**Performance**

**Report**

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| Name: | Milang and Clayton Community Care |
| Commission ID: | 600034 |
| Address: | 24 Daranda Terrace, MILANG, South Australia, 5256 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 1 November 2023 to 2 November 2023 |
| Performance report date: | 21 December 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.

# Service included in this assessment

Home Care Packages (**HCP**) included:

Provider: 7167 MILANG AND DISTRICT COMMUNITY ASSOCIATION INCORPORATED

Service: 26477 Lower Lakes Home Care

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

Provider: 7357 Milang & District Community Association Incorporated

Service: 23901 Milang & District Community Association Incorporated - Community and Home Support

**This performance report**

This performance report for Milang and Clayton Community Care (**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.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – site 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 30 November 2023.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 2 Ongoing assessment and planning with consumers | Requirements not fully assessed |
| **Standard 3** Personal care and clinical care | **Requirements not fully assessed** |
| **Standard 4** Services and supports for daily living | **Requirements not fully assessed** |
| **Standard 6** Feedback and complaints | **Requirements not fully assessed** |
| **Standard 7** Human resources | **Requirements not fully assessed** |
| **Standard 8** Organisational governance | **Not Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| Standard 2 Ongoing assessment and planning with consumers | Requirements not fully assessed |
| **Standard 3** Personal care and clinical care | **Requirements not fully assessed** |
| **Standard 4** Services and supports for daily living | **Requirements not fully assessed** |
| **Standard 6** Feedback and complaints | **Requirements not fully assessed** |
| **Standard 7** Human resources | **Requirements not fully assessed** |
| **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.

Standard 8 Requirement 8(3)(b)

Demonstrate the Committee seeks out and receives relevant information to maintain oversight of the quality of service delivery, including information on the provision of sub-contracted services.

Standard 8 Requirement 8(3)(c)

Establish governance systems that are effective and support the Committee to make informed decisions, ensure accountability and control and drive the strategic direction of the organisation.

Standard 8 Requirement 8(3)(d)

Audit the effectiveness of the clinical governance framework and ensure it is supporting best practice clinical care.

Standard 8 Requirement 8(3)(e)

Fully implement the clinical governance framework and undertake the necessary monitoring to ensure it is effective in supporting best practice clinical care.

# Standard 2

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

Findings

At the Quality Audit in July 2022, the service was not undertaking effective assessment and care planning. These deficits have been satisfactorily addressed, and the Assessment Team reported all consumers are assessed with a view to putting in place care and services that optimise their wellbeing.

The Assessment Team reported consumers and/or representatives confirmed in various ways that consumers’ care and services were well planned and the service understood how to support consumers’ care and service needs and preferences.

Care planning documentation showed clinical staff are undertaking validated assessments for HCP consumers to inform risk mitigation strategies and provide instructions for the delivery of safe care and services.

The CHSP coordinator described their assessment and planning process includes utilising the My Aged Care support plan to inform the consumer’s care plan and that the service undertakes a home risk assessment. Risk alerts are recorded on information provided to staff to alert them to potential risks when delivering services.

Consumers and/or representatives confirmed in various ways that assessment and planning processes identified consumers’ current care and service’s needs, goals and preferences. Assessment staff described conversations with consumers and/or their representatives about what is important to each consumer and demonstrated how this informs the development of the care plan.

Care planning documents showed consumers’ needs, goals and preferences had been discussed with them and documented, including in relation to advance care directives. Care documentation viewed for HCP consumers showed detailed instructions for support workers.

Coordinators have documented processes for non-response to a scheduled visit for CHSP consumers.

Consumers considered themselves to involved in care planning. Hard copy care plans are provided to consumers and placed in their home folder.

Clinical staff said 6 monthly care plan reviews are completed in consultation with HCP consumers and/or representatives, and annual reviews occur with CHSP consumers.

Incidents reports are captured in progress notes and to some extent in the electronic care management system.

The service demonstrated their ability to respond promptly to any incident and utilise the incidents function in their electronic care management system.

Based on the information above I am satisfied that the approved provider complies with the Requirements of this Standard noted in the table above.

# Standard 3

|  |  |  |  |
| --- | --- | --- | --- |
| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |

Findings

At the Quality Audit in July 2022, the service was not delivering best practice care for consumers living with a cognitive impairment and/or dementia. These deficits have been satisfactorily addressed. The Assessment Team reported all HCP consumers are getting care that is safe and right for them. At the time of the assessment contact, no CHSP consumers were receiving personal or clinical care.

Consumers and/or representatives said in various ways they receive care and services that are safe and effective.

Clinical staff described monitoring systems to support safe care and described tailored care being delivered to consumers, living with dementia, requiring medication support and receiving complex clinical services including diabetes and wound management. Progress notes and clinical charting demonstrate consumers’ wellbeing is effectively monitored and managed.

