**Performance**

**Report**

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| Name of service: | Linc Church Services Network (Northern Region) Inc |
| Service address: | 146 Rathcown rd RESERVOIR VIC 3073 |
| Commission ID: | 300630 |
| Home Service Provider: | Linc Church Services Network (Northern Region) Inc |
| Activity type: | Quality Audit |
| Activity date: | 21 February 2023 to 22 February 2023 |
| Performance report date: | 28 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 Linc Church Services Network (Northern Region) Inc (**the service**) has been prepared by M Murray, 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:**

* Community and Home Support, 25624, 146 Rathcown Rd, RESERVOIR VIC 3073

# 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 | **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 | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-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.

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| 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. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-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. | Non-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. | Non-compliant |

# 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

All consumers and representatives interviewed said consumers are treated with respect and dignity and staff are caring and polite. The program coordinator and volunteers interviewed spoke respectfully about consumers, showed an appreciation for each consumer’s individual identity and demonstrated an understanding of consumers’ diversity.

Care documentation evidenced information about consumers’ cultural backgrounds and language.

Consumers and representatives interviewed described how they make and communicate their decisions to the service through telephone calls or face to face contact. Care documentation identifies consumer choices and decisions about care and services and their choice of representatives.

Consumers sampled described how the services support them maintain their independence.

Care documentation showed risks to individual consumers are not generally documented, however, the program coordinator and volunteers interviewed are familiar with the consumers and described support and assistance measures to ensure consumers are as safe as possible while living their best life.

Consumers reported they receive ongoing information through post, text messaging, telephone calls or letters delivered personally by staff from the service. The program coordinator described a range of strategies for communication including with consumers from culturally and linguistically diverse backgrounds and those living with and sensory loss such as impaired vision and hearing.

# 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. | Non-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

In relation to the Non-Complaint requirements

Consumers and representatives interviewed did not recall any assessment and planning process. The program coordinator described how a combined ‘enquiry/ intake’ assessment and care plan form is completed for potential consumers via a telephone call and use of the My Aged Care summary.

The assessment for the social support group does not address the consumer’s interests. While a cooked meal is served at the social support group, the assessment does not address any dietary risks including allergies or sensitivities, needs, preferences or consider any swallowing/choking risks. Mobility risks and falls risks have not been considered. Management described how consumers often bring mobility aids including walking frames or sticks. Any medical alerts identified for consumers at the social support group do not lead to consideration of risk and strategies to mitigate risks.

Consumer files reviewed did not have documented goals and preferences for consumers. Each of the consumer assessment/care plans sampled for the lawn mowing service and the social support group had a generic statement of the service to be provided. Consumer care plans do not address goals or preferences and generally consist of one similar sentence describing the service to be provided.

In relation to the Compliant requirements

While consumers and representatives did not recall an assessment or planning process, they all said they had spoken with the program coordinator at various times. Assessment documentation demonstrated contact has occurred with the consumer or others the consumer wishes to involve in decisions. The service evidenced involvement of other organisations, providers or individuals as appropriate, including volunteer involvement, to the satisfaction of consumers and representatives.

Care documentation for consumers demonstrated that consumers had been provided with a copy of their care and services plan. Management said consumers are always provided with a copy of their care plan.

Reviews occur annually, and management said there have been no incidents and no changes in circumstances that have impacted the way the services are provided to a consumer. While consumers and representatives interviewed could not recall any care plan process, management described how the program coordinator reviews care on an annual basis. Care documentation showed the forward date of the next review, and management said the most recent review would have occurred 12 months prior to the next scheduled date. The service does not maintain consumer case notes or documentation that indicate changes in circumstances.

# 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

The service does not provide personal and/or clinical care this Standard is not applicable.

# 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. | Not applicable |

Findings

While consumer goals and preferences are not identified or documented, consumers and representatives interviewed said in different ways that the services and supports provided are safe, effective and support their wellbeing and quality of life. The program coordinator, Board members and volunteers interviewed outlined ways effective services and supports for daily living are provided, including by encouraging consumer independence and social interactions.

The program coordinator who is a Church pastor, and a Board member described how they support consumers when they are feeling low, including talking privately with them in an onsite office or on a walk outside and providing emotional and spiritual support. They explained that the services provided promote consumers’ emotional, spiritual and psychological well-being. Volunteers described how they interact with consumers to support them.

