**Performance**

**Report**

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| Name of service: | Parkinson's Queensland Inc |
| Service address: | 2 Clunies Ross Court EIGHT MILE PLAINS QLD 4178 |
| Commission ID: | 700617 |
| Home Service Provider: | Parkinson's Queensland Inc |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 20 December 2022 |
| Performance report date: | 17 January 2023 |

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

**This performance report**

This performance report for Parkinson's Queensland Inc (**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

**CHSP:**

* CHSP - Specialised Support Services, 4-8162EHG, 2 Clunies Ross Court, EIGHT MILE PLAINS QLD 4178

# 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 review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 10 January 2023
* the provider’s response to the assessment team’s report for Quality Audit conducted between 5 January 2022 and 7 January 2022.
* The Performance Report issued in response to the Quality Audit conducted in January 2022 dated 14 February 2022
* A telephone conversation with the CEO of Parkinson’s Qld Inc on 16 January 2023
* 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
* Commonwealth Home Support Programme manual 2022 -2023

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| **Standard 1** Consumer dignity and choice | **Not applicable as not all requirements have been assessed** |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **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 | | 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

To add context to my findings in this matter it would be appropriate to consider what care and or services Parkinson’s Qld Inc provides to its CHSP clients and identify the organisations obligations under the Aged Care Act 1997 and the Aged Care Quality and Safety Act 2018.

Under the Aged Care Act 1997 a person cannot receive funding for the provision of aged care services unless they are an Approved Provider. Aged Care Service is defined as *including home care which is care consisting of a package of personal care services and other personal assistance provided to a person who is not being provided with residential care.*

The Aged Care Act also defines care as ‘*services, or accommodation and services, provided to a person whose physical, mental or social functioning is affected to such a degree that the person cannot maintain himself or herself independently’.*

The Aged Care Quality and Safety Rules defines home service as including home support service. A Home Support Services means a service provider under the program known as the Commonwealth Home Support Programme (CHSP). Parkinson’s Qld Inc (PQI) is an approved provider authorised to provide a Specialised Support Service to consumers who are care recipients approved under Part 2.3 of the Aged Care Act. Being an Approved Provider of CHSP services PQI has an obligation to comply with Section 54-1 (Responsibilities of approved providers) of the Aged Care Act 1997.

In considering the issues raised in this assessment clarity can be gained from reviewing the Commonwealth Home Support Programme – Program Manual 2022-2023. The manual was designed for use by CHSP Providers and forms part of the CHSP Grant Agreement and outlines the operations of the program. The manual states that the objective of Specialised Support Services is to provide services that meet the specialised needs of older people living at home.

The manual clarifies that this service type refers to specialised or tailored services for older people who are living at home with a particular condition such as dementia or vision impairment. These services help clients, their carers and families, to manage these conditions and maximise client independence to enable them to remain living in their own homes. They comprise a mix of direct service delivery, tailored support and expert advice. They also provide support to other service providers to meet the specialised needs of those clients through awareness raising, information sharing and education. It is clear that organisations that are only approved to provide Specialised Support Services do not deliver any other care or services.

The Approved Provider states it has 4.4 fulltime staff and about 50 Volunteers. PQI has about 3300 consumers in 32 groups across Queensland who are funded under the CHSP and that funding is approximately $50 per consumer per year. The Provider states that it is only approved to provide a Specialised Support Services and that the service is limited to peer support in a social setting using Volunteers who have a ‘lived experience’ of either suffering from Parkinson’s or having lived with a person who has Parkinson’s.

The Provider offers the support service to its consumers one day each month for approximately two hours. Depending on availability and preferences from its consumers PQI will hold the meetings at libraries, cafes or a club. At the request of its consumers PQI will organise for guest speakers to attend the meetings but otherwise its consumers support each other as they seek to understand how the disease progresses and how other persons with Parkinson’s have adapted their lives to live with the illness.

