**Performance**

**Report**

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| Name of service: | Harmony Club |
| Service address: | 68 Orange Grove Road COOPERS PLAINS QLD 4108 |
| Commission ID: | 700630 |
| Home Service Provider: | The Uniting Church in Australia Property Trust (Q.) |
| Activity type: | Quality Audit |
| Activity date: | 6 October 2022 to 11 October 2022 |
| Performance report date: | 11 November 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 Harmony Club (the service) has been prepared by J ZHOU 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:

* CHSP - Centre Based Respite, 4-7ZSK29E, 68 Orange Grove Road, COOPERS PLAINS QLD 4108
* CHSP - Social Support - Group, 4-7ZSOX7N, 68 Orange Grove Road, COOPERS PLAINS QLD 4108
* CHSP - Social Support - Individual, 4-7ZSOXAG, 68 Orange Grove Road, COOPERS PLAINS QLD 4108

# 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 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 | Non-compliant |
| **Standard 3** Personal care and clinical care | Non-compliant |
| **Standard 4** Services and supports for daily living | Compliant |
| **Standard 5** Organisation’s service environment | Compliant |
| **Standard 6** Feedback and complaints | Non-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

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

The provider to take steps to ensure that:

* 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.
* 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.
* Effective management of high impact or high prevalence risks associated with the care of each consumer.
* Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

# 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

Consumers/representatives sampled reported to the Assessment Team they are always treated with dignity and respect. Consumers/representatives said staff are friendly and polite, and that people at the service are ‘great company’. The workforce demonstrated steps they take to treat consumers with dignity and respect, describing how they engage them about their personal interests and take time to understand how they can help them enjoy their preferred activities., and the Assessment Team observed staff interacting with consumers in a friendly manner.

The workforce provided examples of how services are altered to meet the individual needs of consumers, including those with Culturally and Linguistically Diverse (CALD) backgrounds. In one instance, staff asked a consumer of Italian descent whether they would be happy to conduct a pasta preparation activity at the service.

Consumers/representatives sampled stated consumers can make decisions about their care and services and who they would like to be involved in their care. The workforce demonstrated an understanding of each consumer’s choices and preferences, and documents evidenced consumers are involved in decisions about their care and services.

The workforce demonstrated an understanding of dignity of risk, and the consumer’s right to participate in activities of their choosing. Staff advised they try to encourage consumers who may be feeling socially anxious to interact with the activities at their own pace and do not pressure them to take part if they choose not to. For example, a consumer’s representative explained that the consumer struggles with change and described how the service has helped them to become more comfortable interacting with staff and other consumers.

Consumers/representatives said they receive information in a way that is easy to understand and enables them to exercise choice. Consumers/representatives receive updates regarding events being conducted at the service and other relevant information, such as those related to COVID-19.

The workforce demonstrated an understanding of the importance of maintaining consumer confidentiality and described how their personal information is protected. Documentation evidenced that staff have been provided training on consumer privacy and confidentiality.

On the basis of the evidence before me (summarised), I find this service compliant with this Standard.

# 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. | Non-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. | Non-compliant |

Findings

Non-compliance – Requirement 2(3)(a)

The Assessment Team concluded that assessment and planning does not consistently inform the delivery of safe and effective care and services to the extent it did not adequately account for risks to the consumer’s health and well-being. Care plans of sampled consumers were not always up to date and did not consistently include the appropriate level of information to guide staff in managing or preventing risks to the consumer’s well-being.

Relevant evidence includes a consumer who attends the service lives with diagnoses including dementia and presents a fall and choking risk. This consumer had been involved in two separate choking incidents while present at the service in the previous six months. Progress notes on the consumer’s file indicated that on 26 May 2022, they experienced a choking incident that resulted in the service contacting the Queensland Ambulance Service for assistance. The service’s incident register detailed a second incident on 1 August 2022 during the meal time service.

Despite the recency of these events, the consumer’s most recent risk assessment was from two years ago (last completed in August 2020). There was no indication the service made attempts to update the consumer’s care plan following the two aforementioned incidents or that any additional risk assessment took place and was properly documented. The evidence suggests the provider did not take appropriate steps to mitigate this consumer’s specific risks and did not appropriately utilise assessment and planning to inform the delivery of safe and effective services.

The provider was afforded the opportunity to respond to the Assessment Team’s findings, however, no submissions were forthcoming.

On the basis of the evidence before me, I find this service non-compliant with this Requirement.

Non-Compliance – Requirement 2(3)(e)

There was evidence that showed that care and service plans are not being consistently reviewed when the consumer’s circumstances changed or when incidents impacted their needs, goals and preferences.

For instance:

* The aforementioned consumer who experienced two separate choking incidents in May and August 2022 had not had their diet information sheet reviewed following these serious occurrences. Their last diet plan was from February 2022 which predates these incidents.
* Another consumer advised the Assessment Team they are as of this moment receiving immunotherapy for cancer treatment, noting they aim to maintain their weight so they try to eat healthily. However, this consumer’s diet information sheet still contained information from the last review from 2020. This shows that the service is not regularly reviewing this consumer’s care and services despite significant changes having occurred that warrants a review being made.

