**Performance**

**Report**

**1800 951 822**

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| Name of service: | Northside Community Forum Incorporated |
| Service address: | Suite 101, 10 Help Street CHATSWOOD NSW 2067 |
| Commission ID: | 200576 |
| Home Service Provider: | Northside Community Forum Ltd |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 31 October 2022 |
| Performance report date: | 23 November 2022 |

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 Northside Community Forum Incorporated (**the service**) has been prepared by M Cooper, 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

**Home Care:**

* Home Care Packages, 27062, Suite 101, 10 Help Street, CHATSWOOD NSW 2067

**CHSP:**

* Domestic Assistance, 4-7Y37Q9Y, Suite 101, 10 Help Street, CHATSWOOD NSW 2067
* Flexible Respite, 4-7Y37QCR, Suite 101, 10 Help Street, CHATSWOOD NSW 2067
* Social Support - Group, 4-7Y37QFK, Suite 101, 10 Help Street, CHATSWOOD NSW 2067

# 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
* Aged Care Act 1997 [Cth]
* Aged Care Quality and Safety Commission Act 2018 [Cth]
* Aged Care Quality and Safety Commission Rules 2018 [Cth]
* User Rights Principles 2014 registered 10 October 2022
* Quality of Care Principles 2014 registered 10 October 2022
* Guidance and Resources for Providers to support the Aged Care Quality Standards published by the Aged Care Quality and Safety Commission in September 2022
* Home Care Package Program operational manual a guide for home care providers September 2021

# Assessment summary for Home Care Packages (HCP)

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** **Personal care and clinical care** | **Not applicable as not all requirements have been assessed** |
| **Standard 8 Organisational governance** | **Not applicable as not all requirements have been assessed** |

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 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 |

Findings

In relation to requirement 2(3)(a) the Quality Assessor reports that the Approved Provider was able to demonstrate that assessment and planning including the consideration of risk to the consumers health and well-being was informing the delivery of safe and effective services. Consumers sampled confirmed the services they receive are well planned and meet their current needs. A review of care planning documentation evidenced assessment and planning is undertaken for all consumers and relevant risks to consumers’ safety, health and wellbeing are identified and considered when planning services.

Consumers and/or representatives interviewed described, in various ways, their satisfaction with the service provision, and stated how Consultants took the time to listen and understand how to support their health and wellbeing to ensure their risks were minimised. The Assessment Team viewed care planning documentation and confirmed assessment and planning is completed with the Consultants, consumer and/or their representatives to inform the delivery of safe and effective services

Consultants demonstrated a detailed knowledge of individual consumers and their needs and described their involvement in initial and ongoing assessment and planning to mitigate risks for consumers. The Provider stated, and documentation confirmed that the implementation and use of 26 validated assessment tools are used to deliver safe and effective care for consumers. Documents viewed demonstrated the service has policies and procedures to support the workforce when undertaking assessment and planning and clear guidelines on each role’s accountability.

The Quality Standard for the Home Care Packages service the previous non-compliant requirement 2(3)(a) has been assessed and now found to be compliant

# 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)(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 |

Findings

In relation the requirement 3(3)(a) the Quality Assessor reports that the Approved Provider demonstrated that they have implemented processes to ensure each consumer receives personal and clinical care that was safe and effective with the approach being driven by best practice, tailored to their needs and optimised for their health and wellbeing. The Provider advised that consumers on home care packages receive personal and clinical care. They provided information to show the changes they have implemented as a result of the Directions notice. Consumers interviewed were happy with the personal and clinical care they receive.

Care workers are aware of consumers' needs and discussed how they support them during personal care. The organisation requests medical and hospital discharge reports so that the service can monitor changes in health and medications. Further to this, the Provider is provided a report from subcontractors and care workers. Information provided by the service was supported by the following evidence. The Provider is provided a report from subcontractors and care workers

In relation to requirement 3(3)(e) the Quality Assessor reports that the Approved Provider demonstrated that they have implemented processes that allow care workers to complete regularly dated notes on the database. They also receive regular phone contact from the managers regarding new consumers and any changes to care or services as the result of care reviews or consumer/representative requests.

