees, third party services and purchased equipment expenses were clearly identifiable in monthly statements reviewed with closing balances of funds available demonstrated.

Management at the service committed to ongoing processes to seek feedback from consumers and representatives and offered assistance in relation to understanding financial information. The continuous improvement action plan submitted by the Approved provider as part of the response to the Assessment contact report evidenced consumers have been contacted and provided with clarification of their fees and charges to assist in the understanding of their home care package costs. The feedback register submitted as part of the Approved provider response evidenced further discussions were held with consumers who requested additional assistance to understand their monthly statements.

Based on the above information, it is my decision this Requirement is now Compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |

Findings

The service was found to be non-compliant in this Requirement following the Quality Audit conducted on 16 to 19 October 2023 and this related to a lack of evidence to demonstrate complaints were investigated, followed up or contact had been made with the complainant.

The Assessment contact report dated 05 September 2024, documented the service was unable to provide evidence of improvement in this Requirement. Consumers and representatives provided feedback they had previously delivered feedback verbally and were also aware of complaints forms located in information folders in consumers’ homes. Most consumers were satisfied with the way their complaints were handled. The compliments and complaints register in use at the time of the Assessment contact contained insufficient information to demonstrate the investigation, outcome or improvement action, as no complaints were listed for consumers receiving home care package funding. Feedback provided (and recorded in meeting minutes) via a lunch engagement which was attended by 17 consumers and representatives on 25 June 2024, that monthly statements were difficult to understand was not reflected in the compliments and complaints register.

The Approved provider submitted and extensive response to the Assessment contact report which evidenced actions taken to ensure appropriate action is taken in response to complaints, including an open disclosure process. The service created an action plan following the appointment of a new Service Manager on 09 September 2024. A feedback register was developed to enable real time visibility to feedback management. The register was submitted as part of the response and demonstrated retrospective entries had been made from January 2024 onwards, and included feedback received up until 24 September 2024. The register evidenced the status of the feedback, dates of follow-up, acknowledgement of feedback received, the person/persons responsible and planned actions. Seven complaints or suggestions were noted to be regarded as open on the register with planned actions recorded.

The feedback form was revised to include suggestions, and an electronic version was created. The electronic version is distributed to the Home Care Manager via email and is electronically registered and can be updated continuously. Evidence of electronic feedback received from staff after education was submitted as part of the response. An electronic compliment from a consumer was also evidenced in the response.

The service has purchased a suite of audit tools and completed an audit of feedback and complaints processes in September 2024, results included in the response submitted by the Approved provider indicated a 64% compliance rating following the audit of 43 consumers. Improvement actions were recorded, and an additional audit is planned for completion 13 October 2024. All staff at the service attended education sessions relating to the consumer feedback process. Feedback policies and open disclosure were reviewed and revised policies were attached to the submitted response. An apology letter was sent to all consumers as an open disclosure process, acknowledging the service’s previous shortfalls in feedback management. Details of the letter included a commitment to a 48 hour acknowledgement response time, followed by contact with a Head of Department member shortly after receiving the feedback.

While the Assessment contact report included a recommendation the service had not returned to Compliance in this Requirement, I have come to a different decision. I am satisfied the service has implemented robust feedback processes which will ensure appropriate action is taken and documented in relation to complaints. I have confidence the Approved provider will demonstrate open disclosure if things go wrong, therefore, it is my decision the service is Compliant in this Requirement.

# Standard 8

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| Organisational governance | | HCP |
| 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 |

Findings

The service was found to be non-compliant in this Requirement following the Quality Audit conducted on 16 to 19 October 2023 and this related to the absence of a plan for continuous improvement and ineffective feedback and complaints management.

The service took action to address the deficiencies previously identified, these actions included the commencement of a plan for continuous improvement which commenced during the Quality Audit in October 2023. Feedback was provided at the Assessment contact that date formatting in the plan for continuous improvement were incorrect and this was corrected with an improved format being implemented.

The Approved provider submitted an extensive response to the Assessment contact report including processes to improve continuous improvement and feedback and complaints systems. A management meeting agenda was submitted as part of the response and included feedback and continuous improvement as standard agenda items. Meeting minutes from the management meeting held 18 September 2024 evidenced items of discussion including the continuous improvement action plan and the home care advisory meeting dates. A training agenda was created with two mandatory sessions for staff, the Approved provider noted in its response 100% of staff have attended the mandatory training sessions. Training topics included feedback forms, open disclosure, and the clinical governance framework. Clinical governance meeting minutes evidenced the new processes for feedback from home care consumers and the existence of the Quality improvement log were discussed.

Feedback was provided to Board members via a Service manager monthly report. The Board reviewed and accepted policies and feedback forms. Feedback forms were distributed to all consumers and consumers were contacted by the Home Care Manager to gain feedback or answer any queries. The feedback register evidenced these contact sessions and any actions arising.

While the Assessment contact report included a recommendation the service had not returned to Compliance in this Requirement, I have come to a different decision. It is my decision the organisation has implemented effective systems relating to continuous improvement and feedback and complaints. I have trust in the Approved provider to continue to effectively implement and monitor these revised processes. Therefore, it is my decision this Requirement is Compliant.

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