I note that staff advised the Assessment Team the service relies on the consumer or their representatives to inform the provider of any changes in requirements to their dietary needs and preferences. I do not accept that this is an adequate explanation as this requirement requires the provider to carry out proactive reviews of its consumer base.

The provider was afforded the opportunity to respond to the Assessment Team’s findings, however, no submissions were forthcoming.

On the basis of the evidence before me, I find this service non-compliant with this Requirement.

Compliance – Remaining Requirements

In summary, I am satisfied by the evidence found by the Assessment Team which demonstrated the service is compliant against the remaining requirements because:

* Activities conducted by the service currently meets the needs and preferences of the consumer. The service demonstrated that consumer preferences are taken into account when planning the delivery of care and services.
* The service demonstrated it involves consumers in planning and assessment of their care and services, and those the consumer wishes to involve. The Assessment Team observed information in a consumer’s file that evidenced the involvement of consumer representatives in various instances which was consistent with the consumer’s preference to have them included.
* Consumers/representatives reported the outcomes of assessment and planning are communicated by the service. Additionally, staff reported that they can access the consumer’s care and service plans when they need to.

# 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-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 |
| 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 |
| 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 |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | 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 |

Findings

Non-compliance – Requirement 3(3)(b)

Evidence gathered by the Assessment Team demonstrates the service does not consistently manage high-impact or high-prevalence risks associated with the care of each consumer.

Relevant evidence includes:

* As discussed under Requirement 2(3)(a), a consumer who attends the service has a diagnosis of dementia and presents a fall and choking risk. Following two separate choking incidents in 2022, no additional risk assessments took place to mitigate the likelihood of another incident. The consumer’s most recent risk assessment related to swallowing safety was completed in August 2020.
* As a result of no further risk assessment taking place, the consumer’s mealtime service is likely to have remained the same, continuing the risk of another choking incident.
* Given that the choking incident on 26 May 2022 was considerable enough to warrant involvement by the Queensland Ambulance Service, the significant risk to the consumer’s well-being is evident.

Whilst the evidence gathered by the Assessment Team focuses on the experience of one consumer, the consumer referenced presents the clearest example of risk out of the consumer cohort. The evidence demonstrates that appropriate risk mitigation practices and procedures were not undertaken following each choking incident.

On the basis of the evidence before me (summarised), I find this service non-compliant with this Requirement.

The provider was afforded the opportunity to respond to the Assessment Team’s findings, however, no submissions were forthcoming.

Compliance – Remaining Requirements

In summary, I am satisfied by the evidence contained in the Assessment Team’s report that the service is demonstrating compliance on the following basis:

* Consumers/representatives are satisfied the personal care they are receiving is best practice and tailored to their needs.
* The service has processes in place to support staff to identify changes in the condition of consumers. Consumers/representatives are confident that staff know the consumers well and would identify a change in their health.
* Documentation evidenced clear communication both internally and externally regarding the consumer’s conditions, needs and preferences. The Assessment Team observed communication between the service and a consumer’s representative related to their personal care needs.
* Consumers/representatives were satisfied with the care and services delivered by organisations the consumer had been referred to. The Assessment Team observed evidence of a consumer being referred to My Aged Care (MAC) for an additional assessment following an identified need.
* Consumers/representatives reported the service actively updates them with information regarding COVID-19 and how it impacts the services they receive. Staff demonstrated an understanding of ways to minimise infection-related risks. Visitors presenting at the provider’s service environment must follow screening processes, and staff wear Personal Protective Equipment (PPE).

# 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. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Overall, consumers/representatives sampled were confident that the services they received support them to maintain their independence and quality of life. Staff demonstrated an understanding of what is important to each consumer and described how the service assists consumers to meet their daily needs in line with their preferences.

Staff advised the Assessment Team that the service supports consumers in attending activities that suit their individual needs. For instance, a consumer living with dementia is supported by staff to attend bowls sessions, and notes in their file indicate regular attendance and enjoyment of the activity.

Feedback from consumers/representatives demonstrated the service provides services for daily living that promote each consumer’s emotional and psychological well-being.

Consumers/representatives sampled stated they look forward to attending the service, with one consumer stating they were not sure where they would be without it.

# 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

The Assessment Team observed first hand that the service environment is well designed and welcoming for all consumers who visit, optimising each consumer’s sense of belonging, independence, interaction and function. Consumers were able to move around freely, with comfortable, well maintained furniture, fittings and signage to assist consumers and visitors to access and navigate throughout the day centre.

Effective systems and processes are in place to ensure the environment is clean and well maintained, with identified issues promptly addressed and reported to minimise risks to consumers, staff and visitors.

Furniture, fittings and equipment are safe, clean, well maintained and suitable for consumers to use. Consumers said they were satisfied with the furniture, fittings and equipment at the day centre and said they have access to equipment to meet their needs and preferences. Management said there are effective systems and processes in place to ensure furniture, fittings and equipment are safe and suitable for consumers to use.

