**Performance**

**Report**

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| Name: | Moreland City Council |
| Commission ID: | 300651 |
| Address: | 90 Bell Street, COBURG, Victoria, 3058 |
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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

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8682 Moreland City Council  
Service: 25734 Moreland City Council - Care Relationships and Carer Support  
Service: 25736 Moreland City Council - Community and Home Support

**This performance report**

This performance report for Moreland City Council (**the service**) has been prepared by N Eastwood, 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, 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 | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **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 | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives indicated staff treat consumers with dignity and respect, and value their identity and diversity through listening, taking the time to have conversations, being reliable and professional. The Assessment Team observed a social support group and exercise group and noted the interactions between staff and consumers was kind and respectful, with staff treating consumers as individuals and promoting consumer dignity.

Staff and management described how they provide care and services in a culturally safe way through gathering information from consumers about their background and beliefs. Care documentation evidenced information about consumer cultural background and language preferences.

The organisation informs consumers about their rights to make choices and decisions, and staff induction includes support for consumer independence and choice. Care documentation identified consumer choices and decisions about care and services, as well as their choice of representatives. The intake team obtains information from the consumer regarding their goals and addresses any identified concerns, this process is integral to the informed decision-making process, ensuring that consumers are given choices regarding their care options.

Management described support and assistance measures to ensure consumers are as safe as possible while living their best life. Staff described how they support consumers to take risks to enable them to maintain their independence and do things that are important to them. Consumers and representatives confirmed their monthly statements are clear, itemised, and easy to understand. Statements reflected how the service provides appropriate information regarding service options and times. Staff described how they communicate effectively with consumers, including communicating in their own language where possible and using interpreter services.

Care documentation contained a consent to share information agreement and demonstrated how consumer information is maintained confidentially and password protected.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Managers described how consumer needs and risks are identified during pre-screening, initial and ongoing assessments. Information is gathered through a pre-home risk assessment via telephone followed by a home visit where additional information is noted. Assessment information includes a medical history, home environment details, physical function, social function, mobility, equipment, and cognitive function. Management explained allied health professionals assess the consumer’s home environment about safety, home modifications, and equipment when required and provide recommendations. There was documented evidence of personalised strategies where risk was identified as well as appropriate assessments and care planning.

Managers explained that consumers receiving services are at entry level and therefore they do not discuss advance care planning or end of life wishes with consumers. A review of documentation identified consumer assessments and care plans to be current, noting individualised goals and preferences. Documentation also reflected consumer preferences regarding the types of care and services being delivered, frequency of visits, preferred times, and days and others involved in their care. Information received from allied health professionals and other providers is included in consumer care planning to ensure a multi-disciplinary approach to care and service delivery.

Most consumers said they receive a copy of the care plan following the initial assessment and when re-assessment occurs, however, not all consumers could recall receiving a copy. Staff confirmed they are provided with current work instructions and recommended plans of care through the service and collect copies fortnightly when they attend the main office. Care documentation reflected when care plans have been reviewed and future review due dates.

Consumer needs and goals are considered at the time of annual review and where there is involvement from others this information is incorporated into care plans. Referrals for reassessment occur when consumer circumstances change, post incident if required, or where a need is identified, such as hospital admission, allied health input, and on request by the consumer or representative. Where a consumer experiences a fall or an acute event, this information is recorded in progress notes and an alert is noted on the file. The incident register provided, and a review of consumer files confirms this information.

# Standard 3

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| Personal care and clinical care | | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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. | Not Assessed |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives expressed satisfaction with the personal care services received. Managers explained personal care is provided based on consumer needs and preferences. The outcomes of assessments are detailed in consumer care plans with access to additional health professionals available following a referral by the service through My Aged Care (MAC). Where there is allied health provider input there is evidence of assessments and recommendations for optimising the consumer’s health and wellbeing.

Management explained consumers considered at risk are monitored through a vulnerable consumer register identifying consumers who may experience social isolation or who require increased care services and are waiting for an increased Home Care Package (HCP). Care documentation demonstrated referrals to allied health specialists for assessment and strategies to minimise risks for consumers.

Staff explained how they are required to notify their team leaders should they have any concerns about a consumer's changing physical or mental health. Managers described how support workers know to call emergency services, if necessary, when an acute event or incident occurs. Care documentation reflected reporting and recording of response to consumer’s health care changes.

Consumers said they were satisfied with how information related to their health, needs and preferences were captured in consultation with them. Care documentation reflected that the service actively communicates with others, internally and externally with information provided by allied health specialists noted to be consistent between reports and care plans. Managers explained how referrals for additional services align with the use of the MAC portal and when confirmation of reassessment and/or reports are received they initiate services.

The Council’s overarching infection control policy provides information for staff related to personal protective equipment (PPE) and prevention guidance on sickness and physical distancing. As the service does not provide clinical care, they do not provide information on anti-microbial stewardship (AMS). Staff confirmed they have completed infection prevention and control training and described their use of PPE.

Requirement 3(3)(c) was not assessed as the service restricts care provision to entry level CHSP funding, should a consumer be identified as experiencing a deterioration requiring end-of-life care the service would follow their established referral process to access increased levels of funding through a relevant HCP application. Information and recommendations from referrals are shared through MAC with details added to consumer care plans.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers said the services they received, either in social support groups or in-home support, assists them to maintain their independence and quality of life. Management described the social support group and individual programs that are planned specifically to promote independence and assist with activities of daily living for consumers. Care documentation reflected information on identified activities and programs that supported consumers wellbeing.

Staff described the variety of activities provided at the centre-based program and a calendar of events displayed on a whiteboard confirmed a wide range of activities and outings were available to consumers. Management indicated a brief overview of identified conditions are recorded on care plans to provide support workers with this information, where there are changes to consumer’s care and services this is communicated through to staff. Care documentation reflected timely referrals and communication with others responsible for care, including representatives and feedback from allied health professionals.