The Approved Provider will, as a matter of course, review the suitability of the venue with the view of determining if its consumers can access the place with easy and if there is a safe area for them to be driven to the venue. The Approved Provider does not provide meals, transport, personal or clinical care nor does it have its own premises where support meetings are held. The Provider states that all the consumers make their own way to the venue and then remain behind with friends after the session has ended.

In considering the definition of ‘care’ as defined in the Aged Care Act in relation to the services provided by the Approved Provider and the description of its consumers it would appear that each of the Provider’s consumers *are not* persons ‘whose physical, mental or social functioning is affected to such a degree that the person cannot maintain himself or herself independently’. Therefore, I have reasonable grounds to form the view that the Approved Provider is not providing care to its consumers.

In reviewing the matters listed as being non-compliant in the Assessment Team report I note that the Approved Provider has not complied with Standard 2 ‘Ongoing assessment and planning with consumers. I note that the Guidance and Resources for Providers to support the Aged Care Quality Standards (the Guidance) provides the following advice to Approved Providers as to how they should interpret and apply the Quality Standards to their business model.

Of significant, page 4 of the Guidance states that;

‘Each organisation should interpret the Guidance material considering it own service delivery model.’ The Guidance also clearly states that ‘Quality Assessors are proportionate in how the Quality Standards are applied to different types of services. *Quality Assessors consider the size and type of services and the relevance of the requirement to the service provided.’*

The Guidance states that the organisation statement for this standard is;

‘The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.’

Further to this, the Guidance states, in part, that the

‘Purpose and Scope of the Standard’ describes what organisations need to do to plan and care and services with consumers’……*’The level of assessment and planning will depend on the level of care and services the organisation is providing and the risks of delivering care and services for the consumers’*

As compliance with this standard revolves around a care plan it is important to determine exactly what that is. Of interest, although the existence of a care plan is mentioned numerous times through the appropriate Acts, Rules and Standards, I could not find a definition of what constitutes a care plan except in the Home Care Packages Operational Manual. Section 7.1 of the manual states that ‘*a care plan is a document that defines the package of care and services that a care recipient will fund using their package budget’*. Given this interpretation, and the definition of what constitutes ‘care’ under the Aged Care Act, it stands to reason that if a consumer is only funded for Specialised Support Services then the care plan can only relate to the provision of that service. At this point in time I do not have any evidence that the Approved Provider’s consumers have been given funding for anything except Specialised Support Services.

Requirement 2(3)(a)

The Assessment Team reports that the Approved Provider did not demonstrate adequate assessment processes to identify and consider risks to the consumers’ health and wellbeing. The service did not have a system to seek information to identify individual risks of each consumer nor develop a plan to inform care delivery. The Guidance states, in part, that the intent of this requirement is ‘to assess, plan and deliver care and services that are safe and effective, members of the workforce need to have the relevant skills, qualifications and knowledge to assess individual consumer’s needs and to understand their needs, goals and preferences’.

The Approved Provider does use a consumer registration form which seeks to adequately identify any issues that would impact upon the consumers ability to attend a peer support or information session. The Provider has stated that its Support Workers were employed as they have a ‘lived experience’ of Parkinson’s and due to this the Support Workers are able to identify changes in consumers and provide them with advice.

Having regard to the information provided in the Guidance, relevance of the requirement to the service provided and taking into consideration the business model of the Approved Provider and the very bespoke services it offers I have reasonable grounds to form the view that the Approved Provider has complied with this requirement.

Requirement 2(3)(b)

The Assessment Team reports that the Approved Provider did not demonstrate adequate assessment processes to identify consumer’s current needs, goals and preferences, including advance care planning and/or end of life planning if the consumer wishes. In reviewing the information and taking into account the minimal level of funding given to the Provider’s consumers, the description of a care plan as stated in section 7.1 of the Home Care Packages Manual and the fact that the Provider does not provide personal or clinical care I am of the view that the Approved Provider does not need to undertake advance care or end of life planning. In reviewing the Support Group Registration Form I am of the view that this document is sufficient for the Provider to identify the consumer’s current needs, goals and preferences. Therefore, I have reasonable grounds to form a view that the Approved Provider has complied with this requirement.

