**Performance**

**Report**

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| Name: | Magenta Community Services |
| Commission ID: | 701049 |
| Address: | 88 Russell Street, TOOWOOMBA, Queensland, 4350 |
| Activity type: | Quality Audit |
| Activity date: | 1 May 2024 to 3 May 2024 |
| Performance report date: | 28 June 2024 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9134 Magenta Community Services Pty Ltd  
Service: 26859 Magenta Community Services

**This performance report**

This performance report for Magenta Community Services (**the service**) has been prepared by Stewart Brumm, 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, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 27 May 2024.

# 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 | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not 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.

* Requirement 3(3)(b) - The Approved Provider is required to implement improvement actions outlined the Approved Provider response.
* Requirement 8(3)(d) - The Approved Provider is required to implement improvement actions outlined the Approved Provider response.

# Standard 1

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| Consumer dignity and choice | | HCP |
| 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

The Assessment Team provided information that consumers/representatives stated that consumers were treated kindly and fairly. Care documentation included information about consumers’ backgrounds, social and cultural needs and preferences.

Consumers/representatives stated that staff and the service provided support in accordance with their beliefs and values. Staff were aware of consumers’ unique living situations, including their lifestyle choices. Consumers also confirmed they were the decision-makers in their care package and in the level of support they received from the service. Care documentation demonstrated care was planned with consumers/representatives, however day-to-day changes or requests were acknowledged and fulfilled.

The Approved Provider facilitates risk taking by explaining potential alternatives to consumers and ensuring consumers understand the risks they are taking. Risk assessments are completed at the initial start of care packages and updated where risks changed over time.

Consumers said they were provided with information necessary to inform decision-making and keep them up to date about their care package. The Approved Provider demonstrated each consumer’s privacy is respected and confidential personal information is protected in accordance with legislative requirements.

I have considered the information provided by the Assessment Team and I am persuaded by the consumer/representative feedback and the Approved Provider’s ability to demonstrate compliance in determining my findings.

I find all Requirements under this Standard complaint.

# Standard 2

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

The Assessment Team provided information that overall consumers/representatives considered assessment and care planning to deliver safe and effective care and services. The Approved Provider has policies and procedures available to guide staff practice in the assessment and care planning process.

A review of consumer care documentation generally demonstrates, and interviews with consumers/representatives confirms, individual consumer’s current needs, goals, and preferences are addressed, and this includes advance care planning if the consumer/representative wishes. The Assessment Team identified that some care planning documents did not always contain current and accurate information. The Approved Provider provided assurances to the Assessment Team that the consumer records would be reviewed and updated to reflect current care needs. Staff advised there is a discussion about the consumer’s end of life when a consumer’s condition deteriorates.

A review of care planning documentation and consumer interviews demonstrates planning is completed in partnership with consumers and others they wish to be involved. Where it is assessed as necessary, other healthcare providers and organisations are included in the assessment and planning for consumers.

Consumers/representatives said staff discussed consumers’ care needs and the information in the consumers’ care plan. The Assessment Team observed care planning documents are readily available to staff delivering consumer care and services.

Consumers/representatives said the coordinator regularly communicates with them and implements changes to meet the consumer’s current needs. Management reported consumer files are reviewed on an ongoing basis. A review of care planning documentation confirmed care plans are reviewed at least annually.

I have considered the information provided by the Assessment Team and I am persuaded by the consumer/representative feedback and the Approved Provider’s ability to demonstrate compliance in determining my findings. However, I also note some minor deficiencies were identified with some consumers care planning documentation.

I find all Requirements under this Standard complaint.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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. | Not 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

The Assessment Team provided information that consumers/representatives said consumers receive personal care that is safe and effective and is tailored to the consumers’ needs. Care staff and management have a good knowledge and understanding of consumers, their goals and preferences as well as how they ensure best practice for their consumers’ care. The Approved Provider does not deliver clinical care and management advised they work with consumers medical officers and family to ensure the consumer receives the necessary clinical care.

Consumers/representatives said they have advance care plans in place and their family are aware of their wishes or have declined to discuss this subject at this time, but know they are able to discuss their end-of-life cares when they are ready to.

Most consumers/representatives said staff have identified deterioration or changes for consumers and responded. Support workers described the escalation processes when a change in a consumer’s condition or deterioration is identified. However, support workers are not consistently reporting or escalating changes in consumer’s behaviour.

Consumers/representatives are satisfied with the quality of care and services provided. A hard copy of the care and service plan is available to the consumer. Support workers confirmed they receive information in relation to the consumer’s condition, needs, and preferences via the electronic care management system. A review of documentation demonstrates care and service plans provide adequate information to support the delivery of safe and effective care.

Consumers and representatives said consumers have access to medical and allied health professionals when needed which is supported and/or facilitated by the Approved Provider. Management said referrals to allied health professionals are completed for consumers when/if required.

Management and support workers understand practical ways to minimise the transmission of infections including the risks associated with influenza and COVID-19. The Approved Providers has policies relevant to outbreak management and maintains records of staff vaccination status.

I have considered the information provided by the Assessment Team and I am persuaded by the consumer/representative feedback and the Approved Provider’s ability to demonstrate compliance in determining my findings.

I find Requirements 3(3)(a), 3(3)(c),3(3)(d), 3(3)(e), 3(3)(f) and 3(3)(g) complaint.

In relation to Requirement 3(3)(b) consumers’ care documentation did not include strategies for managing high impact, high prevalence risks such as changing behaviours. Staff could describe strategies used for managing consumers’ behaviours which were documented in their shift notes, however, these strategies were not recorded in the consumers’ care plan or discussed at case conferences for all staff to implement.