Consumers are provided meals through the service’s meals on wheels program to their homes and when attending the social support group based at one of the service’s centres. All consumers said the meals provided are varied, and of good quality and quantity. Staff described how consumers dietary preferences are accessed for current information at each social group session to ensure meals are provided correctly. Kitchen and care documentation reflected consumer food allergies, intolerances, and dietary requirements. Changes to consumer dietary needs are communicated from team leaders to the kitchen.

Home maintenance staff described how they receive information for repairs and provide home modifications. Care documentation reflected where equipment was recommended following allied health professional’s reviews and for when home maintenance occurred.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

A range of activities for CHSP consumers are conducted at a local day centre site and the service operates a production kitchen, both located within the local government municipality. The centre where group-based activities are held is inviting, clean and has space for meal services and equipment, with access to a garden area where consumers are supported to engage in gardening activities. Consumers said they look forward to attending the community-based building and find it easy to navigate and access all areas available.

The centre holding activities hand accessible pathways outside and banister rails accessible for consumers to ensure safe mobility. The centre was furnished with suitable, clean tables and chairs for consumers to engage in the table-based activities. Consumers were observed navigating the internal environment and the outdoor secure garden area independently and using mobility aids. The service uses vehicles including minibuses for community transport services and for consumer outings.

Building maintenance records and cleaning schedules for their multiple locations reflected how buildings, equipment, furniture, and fittings are maintained and cleaned.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

The service has a consumer feedback policy, complaints procedure and complaint management process including an escalation pathway, and this information is provided to consumers and representatives in the service agreement. Consultations are held weekly with the social service group to address both complaints and compliments. Contact information is also provided to consumers if they prefer to make a complaint directly to the Commission and complaint forms are readily available and displayed throughout the centre for easy access.

Management and staff described methods for assisting consumers to access services for raising comments and resolving complaints. Communication barriers are identified and considered in assessment and planning, with access to interpreter services or communication services available as required. Advocacy and interpreter guidelines are available to assist staff to provide support for consumers in raising and resolving complaints.

Consumers confirmed they feel confident that any feedback they provide the service will be followed up and action taken. Formal complaints are registered on the organisational database and informal feedback and low-level complaints are documented in notes on the service database, actioned in a timely manner and show open disclosure occurs. There was evidence of appropriate action taken following submission of a complaint with investigation and corrective actions to avoid future recurrence.

Formal complaints and actions taken are reviewed, overseen by a dedicated customer relations staff member, and regularly reported to leadership and the Board. Informal feedback and complaints are documented and informally reviewed for any trends.

# Standard 7

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| Human resources | | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed there are sufficient staff to provide quality care and services which are reliable, on time and well-paced. Staff confirmed they have time to complete required tasks and described they work within their scope of practice. Management described how they provide support to consumers when unplanned leave occurs and how they prioritise service provision.

Management and staff described their aim to provide person centred, respectful, and inclusive care and services to consumers. Recruitment processes supported by a specialised organisational team, and position descriptions document service expectations of staff and incorporate value-based principles. The council actively targets cultural diversity in its recruitment process and 62% of the current CHSP staff speak a language other than English. Working respectfully with consumers, including their cultural, lifestyle choices, and beliefs, is included in staff induction and ongoing supervision and development.

Consumers confirmed staff are competent to complete their roles and staff explained how their qualifications, experience, and knowledge enable them to meet consumer care and support needs. Management said the service identifies training needs of staff through staff requests for training and training advice and recommendations from peak bodies. There was evidence of mandatory training as well as consideration to additional training modules recommended by the service for completion.

Assessment and monitoring of performance includes supervision and observation as appropriate as well as consideration of feedback and complaints. The performance development review (PDR) process occurs annually, with staff discussing their performance over the past year identifying areas where they may require support and training.

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The service conducts annual one-on-one reviews with consumers to assess the service's effectiveness in meeting their needs as well as regularly seeking feedback from less formally. The Board monitors care and service delivery and strategic direction for the organisation, general oversight of operations and financial control through subcommittees that regularly report to the Board. Meeting minutes demonstrated that service information and data, including results of quality-of-care audits, is overseen, and interrogated by the Board to inform strategic directions and ensure consumers are receiving safe, inclusive, quality care and services.

Information management systems are in place including electronic and paper-based records, with different client management systems recording aspects of historical data in digital medical records as appropriate. Consumer statements are itemised and generated monthly with evidence of appropriate information, including available funds, itemized monthly expenditures, and fees. Managers meet with finance and the chief operating officer monthly to discuss financial performance which is reported to Board through the finance, resources, and projects committee. The organisation is also subject to internal and external financial audits annually.

Recruitment processes are supported by a specialised organisational team and position descriptions document service expectations of staff and incorporate value-based principles. Regulatory compliance is overseen by the governance and strategy branch with governance, legal services and integrity, risk, and resilience teams. Opportunities for continuous improvement are identified through review of incidents, feedback and complaints, and legislative changes. The service’s continuous improvement plan reflected such improvement actions.

There are effective risk management systems and practices, as demonstrated by assessment of the clinical care provided, staff interviews, and documentation review. The service assesses and manages consumer risks, offers training relevant to the level of care being provided and maintains an effective incident management system. The service has a risk management policy, and a risk management plan is continuously reviewed and updated by the relevant regulatory body and provided for regular review by the Board with noted risk management strategies.

Although the service does not provide clinical care to consumers (as indicated in Requirement 3(3)(c)), management demonstrated processes related to open disclosure through their feedback and complaints mechanisms.

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)