**Performance**

**Report**

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| Name: | Pine Creek Aged Care Service |
| Commission ID: | 600453 |
| Address: | 29 Crawford Street, KATHERINE, Northern Territory, 0851 |
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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: 7651 Victoria Daly Regional Council

Service: 24729 Victoria Daly Regional Council - Community and Home Support

**This performance report**

This performance report for Pine Creek Aged Care Service (**the service**) has been prepared by K. Jarvie, 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.

It is noted that the provider did not provide a response to the Assessment Team report findings.

# 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 | **Not Applicable** |
| **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

Consumers said they are treated with dignity and respect and staff recognise and place importance upon their cultural identity. Staff were described by consumers to take the time to get to know them and what was important to them. The Assessment Team observed interactions between staff and consumers to be respectful and kind.

Staff were able to describe the individual cultural needs of consumers and how they personalise service delivery to meet their cultural preferences. Consumers described how staff interactions make them feel respected, valued and safe. Service documentation was observed by the Assessment Team to be in culturally inclusive languages.

The service promotes consumer centred care by promoting their involvement in activity planning, decisions and service delivery. Consumers were satisfied the service recognises their relationships and values their social connections. The Assessment Team observed consumers leading their service planning and delivery.

Staff described the process of enabling consumers to take risks, including dignity of risk assessment. Consumers said the service promotes them to participate in risk, such as shopping on her own. Staff were noted to provide support and assistance to consumers to enable them to maintain independence and exercise choice. The Assessment Team observed consumer documentation prioritising consumer choice, with appropriate risk assessment.

Consumers were satisfied information distributed by the service to them was explained and they were provided opportunity to ask questions. Staff described how they support consumers to understand information and access additional advocacy and language services as necessary. Invoices are not currently sent to consumers, with management describing this being the result of consumers not having to contribute to their services financially. It was further identified that the service is currently reviewing this practice and is looking to issue invoices in the near future. The Assessment Team reviewed the services consumer welcome information which contained comprehensive information on services delivered.

Consumers were confident of the services ability to respect their privacy. Staff described keeping consumer information securely. Management demonstrated that consumers are required to consent to the release of their information to external agencies. The Assessment Team sighted secure electronic information systems in use by staff to protecting consumer details.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements within Standard 1 Consumer dignity and choice.

# 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

Consumers described the service working in collaboration with them initially to determine what and how their care and services delivered and when changing their service options. Staff detailed how they prioritise the health and wellbeing of consumers through mobility risk assessments whilst considering physical and psychological factors to inform safe and effective care delivery. Care documentation sighted by the Assessment Team supported these statements, and evidenced the use of validated assessment tools with any clinical issues referred externally to appropriate service providers.

Consumers said staff determine their individual preferences at commencement and devise their service plan and delivery in consultation with them and with this information in mind. Consumers confirmed having been spoken with by staff about advanced care directives, and most identified having advanced planning in place. Consumers described how the service helps them to maintain their independence by letting them determine how they live.

Staff described always providing consumers with the option to include others in their care planning or delivery which was evidenced by the Assessment Team through available care documentation. Management described engagement with external providers that work with consumers such as medical services and other organisations for the purpose of social outings. Consumers described staff engaging with them on a regular basis to ensure the services being provided are appropriate or in need of review.

All consumers confirmed their care plans were discussed with them and a copy provided which is typically kept in the consumers’ home. Staff advised consumers are supplied with a copy of all assessments and reviews completed and the Assessment Team sighted this documentation in practice.

Staff described the process for regular in person review of consumers care planning and service delivery. Management has oversight to ensure regular ongoing scheduled review, as well as review in the event of identified risk or adverse incidents. Consumers said the service effectively reviews their service regularly. Management described an example of a review occurring after a change in consumers health, with documentation sighted by the Assessment Team supporting this information.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements within Standard 2 Ongoing assessment and planning with consumers.

# Standard 3

It is noted that this standard has not been assessed as the provider is not funded to provide personal care and clinical care.

# 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. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not applicable |

Findings

Consumers all described how the service promotes their independence, enabling them to complete tasks which improve their health, wellbeing, and quality of life. Staff described how consumers identify their goals at initial assessment and feedback is obtained to guide and inform improved service delivery, ensuring activities are consumer centred.

Consumers said the service provided promotes their wellbeing and makes them feel supported. Staff described how they record and monitor consumer wellbeing to ensure they are meeting their needs, goals and preferences. Any change or decline is comprehensively documented, and where consent is in place, external referral or reassessment for additional support is sought. The Assessment Team sighted policy and procedure documentation that guided staff on processes for supporting consumer emotional, physical and psychological wellbeing.

Consumers described how the support of the service allows them to build and maintain personal and social relationships within the community that are important and of interest to them including accessing essential services that might otherwise be unavailable to them. Staff promote and facilitate consumers engagement in social activities and belonging.