Clinical staff demonstrated they are alert to high impact risks involved with consumers returning home from hospital. Consumers who had returned home from hospital said the service had worked closely with the hospital and had ensure that discharge instructions had been actioned. For this cohort of consumers, the provision of services had been reassessed and additional services added to support new care needs. Clinical handovers also include discussion on consumers at risk of less than optimal health outcomes and monitoring that strategies to prevent any further deterioration to the consumer’s wellbeing are being adhered to.

The service demonstrated information is shared with other practitioners and services supporting vulnerable consumers, including social workers, general practitioners and allied health organisations.

Based on the information above I am satisfied that the approved provider complies with the Requirements of this Standard noted in the table above.

# Standard 4

|  |  |  |  |
| --- | --- | --- | --- |
| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |

Findings

At the Quality Audit in July 2022, the service was not delivering the services consumers needed day to day in a timely manner, and consumers felt they had to follow up on their requests. These deficits have been satisfactorily addressed. The Assessment Team report that consumers are supported to maintain their independence, with staff and subcontractors helping when required with activities of daily living.

Consumers and representatives said in various ways how the services received meet their preferences in terms of the type of service, when it is delivered and how it is delivered. Consumers discussed the various services which they said meet their needs including domestic assistance, home and garden maintenance, meal delivery services, social outings, shopping, attending appointments, and/or attending social groups held at the service.

Staff gave various examples of adjusting services to meet consumers’ preferences, and goals, including goals to maintain levels of independence and socialisation.

Consumers and representatives are satisfied with the quality of the services being delivered and felt staff know what about the service is important to them.

Based on the information above I am satisfied that the approved provider complies with the Requirements of this Standard noted in the table above.

# Standard 6

|  |  |  |  |
| --- | --- | --- | --- |
| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

At the Quality Audit in July 2022, the service did not have an effective feedback and complaints system. This deficit has been satisfactorily addressed. The Assessment Team report that consumers and representatives know how to contact the service to provide feedback or make a complaint and felt comfortable doing so if required.

The service promotes everyone’s right to make a complaint and includes information on their feedback system in the welcome pack each consumer receives. Management undertake feedback surveys with consumers to encourage consumers to identify what they would like to see improved. Consumers are also encouraged to attend the service’s Consumer Advisory Body meeting which occurs every second month.

The complaints management system captures complaint details, resolution actions, and the complainant’s satisfaction with the outcome.

To support the ongoing effective complaint management the service has introduced training for staff and board committee members regarding responding to feedback and complaints and open transparency practices. Policies on complaint management, including, open disclosure have been developed and distributed.

Staff and management were able to describe how the service used consumers’ feedback and complaints to improve the quality of services and gave examples of workforce improvements.

Based on the information above I am satisfied that the approved provider complies with the Requirements of this Standard noted in the table above.

# Standard 7

|  |  |  |  |
| --- | --- | --- | --- |
| Human resources | | HCP | CHSP |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |

Findings

At the Quality Audit in July 2022, the service did not demonstrate staff were supported to execute their roles effectively and this was the root cause of failures in other Standards. This deficit has been satisfactorily addressed. The Assessment Team report that support systems for staff are now established. These include a comprehensive training schedule for staff, volunteers and members of the Board. Retention of training records occurs and reminders for any overdue training which must be completed are forwarded to staff. Staff appraisals include a discussion on any training needs.

Based on the information above I am satisfied that the approved provider complies with the Requirements of this Standard noted in the table above.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| 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. | Not Compliant | Not 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. | Not Compliant | Not 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 | Not 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 Compliant | Not Applicable |

Findings

Requirement 8(3)(b)

At the Quality Audit in July 2022, the service did not demonstrate how it promotes a culture which supports safety and quality.

At this assessment of performance, the Assessment Team reported that members of the governing body, referred to in this report as the ‘Committee’ were able to describe how they promote a culture of safe and quality care and services. However, management could not demonstrate that the Committee receives the relevant information to help them to monitor that safe care and services are being delivered. The service uses subcontractors for allied health and home and gardening maintenance services, the Committee is not provided with information about the quality or safety of these services.

The Assessment Team identified a lack of the preparedness for the establishment of the Quality Care Advisory Body within the legislated time limit.

The approved provider did not dispute the evidence in the Assessment Team’s report.

The approved provider’s response includes evidence that in November 2023 a monthly clinical report was presented to the Committee.

I have considered the evidence of the Assessment Team and the approved provider in making my decision on compliance. I am not satisfied that the Board is receiving relevant information, both clinical and non-clinical which would allow them to assure themselves that the service being delivered are safe.

I acknowledge having viewed the approved provider’s most recent committee meeting minutes, that there has been some progress in providing the Committee with critical information about clinical quality and safety. However, evidence of how the Committee forms a view on the quality of work of subcontractors has not been provided.

