**Performance**

**Report**

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| Name of service: | Prahran Community Learning Centre Inc |
| Service address: | 40 Grattan Street PRAHRAN VIC 3181 |
| Commission ID: | 300522 |
| Home Service Provider: | Prahran Community Learning Centre Inc |
| Activity type: | Quality Audit |
| Activity date: | 14 April 2023 to 19 April 2023 |
| Performance report date: | 19 May 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 Prahran Community Learning Centre Inc (**the service**) has been prepared by M Abjorensen, 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:**

* Social Support Group, 4-B3CVFMF, 40 Grattan Street, PRAHRAN VIC 3181

# 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
* the provider’s response to the assessment team’s report received 19 May 2023

# 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

The Decision Maker has relied on the evidence collected by the Assessment Team, and the service response to the Assessment Team report, to inform the decision making of the above requirements.

The assessment team observed staff greeting consumers by name and spoke about consumers in a respectful way.

The service informs consumers of their rights as an aged care consumer, through information provided in the consumer handbook and through the organisation’s website.

Feedback from consumers described the service staff as welcoming and inviting.

Consumers told the Assessment Team that staff are accepting and inclusive of everyone and they feel people can ‘be themselves’.

Consumer files record relevant information such as their country of birth and languages spoken.

Consumers reported they make choices and decisions independently; they select the activities they wish to attend and have opportunities to be involved with the service in other ways through volunteering and building friendships through the service. Consumers advised the service would support them if they wished to involve others.

All consumers and representatives interviewed are satisfied consumers are provided with information to assist their choices and decisions related to the programs offered by the service.

Staff described support and assistance measures to ensure consumers are as safe as possible to continue enjoyment of the activities. The Assessment Team provided examples of how the service supports consumers with health conditions to continue their safe engagement of activates offered by the service, including, ensuring there is enough space for mobility aids and adjusting exercises to accommodate different fitness levels.

The Assessment Team observed consumers coming and going from the service and accessing the printed materials the service makes freely available.

Management discussed that an e-newsletter is produced each month and emailed to all consumers who have registered their email address with the service. Consumers who do not use email have a printed copy sent via regular mail.

The Assessment Team observed consumer hard copy files stored in a locked cupboard and accessed by relevant staff. The organisation’s privacy policy provides guidance to management and staff. Management explained electronic client records are password protected and levels of access are allocated according to role.

# 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

The Decision Maker has relied on the evidence collected by the Assessment Team, and the service response to the Assessment Team report, to inform the decision making of the above requirements.

At the time of the Quality Audit, the Assessment Team found inconsistencies in care documentation regarding the way risks are captured with sufficient information to guide staff in support consumers.

* In response to the Assessment Team report, the service provided evidence of improvements made to assessment and planning, including the consideration of risks to consumer health and wellbeing. For examples, care planning includes: contact information for consumer and a nominated representative, barriers to communicating, food allergies, mobility aids, languages spoken, medical conditions, supports, needs, preferences and goals. Consumer files show which services consumers attend and capture notes to monitor changes in condition, consumer feedback, interests, referrals and planned actions, such as enrolments.

The Assessment Team reported care documentation for sampled consumers did not evidence discussions with consumers as to identify and address their current needs, preferences, including discussion related to end of life planning. However, consumers interviewed advised they complete care planning documentation in each class and were able to list goals for each activity they participate in, and they are happy their care planning documentation covers the care and services they required during each activity. While consumers reported they did not have access to advanced care planning, the Decision Maker notes the response of the service:

* No Customers to date have sought conversations regarding Advanced care planning or end of life with staff, however information around service providers for this information will be included in information packs going forward.

Through interviews, consumers and representatives confirmed they felt supported by the service to make decisions, and they have ongoing communication with the service about their care and services, evidenced through care documentation viewed for sampled consumers. Within the consumer handbook, the service invites consumers, and their representatives, to attend sessions of interests and to invite anyone the consumer nominates to be involved in care planning creation, review, amendment, or assessment.

Through interviews, consumers confirmed the service has discussed their care plan with them, which is accessible upon request. Staff described how they access the care planning documentation, and how information is communicated via email when there was a change that impacted the consumers ability to participate in a scheduled activity.

The service conducts review of services every six months for each consumer. Feedback from consumers and care documentation evidenced consumer services are reviewed at the start of each program term. Consumer feedback described regular communication with the service, including updating their care documentation at the beginning of each term.

* While the Assessment Team reported duplication of care documents and inconsistencies in information recorded, for example: a sampled consumer has three care plans for each exercise class attended, care documentation inconsistencies have been considered under 2(3)(a). The response to the Assessment Team report demonstrated an engaged and proactive approach to making improvements, the Decision Maker is satisfied the completed, and planned actions, are sufficient to demonstrate compliance.

# 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. | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not applicable |
| 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 applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| 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. | Not applicable |

Findings

The standard was not assessed as the service does not deliver personal or 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

The Decision Maker has relied on the evidence collected by the Assessment Team, and the service response to the Assessment Team report, to inform the decision making of the above requirements.

