**Performance**

**Report**

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| Name: | Glasshouse Country Care |
| Commission ID: | 700429 |
| Address: | 352 Peachester Road, BEERWAH, Queensland, 4519 |
| 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

Home Care Packages (**HCP**) included:  
Provider: 5838 Glasshouse Country Care Limited  
Service: 26260 Glasshouse Country Care  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7915 Glasshouse Country Care Association Inc  
Service: 24402 Glasshouse Country Care Association Inc - Care Relationships and Carer Support  
Service: 24403 Glasshouse Country Care Association Inc - Community and Home Support

**This performance report**

This performance report for Glasshouse Country Care (**the service**) has been prepared by T Wurf, 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 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 assessment team’s report.

# Assessment summary for Home Care Packages (HCP)

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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 | **Compliant** |
| **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** |

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

Findings

The Quality Audit Report included evidence (summarised below) that the service is compliant with this standard and requirements.

Consumers said staff treat them with dignity and respect, and take the time to get to know their background, culture and preferences. Staff interviewed by the Assessment Team spoke respectfully about consumers and knew their culture and background, and how this shapes their identity.

Consumers said staff understand their culture and how it can impact their care and services. Staff receive training in cultural safety. Care planning documentation demonstrated the service understands the diverse needs of their consumers and delivers care in a culturally safe way.

Consumers said they are informed about the services available to them, are supported to make decisions about the services they receive, and the service supports them to be independent. Consumers said they can make requests or changes to their services, and these are acted upon.

Consumers felt supported to live the life they choose. The service has procedures to support consumers to take risks, which involve discussions with the consumer about risks and how they will be managed, and completing dignity of risk forms.

Consumers said they receive information in a way they can understand, which enables them to make informed choices. The described information available to them, including care planning documentation, complaint procedures, advocacy contact numbers, a home care agreement and the Charter of Aged Care Rights, and an information sheet on how to read and understand their monthly statements and ongoing budget.

Consumers said they are informed about how their personal information will be used and this is also outlined in their home care agreement. They said staff respect their personal privacy. Consumer information is stored in a secure electronic database. The service has policies and procedures that relate to privacy and confidentially and processes to keep electronic and hard copy information confidential and secure.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

The Quality Audit Report included evidence (summarised below) that the service is compliant with this standard and requirements.

Consumers and representatives said they are involved in assessment and planning processes related to their care and services. Consumers were satisfied the care and services they receive meets their needs, goals and preferences. They said staff ask them at each visit how they are feeling.

Care staff understood individual consumer’s needs, goals and preferences, and risks to those consumers.

The service undertakes a range of assessments when a consumer enters the service, using a variety of assessment tools. Assessments are reviewed periodically and when changes occur. Assessment and planning processes were consistent across consumer care documentation. Risk assessment tools were used, including in relation to falls, pain, medication, and continence.

The service’s assessment and planning process works in partnership with the consumer and others they wish to be involved, and other providers of care. For example, allied health professionals are involved in complex care management, including for wound care and dementia support.

Consumers’ care documentation included information about needs, goals, and preferences. Care plans included detailed information to guide staff in delivering care and services and managing risks to individual consumers.

Advance care directives and end of life planning are discussed when a consumer commences with the service, during care plan reviews or following a significant change in a consumer’s condition. This is then documented in a consumers’ care documentation.

Consumers’ care and services are reviewed annually according to a schedule, or following a change in a consumer’s health or circumstances. Consumers and representatives said they can request a review of care and services.

Consumers said they have access to their care documentation and schedule of care and service delivery. Assessment and planning documentation is stored in the organisation’s electronic care management system and is accessible to staff via mobile devices and other providers of care and services. A hard copy is also kept in the consumer’s home.

The service has policies, procedures, and training modules to guide staff in assessment, care planning, and end of life planning.

# Standard 3

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| Personal care and clinical care | | HCP | 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. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |
| 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. | Compliant | Compliant |
| 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. | Compliant | Compliant |
| 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. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Compliant |

Findings

The Quality Audit Report included evidence (summarised below) that the service is compliant with this standard and requirements.

Consumers and representatives were satisfied the clinical and/or personal care that consumers receive and said that the service is flexible in the delivery of care and services. They were satisfied that risks to consumers are effectively managed.

Staff providing personal and/or clinical care understood consumers’ needs, goals and preferences relating to the delivery of care. They also spoke about their role in monitoring consumers.