The service demonstrated the consumers are supported to participate in the community, have social and personal relationships and do things of interest to them. Consumers and representatives shared their views that consumers are assisted to do the things they like to do, maintain social relationships and participate in the community as appropriate. Management and volunteers interviewed provided examples of ways consumers are supported to do things of interest to them. Attendance records reflect consumer participation in the social support groups.

Care files reviewed included consumer consent to share information. Management and volunteers said they have access to sufficient information to deliver services and supports.

The program coordinator gave examples of ways they make referrals for consumers as needed for example, to My Aged Care.

# 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

Consumers interviewed, spoke positively about the service environment and said they felt a sense of belonging there. The program manager and Board members described ways they ensure the environment is welcoming and functional. The support group operates on most Fridays of each month in a local Church building. The service maximises consumer independence and function with an environment that accommodates consumers’ mobility and other needs.

Consumers are satisfied with the suitability, safety, cleanliness and comfort of the service environment and said they are able to move freely indoors and outdoors. The program coordinator and a Board member explained how refurbishment of the service environment has recently occurred.

Consumers are satisfied with the suitability, safety and cleanliness of furniture, fittings and equipment. The program coordinator and a Board member described processes for ensuring furniture and fittings meet consumer needs. The service has suitable equipment to meet the individual needs of consumers.

# 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. | Non-compliant |

Findings

In relation to the Non-Complaint requirement

The service did not demonstrate that feedback and complaints are used to improve the quality of care and services in the CHSP programs. The program coordinator did not provide any example of how feedback has been reviewed and used to improve the quality of care and services. The complaint register does not show any complaints. The ‘continuous improvement record’ (plan) does not show any links to consumer feedback, input or complaints from mechanisms including social support group meeting minutes.

In relation to the Compliant requirements

Consumers and representatives interviewed said in various ways they are encouraged to provide feedback and raise any complaints and feel safe to make a complaint. Consumers said they know how to access an advocate or make an external complaint.

The service has no complaints on file and the program coordinator said any informal feedback or complaint is immediately rectified. Meetings minutes indicated consumer feedback and input is actioned. While the program coordinator was not aware of the term ‘open disclosure’ they explained how they would apologise and explain what had happened if something goes wrong.

# 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. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

In relation to the Non-Complaint requirement

The service did not demonstrate the workforce is recruited, trained, equipped and supported to meet the needs of aged care consumers and deliver the outcomes required by the Quality Standards. The organisation does not have a documented volunteer recruitment policy and processes do not include documentation of any references for volunteers. The program coordinator described how informal induction occurs for volunteers and said they provide ongoing support related to program delivery. The program coordinator and volunteers interviewed confirmed training is not occurring.

In relation to the Compliant requirements

The project coordinator explained they are the only paid staff member and a group of volunteers, members of the Board and consumers (who also volunteer) provide a lawn mowing and a social support group program.

Management said volunteers are required to display the organisation’s values and act in accordance with the Church’s principles of inclusion, support and social connections for the vulnerable. Consumers described various kind acts and respectful interactions from staff and volunteers.

Consumers are satisfied the workforce is competent to effectively perform their roles. The program coordinator and volunteers interviewed described in different ways how they performed their roles with confidence due to their experience and knowledge of the tasks they perform. While there are no position descriptions or role statements, the workforce demonstrated an understanding of role requirements.

The program coordinator described how they monitor volunteer performance through observations and general consumer feedback and take action to address any non-performance. Volunteers interviewed said performance discussions with the program coordinator are ongoing and the process is supportive.

# 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. | Non-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. | Non-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

In relation to the Non-Complaint requirements

The organisation has a basic governance system in line with the strategic direction of the organisation, however, effective oversight is not occurring. There is a significant shortfall in the expectations set out in the Quality Standards and how they are being delivered by the service.

Risk management systems are not evident at the level of the Governing Body. An incident management system is not in place.

The service is delivered by a group of volunteers, none of whom have had training in managing risk including, for example, responding to abuse and neglect of consumers.

In relation to the Compliant requirements

The program coordinator and two Board members interviewed advised they have processes for consumers to participate on various levels in the organisation, such as being a volunteer as well as being on the Board. They showed evidence of consumer involvement through avenues such as touchpoints with the program coordinator, volunteers and Board members, and through social support group meetings between consumers and management.

The Assessment Team’s report details various processes are in place to support governance across business streams.

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)