Feedback from consumers described the way services support their independence and wellbeing, for example, consumers described the benefits to their health and wellbeing from their attendance of activities, including, improved coordination, greater social engagement and exercises which accommodate individual needs and goals. Staff and volunteers reported relevant consumer information, such as their goals and needs, is available on an as-needs basis to guide service delivery, tailored to consumer wellbeing.

Consumers told the Assessment team how their familiarity with welcoming staff and participation in activities, such as, exercise group, yoga, ‘chatty café’ and knitting classes; contributes in a positive way to their emotional and psychological wellbeing. Management showed the Assessment Team draft policies and procedures in relation to lifestyle supports to guide staff in their delivery. Additionally, management discussed plans to upskill the workforce through training to improve supports provided to consumers.

Consumers interviewed reported they look forward to the attending activities, which include various classes to select from to suit their interests and, build relationships within their community. Staff interviewed described the ways they encourage consumers to connect and engage in the groups that align with their interests. The Assessment Team reported the consumer handbook invites consumers to suggest activities of interest to them to inform services delivered.

Consumers described internal referrals within the service, for example, a consumer reported they appreciated the receptionist recommending the cooking class, which will assist with cooking meals and support diabetes management. Staff were able to discuss referrals within the service to access food parcels and assisting consumers to register with state government power saving initiatives. The service has developed a process for consumer referral to other organisations, and this was confirmed through Assessment Team observations and documentation provided.

However, the Assessment Team identified improvement areas in relation to the origination’s referrals to external organisations. Management provided details on current improvement actions. For example, to improve external referral networks, management advised they have a student who is currently undertaking a project to build a referral database, this is due to be completed by June 2023.

In response to the Assessment Team report, the service provided evidence of referrals made to consumers, information for consumers to identify local providers and the services available, in addition to and planned actions taken to improve the processes.

The Decision Maker finds the service has demonstrated meaningful, and measured, actions to strengthen external referral processes and finds the service is compliant.

# 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

The Decision Maker has relied on the evidence collected by the Assessment Team, and the service response to the Assessment Team report, to inform the decision making of the above requirements.

All consumers and representatives sampled advised they found the service environments to be safe, welcoming, and easy to navigate. Consumers described how they are greeted upon arrival, which contributes to the positive and welcoming environment.

Staff and volunteers described the functional and inclusive applications of the service environment suited to social support group activities and accessible for various mobility requirements.

The Assessment Team observations include clear signage located around a clean service environment, with navigational aids and areas to support social engagement. Emergency procedures were visible throughout the service enrolment, with a list of fire wardens and first aid officers, along with clean, and well maintained equipment and fittings.

Consumers and representatives interviewed confirmed they feel safe when attending the venues for social activities and described the service environment as safe, clean, and described it was easy to move around the premises freely, both indoors and outdoors.

Through interviews, staff demonstrated they were familiar with how to submit a maintenance request and respond to issues or concerns such has hazards and infection control procedures.

# 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

The Decision Maker has relied on the evidence collected by the Assessment Team, and the service response to the Assessment Team report, to inform the decision making of the above requirements.

Feedback from consumers confirmed the service seeks feedback via a survey at the end of term and consumers are supported to provide feedback at any time. Consumers reported they provide feedback verbally by speaking to staff and have confidence appropriate action is taken.

Through interviews, staff described the ways they support consumers to provide feedback and make a complaint and monitor the organisations social media page. Staff showed the Assessment Team how the data of completed surveys is analysed and provided to management. The Assessment Team reviewed the consumer handbook which explains how the service will support consumers to access advocacy and languages services if required.

Consumers interviewed, who had provided feedback to the service, expressed satisfaction that appropriate action was taken. Staff explained the actions they take when a complaint is received, and documentation provided showed the service practices open disclosure. Staff described the escalation process for complaints, where serious complaints are escalated to management and minor complaints such as reports of issues that require a maintenance are responded to buy completing a maintenance request.

Management reported a revised feedback and complaints policy is currently being developed to include the principles of open disclosure.

Consumers and representatives reported improvements in services related to feedback provided. Management provided an example where the service improved storage systems, including the purchase of new furniture, following consumer feedback on the cluttered activity rooms.

# 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

The Decision Maker has relied on the evidence collected by the Assessment Team, and the service response to the Assessment Team report, to inform the decision making of the above requirements.

Consumers and representatives said in different ways the service have enough staff to deliver and manage the exercise, yoga and social support activities. Management and staff said there are enough staff to deliver quality care and services to consumers. Management advised programs are developed, and offered, in accordance with funding received enrolment inquiries and availability of facilitators.

All consumers and representatives reported respectful, kind and caring interactions with the workforce. The Assessment Team observations of interactions between staff and consumers to be kind, caring and respectful.

