**Performance**

**Report**

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| Name of service: | Logan Respite Project |
| Service address: | 280 A Kingston Road SLACKS CREEK QLD 4127 |
| Commission ID: | 700793 |
| Home Service Provider: | Logan Central Respite Centre Association Inc |
| Activity type: | Quality Audit |
| Activity date: | 25 November 2022 to 1 December 2022 |
| Performance report date: | 4 January 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 Logan Respite Project (**the service**) has been prepared by S Bickerton, 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

**Commonwealth Home Support Programme (CHSP):**

* Flexible Respite, 4-7ZF4N29, 280 A Kingston Road, SLACKS CREEK QLD 4127
* Social Support - Group, 4-7ZFALQ2, 280 A Kingston Road, SLACKS CREEK QLD 4127

# 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
* the provider’s response to the assessment team’s report received 12 December 2022

# Assessment summary for CHSP

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **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 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | 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. | 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

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

* Demonstrating that consumers are treated with dignity and respect
* Demonstrating recognition of consumers individuality and their right to make decisions about the care and services they receive
* Evidencing provision of information to consumers so they can make informed choices about the care and services they receive
* Evidencing consumer information is secured and consumer privacy is protected
* Demonstrating that consumers are encouraged and supported to maintain relationships that are important to them
* Demonstrating the delivery of culturally safe consumer care

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

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

* Demonstrating consumer health and wellbeing is optimised, and regular contact is maintained to undertaking assessments and reviews
* Demonstrating regular monitoring and documentation of consumer care needs, goals, and preferences and including others in these processes when the consumer wishes
* Evidencing provision of flexible respite, social support and domestic services to suit individualised consumer preferences
* Evidencing consumer care planning documentation that includes information to guide staff in service delivery, including consumer preferences
* Evidencing that assessment and planning processes include advance care directives (ACD) and end of life (EOL) considerations

At the time of quality audit, service management explained to the assessment team that the service was not collating ACD and EOL information from consumers at the time of initial assessment, during care planning reviews, or when changes in the consumers conditions are identified.

Service documentation, including care planning checklists, policies, and procedures did not evidence guidance for service staff to ask consumers about their ACD or EOL wishes and preferences.

Whilst the service did not gather information from consumers regarding ACD and EOL wishes, consumers and their representatives described in different ways that the service provides the care and services they need. Service staff demonstrated knowledge around individualised consumer preferences when interviewed by the assessment team.

In the services response to the assessment teams report, evidence was provided showing that since the quality audit, updated information was being provided to consumers regarding ACD and EOL to facilitate assessment and planning processes. On balance, I find that at the time of performance report decision the service is compliant with this standard after having made improvements to assessment and planning processes.

# Standard 3

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| Personal care and clinical care | | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not applicable |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Not applicable |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Not applicable |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Not applicable |

Findings

This Standard was not assessed as part of the quality audit. The service does not provide personal or clinical care under CHSP to consumers.

# 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

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

* Demonstrating that consumers receive services that are important for their health and well-being and this enables them to live as independently as they can
* Demonstrating practises that support consumers to participate in their community and maintain relationships with those that are important to them
* Evidencing provision of mobility equipment to consumers that is regularly cleaned and maintained for safe use
* Demonstrating practises that promote consumers emotional, spiritual and psychological wellbeing
* Evidencing embedded processes ensure consumer information including condition, needs, and preferences is communicated and shared responsibly

# Standard 5

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| Organisation’s service environment | | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

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

* Demonstrating that consumers are supported in taking part in the community and engaging with others
* Evidencing an environment that is clean, comfortable, well-maintained, and welcoming
* Evidencing an environment where consumers can move around freely and safely
* Evidencing furniture and fittings are safe, clean, well maintained and suitable for 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. | Compliant |

Findings

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

* Demonstrating that consumers are encouraged to provide feedback and make complaints
* Evidencing that consumer feedback is used to inform service improvements
* Evidencing that consumers are supported in providing feedback, including consumers who require access to alternative and external services
* Evidencing implementation of open disclosure practices in responding to consumer complaints

At the time of quality audit, the service did not demonstrate how it actively supports consumers in making complaints and accessing other methods for raising and resolving complaints. The service did not evidence provision of translator information or contact information for external pathways in making complaints to consumers.

At the time of quality audit, the service did not evidence embedded open disclosure processes. When the assessment team interviewed service staff, an understanding around open disclosure was not demonstrated, and service records evidenced training around this topic had not been delivered. Open disclosure processes were not evidenced in the services policies and procedures.