Care planning documents included detailed information about consumers’ care and services, and recorded care instructions and care delivery records for consumers with complex care. Care documentation also identified strategies to guide staff in the management of identified risks. Risks assessed and documented included life choices, falls, and complex nursing needs. Management record and analyse incidents such as falls, skin injury, changed behaviours, and infections to identify the contributing factors and intervention to prevent recurrence.

Care documentation identifies where an advance health directive is in place for those consumers who choose to have one, and palliative care plans were in place where required. The service has a registered nurse and trained staff to provide palliative care, and a local palliative care team supports the service as required.

The service has policies, procedures, and clinical protocols to guide staff in the management of deterioration of a consumer, and care planning documentation includes consumer preferences, advance health plans, and baseline observations. Charting is also used to monitor consumers, for example sighting charts for changes in cognition, behaviour and mood. Consumers said that the staff know them well and would pick up a change in their condition, and would listen and respond to any concerns they have about their health. Staff understood their responsibility and the process to escalate changes in consumers to the clinical team.

The service uses a live, mobile electronic care management system to store and manage consumer data such as personal, medical and clinical information, care plans and support plans, and advance care plans. Relevant members of the workforce, including external providers, have appropriate access to consumer records where required. Consumers say their personal or clinical care is consistent, they don’t have to repeat their story or their preferences to multiple people, and care information is shared with their consent where care is provided by others. Care staff reported that information about consumers is also shared through staff meetings, electronic messaging systems and weekly handover. The care team update progress notes and charting in consumer records at each consumer visit through the electronic care management system phone application and any urgent or critical information is added to the staff run sheet.

Care planning documents include timely referrals to allied health professionals, medical officers and other service providers occur when required. Staff said referrals are made in consultation with the consumer. Communication with external providers of care is documented.

Consumers were satisfied with the service’s approach to minimise infections to consumers. Staff are trained in infection prevention and control and provided examples of practices to prevent and control infections such as hand hygiene, the use of personal protective equipment, and COVID-19 testing. The service has documented policies, procedures, and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control, and the management of infectious outbreaks.

# Standard 4

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| Services and supports for daily living | | HCP | 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

The Quality Audit Report included evidence (summarised below) that the service is compliant with this standard and requirements.

Consumers and representatives are satisfied with supports for daily living that consumers receive. Consumers’ daily living needs, goals and preferences are assessed and documented in care and service plans. Staff know consumers’ preferences and relevant support strategies.

The service assesses consumers’ emotional and spiritual needs, and strategies to support consumers are documented in a care and services plan. Lifestyle volunteers provide one-on-one activities with consumers, including conversation, card games, grocery trips and walking. Consumers reported that the volunteers are great to talk to and socialise with.

Consumers said they are supported to take part in community activities outside of their homes, including shopping, lunch outings, social gatherings, bus trips and exercise programs. Care planning documentation identified the people important to individual consumers and preferences for social activities. This information was known by staff.

Consumers and representatives said staff have a good knowledge of consumers’ needs and preferences. Staff have access to information about consumers’ care and services in the electronic care management system and paper-based care plans in consumers’ homes.

The service has a process to make referrals to other organisations and individuals involved in a consumer’s care. For example, timely referrals are made to allied health professionals for equipment and mobility aids, and to meal providers.

Consumers were satisfied with the quality and quantity of the meals provided by brokered meal services and the service’s activities centre kitchen, and said that meals meet their dietary requirements. Care documentation included information about each consumer’s dietary requirements and food preferences. Staff are trained in safe food handling practices. Staff described how consumers’ food preferences and dietary requirements are catered for and documented in the centre’s kitchen.

Consumers who have received equipment through a home care package said the equipment was safe, suitable, clean and well-maintained. The service sources and maintains equipment recommended by allied health professionals and provided evidence of regular checking, annual servicing, and repair as required. The service supplies equipment, including mobility aids, during consumer outings. The Assessment Team observed equipment used for activities appeared to be clean and well-maintained.

# Standard 5

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

Findings

The Quality Audit Report included evidence (summarised below) that the service is compliant with this standard and requirements.

The service has an activities centre which is utilised by consumers for social support groups. Consumers reported that the centre is always welcoming, and they feel like they are with family when they attend the activities there. The said the activities centre is clean, well-maintained, comfortable, and they can access both inside and outside areas freely.