The Approved Provider provided a response that outlined a range of changes to be implemented to the systems and process to support effective management of high impact or high prevalence risks associated with the care of each consumer. This included improvements to risk identification, risk assessment, risk mitigation, monitoring and evaluation and communication. Additional training and resources have been provided to staff. Additional processes have been added to the duties of staff to assist in recognising and managing high impact or high prevalence risks.

I have considered the information provided by the Assessment Team and the Approved Providers response; I find that the Approved Provider was not able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. I note the improvement actions outlined by the Approved Provider, however no timelines for the implementation and evaluation of the improvements were provided.

I find Requirement 3(3)(b) non-compliant.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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 |

Findings

The Assessment Team provided information that consumers/representatives said they are supported by the Approved Provider to maintain their quality of life and independence. Staff demonstrated an understanding of what is important to consumers and could describe how they help the consumer to do as much as they can for themselves if this is their preference.

Consumers/representatives described how the Approved Provider and staff support consumers’ emotional and spiritual well-being. Staff demonstrated an understanding of the spiritual needs of consumers and occasions when they have supported consumers’ emotional well-being.

Care and service plans guide the delivery of services and supports that meet consumers’ preferences. Consumers and representatives provided positive feedback about the supports for daily living that are provided by the service.

Staff and management described the processes for timely and appropriate referrals to other organisations and providers of care.

Management demonstrated how consumers can choose to order meals from several subcontracted meal providers and ask staff to help them prepare meals in their own homes. Consumers said meals provided are varied and of suitable quality and quantity and that staff help them with basic food preparation, if required.

I have considered the information provided by the Assessment Team and I am persuaded by the consumer/representative feedback and the Approved Provider’s ability to demonstrate compliance in determining my findings.

I find all Requirements under this Standard complaint.

# Standard 6

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| Feedback and complaints | | HCP |
| 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

The Assessment Team provided information that consumers/representatives stated they are encouraged to provide feedback or raise concerns. Consumer/representative stated they did not have any complaints at the time of the assessment but knew the process of raising issues with the Approved Provider. Policies and procedures are in place for handling feedback and complaints and information about advocacy services is provided to consumers at the commencement of a care package.

Management was not able to define ‘open disclosure’ however explained that handling complaints would be practiced with candour and openly. Management explained they were open to all feedback and would act promptly if a complaint was received.

Consumers/representatives were confident that staff, management and the Approved Provider listened to their feedback, and acted on it once known. This included if there was a specific request about the care package. Consumers/representatives described the service as understanding responsive.

I have considered the information provided by the Assessment Team and I am persuaded by the consumer/representative feedback and the Approved Provider’s ability to generally demonstrate compliance in determining my findings.

I find all Requirements under this Standard complaint.

# Standard 7

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| Human resources | | HCP |
| 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 Assessment Team provided information that consumers/representatives confirmed staff provide support and care in line with their planned home care package. Consumer said they have a say in the timing of their calls, including days of the week and number of hours of support. Rosters are actively managed by the team leaders, and planned and unplanned staff leave have effective oversight.

Consumers/representatives consistently commented the Approved Provider’s staff were friendly and caring. Consumers described the positive relationships they had with their dedicated support workers. Consumers/representatives advised staff had the knowledge and skills to support them well. The service has a clear workforce development plan to ensure staff have the right knowledge and skills to perform their roles effectively.

The Approved Provider has processes in place for recruitment, induction and onboarding of staff. Staff access training during initial employment as well as part of an ongoing training programme. The Approved Provider has systems and processes for regularly monitoring and assessing staff performance.

I have considered the information provided by the Assessment Team and I am persuaded by the consumer/representative feedback and the Approved Providers’ ability to demonstrate compliance in determining my findings.

I find all Requirements under this Standard complaint.

# Standard 8

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| Organisational governance | | HCP |
| 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. | Not Compliant |

Findings

The Assessment Team provided information that consumers/representatives stated that staff, including management, actively listen to any feedback provided about how changes could be considered and implemented. Consumers said they were encouraged to engage with the Approved Provider through both formal and informal processes.

The Service is overseen governing body that promotes safe, effective and quality care and support for consumers. Management explained the roles and responsibilities of the board, set out in the terms of reference. Information about service performance, what is going well and what requires improvement is provided to the board.

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

I have considered the information provided by the Assessment Team and I am persuaded by the consumer/representative feedback and the Approved Providers’ ability to demonstrate compliance in determining my findings.

I find Requirements 8(3)(a), 8(3)(b), and 8(3)(C) complaint.

In relation to Requirement 8(3)(D) although risk management processes were established, their operation was fragmented and resulted gaps in the governance of effective risk management systems. Management do not have accurate information to guide monitoring and evaluation of the system, as not all incidents are recorded for inclusion in monitoring and evaluation of the system. The management of some high-impact and high-prevalence risks was not effective and placed consumers at risk of harm. In addition, although some incidents were identified and recorded, other consumer incidents were known to staff but failed to be recorded in the incident management system.

The Approved Provider provided a response that outlined a range of changes to be implemented to the systems and process to support an effective risk management system. This included improvements to risk identification, risk assessment, risk mitigation, monitoring and evaluation and communication. Additional training and resources have been provided to staff.

I have considered the information provided by the Assessment Team and the Approved Providers response; I find that the Approved Provider was not able to demonstrate effective risk management governance. I note the improvement actions outlined by the Approved Provider, however no timelines for the implementation and evaluation of the improvements were provided.

I find Requirement 8(3)(d) non-compliant.

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)