In the services response to the assessment teams report, evidence was provided showing that since the quality audit, updated information was being provided to consumers regarding translator service and government resources to make complaints. Additionally, the service evidenced that policies and processes had been updated to reflect implementation of open disclosure practises, including planned training for service staff scheduled to occur in January 2023. On balance, I find that at the time of performance report decision the service is compliant with this standard after having made improvements to its feedback and complaints processes.

# 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

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

* Demonstrating its workforce is sufficiently skilled to deliver safe and quality care and services
* Demonstrating delivery of care and services that is kind, caring and respectful
* Evidencing workforce performance is monitored, managed, and improved where required
* Demonstrating its workforce is planned to provide care and services to consumers

At the time of performance report decision, the service was not:

* Evidencing its workforce is trained in core competencies, and evidencing the service monitors staff uptake of training including periodic training renewal

At the time of quality audit, the service did not evidence its 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 assessment team evidenced that service processes did not ensuring the workforce receives ongoing support, training and professional development to carry out roles and responsibilities in delivering services to aged care consumers.

When interviewed by the assessment team, service staff and volunteers explained receiving practical training from the service where required. For example: Training to use wheelchair hoists in certain vehicles. However, service staff explained they had not received training relevant to the Quality Standards, including training in cultural safety and diversity, identifying elder abuse and neglect, or dementia awareness.

Service staff demonstrated knowledge of service consumers living with dementia and explained that it would be beneficial if they had received training from the service in dementia awareness. Service management evidenced planned training in dementia awareness and identifying elder abuse and neglect was scheduled to be delivered in January 2023 for all service staff and volunteers. However, the assessment team evidenced that the service did not have an effective system embedded to monitor staff attendance and completion of service training when it was delivered.

The service did not evidence service staff competencies are monitored and did not evidence that when training is completed by staff it is recorded. Service management did not evidence that staff have received ongoing training in infection control or manual handling. Service management explained at the time of quality audit that improvements are underway regarding training documentation processes.

In the services response to the assessment teams report, evidence was provided showing that since the quality audit, improvements relating to service staff training have been introduced, including the provision of information to service staff around identifying elder abuse and neglect and the planned introduction of specified training to service volunteers as required from January 2023. However, the service did not evidence introduction of service training record systems or processes to demonstrate core competencies of service staff are monitored to identify when training is completed, and renewal is required. On balance, I find that at the time of performance report decision the service is not compliant with this standard, specifically requirement 7(3)(d).

# 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. | 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 |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Not applicable |

Findings

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

* Demonstrating consumers are engaged in the development, delivery and evaluation of care and services
* Demonstrating the services governing body is accountable for service delivery and fosters a culture of inclusive care and services

At the time of performance report decision, the service was not:

* Evidencing embedded systems and processes monitor workforce governance and service staff training
* Demonstrating that service systems and processes in risk management include high impact, high prevalence risks, respond to consumer abuse and neglect, and support consumers to live the best life they can

In relation to workforce governance 8(3)(c):

The service did not demonstrate effective governance systems relating to workforce governance. The service did demonstrate effective systems in relation to information management, continuous improvement, financial governance, regulatory compliance, and feedback and complaints.

The service evidenced that service management, staff and volunteers are provided with a job description, and service staff demonstrated a clear understanding of their roles and responsibilities. However, the service did not evidence that service staff and volunteers receive the ongoing support and training to meet the needs of all aged care consumers. Findings under standard 7 provide further detail in relation to this.

In relation to effective risk management systems and practises 8(3)(d):

The service did not demonstrate effective embedded systems and processes identify and assess risks to the health, safety and well-being of consumers.

At the time of quality audit, the service evidenced an incident management system (IMS). However, service management explained that this systems utilisation was limited in its application and did not extend to contemporary changes in legislation, for example the Serious Incident Response Scheme (SIRS) for home care providers effective on 1 December 2022.

When interviewed by the assessment team service staff explained that as part of their induction they were required to read policies on procedures to follow in case of an accident, non-response to a scheduled visit, fire and emergency and emergency procedures.

The assessment team evidenced that at the time of quality audit the service did not trend and analyse incident data, including high impact high prevalent risks associated with the care of consumers. Additionally, the assessment team evidenced service policies and procedures in relation to risk and incident management did not include information around assessed consumer risks or the categorisation and recording of consumer incidents.

In the services response to the assessment teams report, evidence was provided showing that since the quality audit, improvements relating to SIRS and incident management have been planned for implementation from January 2023. However, evidence these planned changes are embedded and integrated into service operations requires re-assessment to measure effectiveness and compliance against this standard. On balance, I find that at the time of performance report decision the service is not compliant with this standard, specifically requirements 8(3)(c) and 8(3)(d).

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)