The centre was observed by the Assessment Team to be:

* welcoming, light-filled, easily accessible for consumers with varying levels of mobility
* safe, clean and well-maintained, and
* set out in such a way that enabled consumer interaction with each other and staff.

Furniture, fittings and equipment in the activities centre were clean and suitable for consumers to use. The service has cleaning schedules, and a maintenance program for furniture, fittings and equipment. Monthly audits are completed to check equipment and the building safety. The service uses buses and cars that are serviced and maintained regularly.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

The Quality Audit Report included evidence (summarised below) that the service is compliant with this standard and requirements.

Consumers and representatives felt supported to provide feedback and make complaints. They said they are encouraged to talk with staff and management about concerns, and concerns are listened to, dealt with promptly and they receive an apology. Consumers who provided feedback to the service said that the service made changes to improve care and services.

Staff understood the service’s feedback and complaints process and could explain how they support consumers to provide feedback and complaints. Management described the use of open disclosure and how they use this when dealing with complaints.

Consumers’ information packs retained in their homes include feedback and complaint forms. These forms are also available in each service fleet vehicle to enable staff to submit the feedback on behalf of the consumer when required. Consumers are provided with information on commencement with the service including how to access advocacy services, language and translation services, and external complaints bodies. Consumers were aware of other methods they can use to raise these concerns.

The Assessment Team observed information cards on tables in the service’s activity centre and a poster displayed in the service’s reception area inviting feedback and complaints from consumers to help improve service delivery.

The service has complaints management policies and procedures, which staff are familiar with. The service’s feedback and complaints register evidenced all complaints were actioned and open disclosure practiced where appropriate.

Management review, analyse and trend complaint data and use these to inform the service’s improvement process*.* The service’s plan for continuous improvement included actions resulting from feedback and complaints, such as improved processes for ensuring consumers are notified of schedule changes prior to care staff attending, and an updated domestic assistance procedure for staff.

# Standard 7

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

Findings

The Quality Audit Report included evidence (summarised below) that the service is compliant with this standard and requirements.

Consumers and representatives were satisfied there are enough staff to meet consumers’ needs, and said staff arrive on time and are not rushed when providing care and services. Care staff said they are not rushed and are able to ask for extra time with consumers if needed. The service has processes to ensure the number and mix of staff enables the delivery of safe and quality care and services, including processes to manage unplanned leave or unexpected changes.

Consumers and representatives said staff are kind, caring and respectful. Management and staff interviewed by the Assessment Team spoke about consumers in a kind and caring way and knew each consumer’s background and their individual preferences. Staff receive training about how to treat consumers with respect.

The service maintains position descriptions for each role. Staff understood their roles, responsibilities, and the scope of their work. Management undertakes checks to ensure staff are appropriately qualified for their role.

Staff receive induction and mandatory training prior to working directly with consumers and then undertake ‘buddy’ shifts. Staff receive ongoing training and are supported by registered or senior staff. Staff feel supported in performing their roles and are comfortable requesting additional training as required.

The service has processes to assess, monitor and review the performance of staff. Staff undergo a probation review and then annual performance reviews and regular check-ins with management. The service utilises complaints and feedback and review of care documents to monitor staff performance. Consumers and representatives who said they have provided feedback about staff performance were satisfied the service listened to and acted on this feedback.

# Standard 8

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| --- | --- | --- | --- |
| Organisational governance | | HCP | 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 | 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 | 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 | 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 | 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. | Compliant | Compliant |

Findings

The Quality Audit Report included evidence (summarised below) that the service is compliant with this standard and requirements.

The service engages consumers in the development, delivery and evaluation of care and services, including through surveys, annual care plan reviews and speaking individually to consumers. Consumers expressed satisfaction with the quality of the service. The consumer advisory board is due to meet in February 2024.

The service’s clinical governance framework and board meeting minutes indicate the organisation’s governing body promotes and is accountable for the quality of care and services. The organisation communicates with consumers, representatives and staff about updates to policies, procedures or changes to legislation via electronic mail, traditional mail, newsletters and training sessions.

The service has effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

The service has effective risk management systems and associated policies and practices, and an incident management system. Staff receive relevant training, including on topics such as falls minimisation, challenging behaviours, fire and emergencies, preventing and managing pressure injuries and infection control.

The service has a clinical governance framework and associated policies and processes to guide the delivery of clinical care. Clinical care is delivered by a registered nurse and this is documented in the consumers’ files. The service does not currently provide care to consumers with high-level clinical needs.

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)