Requirement 2(3)(c)

The Assessment Team reports that the Approved Provider demonstrated effective planning and partnership with consumer. However, the service did not demonstrate a process to ensure that review occurs and that communication with other organisations, individuals and providers of other care and services involved in the care of the consumer is undertaken. As mentioned earlier the Provider asks consumers to complete Support Group Registration form. The CEO of Parkinson’s Qld Inc stated that the registration form is sufficient for the organisation to assist the consumer’s in being put in contact with peers, Support Workers and other support services. The Provider is not aware if the consumers are also on a Home Care Package. Due to the work of the Support Workers’ the physical and cognitive condition of the consumers is monitored each time they attend a peer support session and if need the Support Worker can provide them with a list of other service providers who can assist them. For the reasons I have given above I have reasonable grounds to form the view that the Approved Provider has complied with this requirement.

Requirement 2(3)(d)

The Assessment Team reports that the Approved Provider did not demonstrate that the outcomes of assessment and planning are effectively communicated to the consumer, family and their carers as no support plan had been developed, documented or provided to each consumer. As mentioned earlier this Approved Provider has been approved to provide a very bespoke service to a limited class of consumer and as part of joining Parkinson’ Qld consumers are asked to complete a registration form. I am of the view that the registration form constitutes a care plan for the purposes of this assessment. Consumers attend support meetings facilitated by the Provider are driven by a need to understand the progression of this disease and to speak with peers on how they have adapted their life style in order to live with it. Although, PQI is a provider of CHSP services, I feel that the description of a care plan as stated in section 7.1 of the Home Care Package manual is still relevant. Also given the definition of care, I am of the view that the Provider does not provide care as its consumers’ are not in a position where they cannot maintain themselves. It would appear that the Provider is providing a service in accordance with this description in that consumers are paying for these services using their package budge. As I have no information in relation to whether or not PQI’s consumer have additional funding I can only assume that they are only funded for Specialised Support Services. Taking this into account and for the reasons mentioned above I have reasonable grounds to form the view that the Approved Provider has complied with this requirement.

Requirement 2(3)(e)

The Assessment Team reports that the Approved Provider did not demonstrate they have a system in place to review the care plans. As a result, the service does not identify when the care needs have changed for a consumer, including changes in circumstance or when an incident occurs to prompt a review of the consumers individual needs and supports to attend the support group meetings. As mentioned earlier PQI provides information sessions at 32 location through out Queensland. The information sessions are driven by requests and feedback from its consumers in relation to location of the session and the information provided. It is understood that the progression of this disease is unique to each person and therefore any requests for information will be delivered as the need arises. I am of the view that the Support Group Registration form constitutes a care plan and I am of the view that the interaction with the Support Workers at peer support meetings also constitutes a review of the consumers wellbeing. Taking this into account and for the reasons mentioned above I have reasonable grounds to form the view that the Approved Provider has complied with this requirement.

# Standard 8

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| Organisational governance | | CHSP |
| 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 |

Findings

The Assessment Team reports that the Approved Provider has sourced the required documents and legislation and discussed relevant sections with staff and is working on accessing My Aged Care (MAC). The service was not able to demonstrate through requested evidence that the organisation undertakes initial and ongoing assessment and planning for eligible consumer’s with Parkinson’s Disease who attend support groups. For the reasons I have discussed whilst considering the Approved Providers compliance with Standard 2 and taking into account the my research into the Provider’s obligation to comply with the Standards and based on advice in the Guidance that ’The level of assessment and planning will depend on the level of care and services the organisation is providing and the risks of delivering care and services for the consumers’ and the fact that I have reasonable grounds to form the view that the Approved Provider has complied with Standard 2, I find that I have reasonable grounds to form the view that the Approved Provider has complied with Standard 8(3)(c).

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as one of the five specific requirements has now been assessed as compliant.

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