In my view, there has not been significant improvement in returning to compliance against this Requirement since the Quality Audit of July 2022. The approved provider remains non-compliant with this Requirement.

Requirement 8(3)(c)

At the Quality Audit in July 2022, the service did not demonstrate effective organisation wide governance systems were in place.

At this assessment of performance, the Assessment Team report the following deficits in the services governance systems.

(i) information management

Management could not describe processes to accept new CHSP referrals from the My Aged Care portal.

HCP consumers’ statements are not fully itemised.

The myagedcare.gov.au pricing structure for the service has discrepancies in management costs and package management fees. The information was last updated 17 October 2023.

(ii) continuous improvement

While the service’s Plan for Continuous Improvement provided outcomes of actions taken to remedy previous non-compliance management could not demonstrate how these actions have been reviewed and monitored for effectiveness.

(iii) financial governance

The services Home Care Package Agreement provided to consumers is not the current version and includes incorrect information on exit fees.

Management advised they provided a letter to HCP consumers regarding a price increases, however, did not provide an updated budget or fee schedule to consumers.

The service maintains a Client Expenditure Register 2023-2024, which contains details of consumer overspent and underspent budgets, however management were unable to clarify if this information is provided to the Committee, or generated discussions with consumers regarding their status.

(iv) workforce governance, including the assignment of clear responsibilities and accountabilities.

The service does not have an effective process for monitoring the performance of subcontracted providers and volunteers. While the service was able to demonstrate the performance of directly engaged staff is reviewed regularly, the service could not demonstrate how it ensures its subcontracted workforce meets the requirements of Standard 7.

(vi) feedback and complaints.

Management was not able to provide an example of a service improvement that was implemented due to feedback or complaints from a consumer or representative.

(v) regulatory compliance

The organisation has processes in place to ensure the service is complying with its relevant legislation, regulatory requirements, professional standards, and guidelines.

* Management advised they are undertaking webinars in readiness for upcoming reforms in Aged Care and attend peak body meetings and conferences to stay abreast of proposed legislative changes.
* Management could demonstrate the service’s requirement to report suspected elder abuse to the appropriate authorities.
* Management and staff interviewed could speak to the principles of elder abuse and Serious Incident Reporting Scheme (SIRS) requirements,
* The Assessment Team viewed the service’s Completed Training Schedule, that documented SIRS training had been delivered to relevant staff.

The approved provider did not dispute the evidence in the Assessment Team’s report. I acknowledge the development of policies and procedures submitted by the approved provider and have reviewed the strategic plan and organisational chart submitted.

I have considered the evidence of the Assessment Team and the approved provider in making my decision on compliance. While documentation provides a supporting structure for good governance. The evidence does not support that governance systems across the services are fully operationalised and/or effective.

In my view, there has not been significant improvement in returning to compliance against this Requirement since the Quality Audit of July 2022. The approved provider remains non-compliant with this Requirement.

Requirement 8(3)(d)

At the Quality Audit in July 2022, the service did not demonstrate effective risk management systems were in place.

At this assessment of performance, the Assessment Team reported the service was not able to demonstrate effective risk management systems and practices for managing high impact or high prevalence risks associated with the care of consumers.

Committee representatives advised they receive specific information on individual consumer’s risks and vulnerabilities as part of the Board committee meetings, however Board committee meeting minutes from July and September 2023, failed to capture information tabled, or responses from the committee to manage, track or respond to these risks.

The service records incidents in individual consumer’s progress notes; however, management could not demonstrate how they trend incidents and put in place corrective actions.

Committee meeting minutes viewed by the Assessment Team did not demonstrate how information on incidents is used to improve care and services for all consumers.

The approved provider did not dispute the evidence in the Assessment Team’s report.

I have considered the evidence of the Assessment Team and the approved provider in making my decision on compliance.

In my view, there has not been significant improvement in returning to compliance against this Requirement since the Quality Audit of July 2022. The approved provider remains non-compliant with this Requirement.

Requirement 8(3)(e)

At the Quality Audit in July 2022, the service did not demonstrate a clinical governance framework was in place.

At this assessment of performance, the Assessment Team reported management and staff could demonstrate an understanding of the principles regarding the minimisation of use of restraint, or anti-microbial stewardship, however, the organisation had not developed a Clinical Governance Framework to define responsibilities for its Committee members, management, clinical staff, support workers and volunteers.

The approved provider’s response included a PowerPoint presentation on their clinical governance framework.

I have considered the evidence of the Assessment Team and the approved provider in making my decision on compliance. I find the approved provider does not comply with this Requirement, as the effectiveness of the clinical governance framework in supporting best practice clinical care is not yet evident.

In my view, there has not been significant improvement in returning to compliance against this Requirement since the Quality Audit of July 2022. The approved provider remains non-compliant with this Requirement.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)