**Performance**

**Report**

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| Name: | Portland Community Services |
| Commission ID: | 300787 |
| Address: | 141-151 Bentinck Street, PORTLAND, Victoria, 3305 |
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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: 8735 Portland District Health  
Service: 28434 Portland District Health - Care Relationships and Carer Support  
Service: 25960 Portland District Health - Community and Home Support

**This performance report**

This performance report for Portland Community Services (**the service**) has been prepared by G. Harbrow, 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 above and complies with this Standard.

Consumers and representatives advised staff were respectful, providing individualised consumer care reflective of consumer values and background. Staff described the importance of establishing relationships with consumers to guide the provision of individualised consumer support. Consumers are provided the Aged Care Charter of Rights on commencement with the service.

Consumers and representatives confirmed staff were knowledgeable about consumer cultural identity, values, and what is important to them. Staff described access to interpreter services if required. Management advised of the requirement for staff completion of annual mandatory cultural safety education training.

Consumers and representatives verified being supported to make choices and decisions about care and services received. The Assessment Team found documentation reflects that the service captures consumer information regarding care needs and preferences, and relationships of significance. The service rostering system ensures care provision delivered in alignment with consumer preference. Staff described ways of supporting consumers to exercise choice and independence, and management advised of the provision of staff education on a reablement approach to assessment and intervention. The service has guidance documents outlining expectations of the service for consumers and representative involvement in all aspects of decision making.

Consumers and representatives were satisfied the service supports consumers to live their best lives. Comprehensive assessments identify individual consumer risks, supporting informed decision making by consumers and representatives, regarding consumer engagement in activities of their choosing, including those involving risk.

Consumers and representatives confirmed receiving timely and clear information. Staff described strategies used to communicate information dependent on individual consumer communication capacity. Consumers are provided information regarding available services and fees on commencement with the service.

Consumers and representatives were confident the service maintains privacy and confidentiality of their personal information. Staff complete mandatory education about privacy, consent and information security, and staff and volunteers are required to sign confidentiality agreements. Documentation confirms consumer consent obtained regarding consumer goals of care.

# 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 above and complies with this Standard.

Consumers expressed satisfaction with the assessment process and identification of risks. Staff described an assessment process to identify risks and inform planning to meet consumer care needs.

Consumers confirmed they participated in the development of their care plan were satisfied the services provided to them, met their needs. Staff confirmed consumer’s needs and goals are discussed during the initial meeting and assessment and includes advance care planning.

Consumers described being involved in deciding upon services they wished to receive and confirmed family members were involved with consumer consent. Consumers and representatives described effective communication with other health service providers involved in their care, and documentation reflects the people involved in the care planning process in line with the organisational policy. Staff outlined processes for communication across the service with priority given to working effectively together to provide a coordinated service for the consumer.

Consumers confirmed they understood their care plan and had been offered a copy. Brokered services develop and review discrete care plans and consumer goals, with consumers or representatives requested to sign indicating their agreement.

Consumers reported their services are reviewed and changes made when needed. Staff explained changes to consumer condition, will trigger a reassessment. Management explained a processes of regular review of services, or on the occasion changes occur. When there is an identified need for further services than can be delivered under CHSP, staff outlined the process of referral to my aged care (MAC) for reassessment.

# 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. | Compliant |
| 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 above and complies with this Standard.

Consumers expressed satisfaction with the personal and clinical care they receive and the knowledge and familiarly of the staff who provide care. Regular staff are allocated to consumers with a process of communication with consumers and staff should there be any change. Staff said they provide care in line with each consumer’s care plan and management explained staff and consumers are encouraged to report any unplanned changes or concerns.

The Assessment Team determined the service has effective processes to identify and manage consumer risks. Where risk assessments identify consumer care requirements beyond the scope of the CHSP services, consumers are referred to MAC for reassessment. Staff outlined training received about high-impact, high-prevalence risks and explained how they would report falls or consumers experiencing changed behaviour. Management identified high impact high prevalence risk for consumers as isolation, deterioration, infection and breaches in privacy and confidentiality. Management explained effective processes in place to manage these risks.

The Assessment Team report indicates the service refers consumers who require end of life care to a local palliative care service. Where CHSP services continue to support the consumer’s care needs, the service collaborates with palliative care team ensuring consumer needs are met. During assessment and when care is reviewed, consumers wishes in relation to their end-of-life care are sought. Provided advanced care planning preferences are recorded in the service’s electronic information management system.

Consumers and representatives expressed confidence that staff would identify a change or deterioration in consumer health and confirmed the service is responsive when a change is identified. Care staff explained a process of service notification and escalation to emergency services should this be required. The organisation provides role dependent education covering emergency care, deterioration and advanced are planning. The organisation has a protocol for escalation of consumer care that can be initiated by consumers, family, or staff.

Consumers expressed satisfaction with communication within and outside the organisation where their care is shared. Staff explained they are provided consumer’s care plans and have access to key information and notifications of change through a phone application and messaging. Staff explained the service accesses MAC information for each consumer and provides update on services and any additional needs back to MAC. Staff report that communication via email and phone is effective to share information that is required between services.