Consumers were satisfied staff know them very well, and internal communication is effective within the service. Staff said information available to them is current and timely which enables effective service delivery. Any change in consumer presentation is quicky identified and escalated appropriately. Information relevant for reporting to management is done so on a weekly basis, with monthly meetings occurring with local medical services and other external provider involved with consumers with appropriate consent document sighed by the Assessment Team.

Consumers said they are referred externally when the service is unable to address an issue such as home repair or maintenance, or for re-assessment when their care needs change. Staff described effective practice in referring to other organisations when needed, and this was evidenced by consumer care plan documentation.

Standard 4 requirement (3)(f) and Standard 4 requirement (3)(g) were not assessed as the service is not funded for and does not provide meals or equipment.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d) and 4(3)(e) within Standard 4 Services and supports for daily living.

# 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. | Not applicable |
| 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

Consumers said they feel safe and comfortable in the service vehicles and they are suitable and meets their needs. Where difficulty exists staff assist them wherever required and as necessary. Staff demonstrated appropriate knowledge of maintenance procedures, and this was supported through service documentation. The Assessment Teams observations of the service vehicles identified they were clean, without identifiable hazards and appeared well maintained.

Consumers were satisfied with the functionality of vehicles and how they were suited to their needs. Observations of vehicles completed by the Assessment Team identified no issues associated with suitability or safety equipment installed.

Requirement 5(3)(a) was not assessed as the service does not have a service environment.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements 5(3)(b) and 5(3)(c) within Standard 5 Organisation’s service environment.

# 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

Consumers said they were aware of processes for giving feedback or making complaints, and they feel encouraged to do so. They confirmed they are provided information to guide them with making complaints at commencement of services, and feedback is regularly sought by staff. Due to the small workforce, staff said they have good relationships with consumers, and they believe consumers feel comfortable to raise concerns.

Consumers are provided documentation to assist the service in receiving feedback and complaints, including consumer surveys. Staff described relying heavily on translating services in certain remote locations and are well versed at utilising these services effectively to enable consumer engagement. Initial consumer packs contain information on advocacy services, including the Aged Care Quality and Safety Commission.

Consumers said they were confident the service would address complaints and feedback concerns provided by them in a prompt manner. Staff were knowledgeable of open disclosure practice, and they were motivated to resolve feedback and complaints to the consumers satisfaction, proving an example of this having recently occurred with vehicle suitability.

The service uses continuous improvement framework which was sighted by the Assessment Team.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements within Standard 6 Feedback and complaints.

# 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

All consumers interviewed reported satisfaction with staff who they receive care from and have contact with. The service has long standing staff members, who are apart of the local close nit community. No services were identified as being cancelled or rescheduled in the preceding month. Management described available shift coverage in the event of staff absence, which given the small size of the service is easily achieved with care staff in the region.

Staff were described by consumers as being respected and going above and beyond in their service delivery and care. Consumers stated further that staff create enjoyable environment and are knowledgeable and caring. The Assessment Team observed staff interacting with consumers in a positive and respectful manner.

All consumers identified having confidence in the knowledge and skill set of staff members. Staff confirmed they are appropriately supervised and their needs for updated training occur as necessary. Management described vigorous recruitment standards ensuring qualifications and mandatory clearances and checks occur.

Staff said they participate in orientation and mandatory education and regular training. Management describes ways in which they remain informed of regulatory changes and reform. Documentation sighted by the Assessment Team showed training is monitored and appropriate in enabling them to perform the roles.

Staff confirmed regular performance appraisals occur which identify any areas for improvement. Management described monitoring staff conduct and achievements by formal review and also through feedback and complaints processes. Documentation confirmed these were completed regularly.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements within Standard 7 Human resources.

**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. | Not applicable |

Findings

Consumers described staff proactively contacting them to ensure satisfaction with their care and services. Staff described seeking feedback from consumers to inform their service delivery. Documentation reviewed by the Assessment Team showed community surveys were collated to management and informed the continuous improvement plan.

Management described reporting of complaints and incidents to the board to inform continuous improvement and increase accountability. Staff and council meetings occur regularly incorporating operational monitoring of aged care services. Meeting minutes reviewed by the Assessment Team evidenced how findings and guidance is communicated to operational staff by the board on topics such as Covid-19 restrictions, infection control and the Serious Incident Response Scheme. The service measures itself against the Quality standards and aims to improve its performance.

The service evidenced effective governance systems relating to information management, continuous improvement, workforce governance, financial governance and feedback and complaints. The service does not provide clinical services and conducts external referrals appropriately when required.

The service effectively identifies risk and vulnerable consumers and works collaboratively to assist them to live their best life and promote health and wellbeing, including extensive emergency management planning. Staff are appropriately trained, and the service describes how it identifies and response to consumers neglect and abuse. Incidents and complaints are reported and recorded appropriately and inform service delivery.

It is noted that Requirement 8(3)(e) was not assessed as this service is not funded for and does not provide clinical care.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements 8(3)(a), 8(3)(b), 8(3)(c) and 8(3)(d) within Standard 8 Organisational governance.

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)