# 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. | Non-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

Non-compliance – 6(3)(b)

The service was unable to demonstrate how they actively support consumers to make complaints and access other methods for raising and resolving complaints, particularly for consumers who may have barriers to communicating in English. For instance, the service agreement lacked information on how to access translation services for its linguistically diverse cohort of consumers. The Assessment Team raised this gap with the service who acknowledged this failing and stated that one consumer was dependent on her family member to communicate on her behalf. While this may provide a local resolution to that consumer, the service’s dependence on the consumer’s representative in this instance is inconsistent with its responsibility under this Requirement of the Quality Standards.

Additionally, while the volunteer handbook includes information for Aged and Disability Advocacy Australia (ADA Australia) but did not include information for the Commission or translation services.

I note these deficits are identified in the services’ Continuous Improvement Plan (CIP) which is planned to be completed by the end of 2022, however at the time of the Quality Review, it has not been demonstrated. Furthermore, I received no Provider submissions to the Assessment Team’s findings during the Quality Review.

Compliance – remaining Requirements

The service demonstrated compliance with the remaining Requirements based on the following evidence:

* Consumers/representatives interviewed said they had not yet had a reason to make a complaint about the service, however they would feel comfortable in doing so. This was corroborated by management who described ways they encourage consumers to provide feedback and A review of the services feedback and complaints register demonstrated that feedback and complaints are consistently documented.
* An open disclosure process was embedded within the service’s complaints management process. The Assessment Team reviewed the feedback and complaints register which included details of the content of the feedback and timely responses from management.
* The Assessment Team also sighted evidence which demonstrated that feedback and complaints are reviewed and used to improve the quality of care and services.

# 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

The service demonstrated that the number of mix of members of the workforce are enabled to deliver safe and quality care and services. Staff and management reported that there is a sufficient number of staff to cover activities run by the service, and any unfilled shifts were covered by the co-ordinator or the centre manager.

Consumers/representatives stated staff are kind, caring and respectful of each consumer’s identity, culture, and diversity. Management and staff spoke about consumers in a kind and caring way and knew each consumer’s background well. Management and staff could describe strategies used to make consumers feel respected and give consumer-focused care.

Consumers/representatives expressed confidence that management and staff are competent and capable to perform their roles effectively. They felt that staff knew how to deliver services effectively and in line with their individual needs and preferences. When a staff member reached out to management about needing training in managing dementia related behaviours after completing self-taught training modules, Management was quick to provide additional one-on-one dementia training to the staff member and utilised real-life examples to guide the training. This showed the service being receptive to its workforce training needs.

Management advised that the service has a system in place for monitoring all necessary qualifications for staff are current and up to date, such as police checks, vaccination records, blue and yellow cards, first aid certificates, and driver’s licenses.

With respect to recruitment and training, the Assessment Team observed information covered in the Staff Member Induction Program that prioritises the services values and mission and provides staff with an understanding of their role and the expectations that come with it. Management advised that the workforce have access to additional non-mandatory online learning. Staff performance is monitored and reviewed on an ongoing basis and formally assessed through an annual performance appraisal cycle and performance review discussion plan

# 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. | Compliant |

Findings

The service conducts surveys to gauge whether consumers are enjoying activities and provides consumers with the opportunity to make suggestions about how services are delivered. This demonstrates that consumers/representatives are engaged in the development, delivery, and evaluation of the services they receive and are supported in that engagement.

The services governing body promotes a culture of safe, inclusive, and quality care and is accountable for its delivery. The governing body remains informed of the service’s operations through discussions with the centre manager and receives notifications about any complaints or incidents that occur during bi-monthly board meetings.

The service has effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints. Of note:

* Staff have access to clear and concise information to help them understand their roles’ expectations and key responsibilities.
* The service has a continuous improvement plan that monitors critical areas for improvement and includes the planned completion dates and progress notes.
* The service has financial governance systems and processes to manage the resources necessary to deliver a safe and quality service. Consumers have the option of paying via cash or Electronic Funds Transfer at Point of Sale (EFTPOS). This is managed by the administration coordinator and the centre manager, who report income to the board.
* While most feedback provided by consumers/representatives is informal and done verbally, the service has clear systems in place to record, monitor and manage feedback and complaints to improve services. However, the service could not demonstrate that consumers with communication barriers are provided with appropriate information about language services for raising and resolving complaints. This was discussed further in Requirement 6(3)(b).
* The organisation receives regulatory updates, which are then passed down to staff during staff meetings and consumers/representatives via email and phone calls. The centre manager advised they are kept aware of any regulatory changes pertinent to their role and the services provided by the Department of Health and Aged Care and the Commission.
* The Assessment Team observed the service’s adherence to regulatory requirements such as storing vaccination records, maintaining up-to-date police checks and providing consumers with the Charter of Aged Care Rights.

While the service did struggle to effectively manage some of its consumers with high-impact or high-prevalence risks (see 3(3)(b)) the organisation does have a risk management framework to manage and respond to high-impact or high-prevalence risks. The framework includes an incident register that should be used to report matters to the Board. There are risk assessment forms which is known to staff. Management could describe their understanding of what high-impact or high-prevalence risks were. Despite this framework being in place, the service could not action all the steps contained in the framework when managing certain consumers and their set of high risk needs (see 3(3)(b)).

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)