Consumers were satisfied with the process of referral to other services where required. Staff and management outlined the process for referral including to MAC. Management confirmed the service would not routinely make an appointment for consumers able to do so themselves.

Consumers were satisfied with measures employed by staff to reduce the potential for transmission of infection. Management explained a range of strategies in place in line with the local district infection control department advice. Staff are required to have an annual influenza vaccination and covid vaccination in line with state health recommendations is encouraged. Organisational policies and procedures guide staff in infection control processes.

# 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 above and complies with this Standard.

Consumers were satisfied with services offered to support their independence and wellbeing. Staff described knowing each consumer and their preferences well. They advised consumers are consulted about the activities in which they wish to engage, as well as being able to refer to the consumer’s care plan. Consumer care plans are developed in partnership with the consumer and evidence community and individual activities of interest to the consumer.

While consumers said they did not require direct emotional or spiritual support from the service, they confirmed staff having a positive impact on their lives. Staff members provided numerous examples of actions to take should they identified a consumer as emotionally low, including suggestion of referral to an appropriate service.

Consumers said the service provided supports to enable participation in their preferred social activities. They said staff know their needs, and services are well coordinated.

Management indicated no consumer complaints were received in the past 12 months regarding food services provided.

Consumers said and the service confirmed, the service supports consumer equipment requirements in collaboration with allied health professionals to ensure consumer equipment is suitable and working well.

# 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 above and complies with this Standard.

Service environments utilised for consumer activities, were identified by the Assessment Team as easy to access and decorated to create welcoming environments. Consumers participating in activities were observed to access rooms and facilities independently and consumers said they felt welcome.

The Assessment Team identified service environments as clean and well maintained, with consumers observed to use access and egress points freely.

The Assessment Team found furniture, fittings, and equipment to be in clean and well maintained, with a process for maintenance in place.

# 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 above and complies with this Standard.

Consumers and representatives reported being encouraged by the service to provide feedback and raise complaints. Staff and management described numerous avenues by which consumers provided feedback.

The Assessment Team determined while consumers and representatives were not aware of advocates, language services or other method for resolving complaints, they were confident the service would assist if required. Staff were aware of these services and related information is provided to consumers on commencement with the service.

Consumers and representatives were satisfied with the service’s management of complaints. Staff and management could identify the complaints management process, with staff including on the spot resolution for minor complaints. The service has a policy and procedure providing guidance on complaints management including open disclosure. Documentation demonstrated appropriate action taken by the service in response to complaints.

Consumers and representatives were satisfied their feedback and complaints were reviewed to improve the quality of care and services. Management confirmed a review of every consumer complaint to inform continuous improvements, with complaints a key performance indicator in monthly quality reports.

# 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 above and complies with this Standard.

Consumers reported service staff allocation is planned to deliver safe and quality care. Staff reported rostering providing enough time to complete required tasks and management advised all shifts for the previous 3 months as covered. The organisation employs permanent staff in a variety of roles to meet consumer needs.

Consumers and representatives described staff as kind, caring and respectful. The Assessment Team observed service management and staff spoke about consumers in a caring manner and knew each consumer’s background and needs. The service has a suite of policies and procedures to support consumer diversity and inclusion.

Consumers and representatives were satisfied staff are competent and skilled to effectively perform their roles. The Assessment Team determined staff certifications, qualifications, vaccinations, and legislative checks, are reviewed annually, and monitored via an electronic tracking tool. Documentation included position descriptions for roles within the service, including minimum qualification requirements, specialist knowledge requirements, accreditation, and membership requirements for each role.

Consumers and representatives were satisfied staff know what to do, to deliver quality care and services. Management described the recruitment, onboarding and induction process for all staff and volunteers. The Assessment Team identified mandatory education records to include a variety of topics to support the delivery of outcomes required by these standards, with a 92 per cent completion rate by relevant staff.

Consumers and representatives were satisfied with staff performance with management confirming a process of informal and formal, staff initial and ongoing performance development review to ensure delivery of safe and quality care and services by staff members.

# 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

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

The Assessment Team found consumers and representatives were encouraged to provide input into how the service is run. Consumers described being asked for feedback through the completion of feedback forms and surveys. The organisation has a consumer advisory committee that has three consumer positions and meets bimonthly.

The Assessment Team determined the service’s governing body promotes a safe and inclusive culture, promotes quality care and services, and is accountable for their delivery. The organisation has a strategic plan with the Board maintaining confidence the service meets the Quality Standards through feedback mechanisms from a variety of systems and processes that inform governance

The Assessment Team report identified the service has effective organisational wide governance systems in place for information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

The Assessment Team found the organisation has an effective risk management system inclusive of a risk management framework supported by policies and risk assessment tools. Documentation confirmed a risk management system with incident review and reporting to the Board. Management identified high impact high prevalence risk for consumers and advised the workforce completes training on identifying, preventing, and reporting consumer harm, abuse, and neglect. Staff described action to take in the event of identifying consumer neglect or abuse, and their responsibilities regarding reporting incidents. The organisation has policies to guide staff in supporting consumers to live the best life they can.

The service has a clinical governance framework supported by policies, considerate of antimicrobial stewardship, minimising the use of restraint and open disclosure.

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)