Consumers described the ways staff are trained and competent in their roles through their personalised interactions with consumers to boost engagement and accommodate the needs and abilities of consumers File reviews evidenced qualifications and experience relevant to the role of staff positions.

Management explained how electronic human resources systems support recruitment activities, including oversight of staff police checks. . Staff described support for them to carry out their roles including, staff meetings, supervision and, participation in training relevant to their roles. Training needs are identified through six-monthly supervision, incidents, feedback and complaints. For example, first aid was arranged for staff, following discussions with staff.

Management provided evidence of workforce engagement with the Commission’s training platform to improve the understanding of the Quality Standards and relevant regulatory requirements. Staff reported ongoing support in relation to their performance such as regular supervision with management, enrolment in role specific education and performance discussions.

The service demonstrated established systems for monitoring and reviewing staff performance including complaints, consumer feedback, incidents, observation and supervision to inform performance reviews. Documentation reviewed showed regular scheduled staff performance reviews including prompts to schedule the next review and system alerts for upcoming reviews.

# 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

The Decision Maker has relied on the evidence collected by the Assessment Team, and the service response to the Assessment Team report, to inform the decision making of the above requirements.

Consumers reported they are invited to complete surveys at the end of term and felt their opinion mattered in the development and review of programs offered by the service. This was evidenced through interviews with management, where feedback from yoga and knitting group participants resulted in a declutter of activity rooms to improve the space for consumer activities.

The service is overseen by a Committee of Management. A subcommittee is currently engaged in work to review and develop where appropriate, policies and procedures to ensure accountability and provide guidance and support in the provision of safe and inclusive services. Policies and procedures under review shown to the Assessment Team include a code of ethics, code of conduct policy, and privacy policy. Information provided to the committee of management monitors the quality of care and services includes, complaints, incidents, regulatory changes in addition to a review of changes to policies and procedures. For example, following an incident, the committee of management approved targeted training for staff, delivered through a face to face workshop, evidenced through meeting minutes.

The service demonstrated effective organisation wide governance systems, for example:

Information management

While the Assessment Team found inconsistencies in how consumer documentation is recorded, the service response evidenced measured, and meaningful, actions taken to improve information management, for care planning, and the broader organisation. The Decision Maker is satisfied the service has effective information management systems, with evidence of further improvements planned.

Continuous Improvement

The service demonstrated an effective continuous improvement system where opportunities for improvements are informed through various inputs including consumer feedback, incidents and organisational planning. An example of an improvement activity is a new electronic management system which contains prompts and an improvements in how consumer information is captured and accessible to relevant members of the workforce.

Financial governance

Financial governance is overseen through management committees. Management showed the Assessment Team revised draft polices developed to improve financial transparency and accountability through audits, budget development and management, financial management and fraud policies and procedures.

Workforce governance

The organisation has policies, procedures, position descriptions and a formal staff review process. Management demonstrated the human resource system effectively manages and monitors staff recruitment and performance with built in prompts for probity checks.

Regulatory compliance

Management demonstrated how the organisation ensures regulatory compliance through email subscriptions to regulatory information such as the Commission’s Aged Care Quality Bulletin and participation in networking opportunities with other Neighbourhood Houses. Information received is shared with relevant staff and discussed with the Committee of Managment.to understand and apply required changes such as the Serious Incident Response Scheme (SIRS).

Feedback and complaints

The organisation has a documented feedback and complaints framework that encourages and supports consumers to provide feedback and make complaints. The framework includes policies and procedures, a link to an electronic form via the website ‘contact us’ tab, end of term surveys and verbal feedback Data from surveys, complaints and feedback is analysed and reported at staff meetings and to the Committee of Management.

The service demonstrated it has an organisational risk framework for managing high impact and high prevalence risks. An incident management system operates, and risks of incidents are mitigated through harm minimization strategies. At an organisational level, incidents are reported to the committee of management as appropriate.

In relation to managing high impact or high prevalence risks –

Interviews with staff showed how risk information, such as falls risks or allergies, is captured in care documentation, additionally, staff demonstrated the ways they support consumers in accordance with risks. For example, increased supervision of consumers at risk of falls; consumers living with dementia are supported through prompting during exercise classes and an understanding of their preferred schedule, to ensure supports are available.

In relation to identifying and responding to abuse and neglect of consumers –

The service manages risk of abuse of neglect of consumers through consideration of where consumers could experience abuse and has commenced training for staff, targeting the identification and response to elder abuse, conflict management and dispute resolution. The committee of management is reviewing draft policies which relate to SIRS and incident management, sighted by the Assessment Team.

In relation to supporting consumers to live the best life they can –

Consumers report the service offers classes that support their health, wellbeing and how the services contribute in a positive way to their life.

In relation to managing and preventing incidents –

The service demonstrated an effective incident management system operates to capture and respond, accordingly. The service has policies and procedures to guide incident management and staff interviewed could describe the process, including where to access incident forms and escalation protocols. Management advised incidents are reviewed, analysed and reported to the Committee of Management and used to inform service improvements.

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)