The Provider advised that the service has implemented a validated assessment system with care planning documentation to support information about consumer’s condition, needs, and preferences which are documented and communicated within and outside the organisation where responsibility for care is shared. Management is implementing shift notes and a QR code system to get progress notes from care workers and subcontractors for every shift. Currently care workers are completing dated notes on an exceptional basis. They also call regarding any consumer non-response to a scheduled visit. The Provider confirmed that due to communication issues they have had to stop many subcontracted services. Information provided by the service was supported by evidence. Case workers also said they complete regular dated notes. They also receive regular phone contact from the managers regarding new consumers and any changes to care or services as the result of care reviews or consumer/representative requests

The Quality Standard for the Home Care Packages service the previous non-compliant requirements 3(3)(a) and 3(3)(e) have been assessed and now found to be compliant

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# Standard 8

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| Organisational governance | | HCP |
| 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)(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

**Continuous Improvement**

No issues were identified in the September 2021 assessment contact regarding continuous improvement.

**Financial governance**

The financial team monitor financial reports, including under and overspends on home care package budgets. Statements are also provided to consumers on a monthly basis and these are reviewed on a regular basis, with consumer and representative input, to ensure understanding.

**Information management**

The service has implemented a range of improvements that included providing the consumer’s support plan develop to all subcontracted staff. Care staff interviewed confirmed they receive a copy of the consumer’s support plan that guides them in providing services to the consumer.

New processes have been implemented to ensure feedback from subcontracted care workers is received on a more regular basis. The service is currently piloting a new process to having QR codes in each consumer’s home which will enable care workers scanning to enter their progress notes and any incidents for that consumer. When this commences reporting by subcontracted staff will be on every episode of service rather than exceptional reporting

**Workforce Governance; including the assignment of clear responsibilities and accountabilities**

The service has developed a worker compliance register in a spreadsheet format.. The register is updated quarterly, and the spreadsheet sent to subcontracted agencies to update details and add any new staff. Management has oversight of this register and checks for any non-compliance.

The service is setting the training requirements for any subcontracted staff in its contracting agreements. For Culturally and Linguistically Diverse (CALD) agencies who provide care workers based on language, language requirements are also stipulated. Regular training is also provided by the Clinical Care and Governance Manager.

Management notes they did initially lose 8 – 15% of workers due to vaccination requirements but numbers have now stabilised. They are currently recruiting for a Quality Coordinator. The Provider is striving to ensure they have adequate mix of skills and qualifications to provide safe and quality services to consumers. The service has also started to build an IT system to capture qualifications and training.

**Regulatory Compliance**

Management has developed a stronger subcontractor service agreement that ensures certain requirements are met before providing services to consumers. This also includes relevant training or qualifications the subcontracted workers should have. The agreement also includes that care workers be provided with a copy of the consumer’s support plan in the format developed by their consultants and expectations regarding how the subcontracted agency should manage COVID processes. The service has developed a worker compliance register to ensure they are recording all regulatory compliance matters regarding subcontracted staff. For further information refer to (iv) workforce governance within this requirement.

**Feedback and Complaints**

Management advised they have had processes in place for some time to encourage feedback from consumers, representatives and staff and they have short turnaround times for the resolution of any negative feedback. They send out regular newsletters and include information on external mechanisms in the consumers service agreements. They also have a page on providing feedback on their website. Since their assessment contact in September 2021 they have strengthened existing processes by creating a translating functionality on their web page so information can be translated into a range of languages to ensure better information for those CALD backgrounds. They also have CALD consultants who speak a range of languages including; Spanish, Mandarin, Arabic and Serbian, with other staff also speaking Bengali and Hindi. The Approved Provider has developed a fridge magnet with contacts such as Senior Rights Service, OPAN and The Aged Care Quality and Complaints Commission, which have been issued to all aged care consumers.

In relation to requirement 8(3)(e) the Quality Assessor reports that the Approved Provider has implemented a large range of improvements with regards to clinical governance processes. A clinical care and governance manager has been employed by the service and a clinical framework has been developed as well as a range of clinical policies and procedures. A clinical care and governance working group has also been developed. The Provider has implemented a new sub-committee of the board – the Clinical Governance Committee.

Meetings are held regularly, and minutes taken (multiple sighted). The Clinical Governance committee reviews all relevant information and forwards information to the board as needed for their review. There are also clinical skills within the board. There is a clinical consultant available who provides independent advice to the Clinical Governance Committee and attends meetings by invitation.

On a day to day basis clinical indicators are recorded and reviewed on a minimum monthly basis. There is also a clinical care dashboard that is reviewed on a fortnightly basis and incident and feedback registers reviewed monthly through board sub committees. A high-risk register has been developed to monitor at risk consumers

The Quality Standard for the Home Care Packages service the previous non-compliant requirements 8(3)(c) and 8(3)(e) have been assessed and now found to be compliant

1. The preparation of the performance report is in accordance with section, s68A – assessment contact **of** the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)