**Performance**

**Report**

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| Name: | Prospect Home Assist and Community Care Program |
| Commission ID: | 600144 |
| Address: | 128 Prospect Road, PROSPECT, South Australia, 5082 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 25 March 2024 |
| Performance report date: | 26 April 2024 |

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: 7923 City of Prospect  
Service: 23735 City of Prospect - Community and Home Support

**This performance report**

This performance report for Prospect Home Assist and Community Care Program (**the service**) has been prepared by Peter Frangiosa, 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 Assessment contact (performance assessment) – non-site 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 12 April 2024.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 2 Ongoing assessment and planning with consumers | Not Compliant |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* 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.
* 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.
* 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.
* 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.

# 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. | Not 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. | Not 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. | Not 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. | Not Compliant |

Findings

Requirement (3)(a)

Requirement (3)(a) was found non-compliant following a Quality Audit undertaken from 14 November 2023 to 15 November 2023. The service did not demonstrate:

* 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.

The Assessment Team’s report for the Assessment contact undertaken on 25 March 2024 includes evidence of actions taken by the service in response to the non-compliance. These actions include but are not limited to completing a form for each of the services each consumer receives at induction and annually, which highlights risk of falls and mobility issues.

While the Assessment Team acknowledged improvements have been made, they were not satisfied outcomes of assessment and planning were communicated to consumers or available at the point of service delivery. The Assessment Team recommended Requirement 2(3)(a) not met and provided the following evidence to support their assessment:

* Staff described the service's process for assessment of new consumers, advising they receive the referral either directly, or through MAC, and contact the consumer to determine which services suit the consumer and subsequently verify risk details from the MAC Assessment. Staff advised they create an alert in the system for any risks such as cognition or use of a mobility aid and create a care plan for the consumer.
* The service's Eligibility, Access and Priority of Service guideline which instructs staff to focus on consumer needs and eligibility. The document does not instruct staff to explore risks for consumers, or link to other services.
* Management advised consumers complete a form for each of the services they receive at induction and annually, which highlights risk of falls and mobility issues.
* Viewed forms for Strength for Life, Aqua Aerobics and Exercise Classes contain general health information, however, does not fully explore risk or mitigation strategies, and is instead used for suitability for the classes.
* Forms are not completed in conjunction with the consumer.
* Management described, and supporting documentation contained competencies for one consumer which showed the consumer has been assessed as competent in 31 tools or machines for use at the Men’s Shed, with a review scheduled for February 2025.
* The Assessment Team reported the various sheets, used in lieu of care plans, document potential risk, and did not adequately inform staff / volunteers on how best to support consumers mitigate or manage the risk.

The provider provided information in response to the Assessment Team’s report, including:

* An explanation advising the services ‘social support program would generally be regarded as an ‘entry level’ CHSP support service and therefore, the vast majority of clients who access our services, are generally managing their health, personal and social needs independently and require minimal (if any) intervention from staff, contractors and volunteers to utilise and enjoy our social support offerings. This is validated by the almost nil incidents that have occurred throughout the program’s life in relation to client related slips, falls, medical or other episodes.’
* Further information including ‘client assessments and reviews are reflective of the current needs and risks relating to our clientele, being that the majority present with no or minimal risks to consumer health and wellbeing. Where risks are identified, they are clearly noted in care plans, client reviews and communicated to all employees, contractors and volunteers as appropriate.’
* ‘Being a small team and streamlined service which now only provides social support and transport (previously provided In Home services also), communication is often delivered through the many and ongoing verbal discussions that take place between staff, contractors, clients and volunteers. The size of our service and the nature of our programs allow us to have those informal interactions on a daily basis; whilst this may not be an effective communication method in large, diverse and high care settings, consideration should be given to the properties of our particular service, rather than assessing us in the same way one would assess a more complex CHSP service.’
* Provision of an updated Client Review Guideline, which instructs staff to explore risks for consumer needs and eligibility.
  + The guideline advises the following regarding scope of client review; ‘CHSP service providers are required to undertake review functions where they are intrinsic to the service being delivered. Prospect Community Support reviews clients in accordance with the social program and transport services that clients participate in - clients are ‘reviewed’ regularly through their entire service journey with volunteers, contractors and team members.’
  + Further guidance is offered to volunteers and contractors delivering services including liaising with the team on an ‘ad hoc’ basis if observations have been made regarding changes in the client’s health or wellbeing.
  + The procedure for Annual Client Reviews within the guidance advises the purpose of the review is to ensure the client’s current situation and service attendance (social support group) and/or service utilisation (transport) meets their goals and needs. The review also explores alerts, potential risks and ways to support to mitigate risk during service delivery as well as exploring linkages with other support services. The following steps are included.
    - The Client Review ‘Outcome’ and ‘Actions’ are identified from the template questions and discussions with the client.
    - Where an outcome identifies that there are no changes to the current service/s or client’s health and wellbeing, an updated Care Plan, correspondence and any further applicable documentation will be posted/emailed to the client. These documents are also added in the client’s SMS file.
    - Where an outcome identifies that the client has an increase, decrease or change to existing social program attendance and/or transport service, an updated Care Plan, correspondence and any further applicable documents will be posted/emailed to the client. These documents are also added in the client’s SMS file.
    - Where an outcome identifies that there is a change in the client’s circumstances and/or requiring further in home or other services or supports, a Support Plan Review will be arranged in the My Aged Care portal. An updated Care Plan, correspondence and any further applicable documents will be posted/emailed to the client. These documents are also added in the client’s SMS file.
* The Eligibility, Access and Priority of Service guidelines are currently under review.

In coming to my finding, I have considered the information in the Assessment Team’s report and the provider’s response.

* I have reviewed the example of the Transport Sheet with Alerts attendance sheet submitted by the provider. There is a notation against six consumers on the list, with entries including ‘motion sickness/puffed at times’, ‘risk cognition concerns with wife’, ‘walker’, and ‘walker/call’.
* The additional Client Alert / Potential Risk / Facilitator Strategy to Mitigate Risk page for attending consumers lists potential risks, and mitigation risk directions, including for one consumer.
  + Potential risk – Motion sickness/COPD.
  + Client > independently manages her COPD, utilising an inhaler daily as directed by her medical professionals.
  + Facilitator/Volunteer/s > Nil direct actions/support required. Follow points 1-3 if required. Points 1-3 described below.
    - 1. be aware of any known alerts/risks to clients
    - 2. in the event of a medical episode, apply first aid, make client comfortable, call an ambulance if required, complete necessary documentation – following City of Prospect guidelines, documentation and requirements
    - 3. contact another team member if necessary, follow up with client’s family/emergency contacts.

Whilst I appreciate the inclusion of potential risk and risk mitigation directions are listed, I also do not consider this information adequate to manage risk, it is a statement of facts, rather than a strategy or plan which would support a consumer to manage the risk. No further information is provided regarding the frequency or constitution of inhaler use (despite the statement; utilising an inhaler daily as directed by their medical professionals), tailored first aid provision required, or potential triggers/instigators of potential COPD.

The intent of this requirement is about making sure that assessment and planning are effective. These processes will support organisations to deliver safe and effective care and services, irrelevant of size and composition of service delivery. Relevant risks to a consumer’s safety, health and well-being need to be assessed, discussed with the consumer, and included in planning a consumer’s care, including at point of service delivery. This supports consumers to get the best possible care and services and makes sure their safety, health and well-being aren't compromised.

Where a consumer has requested care or services which may pose a risk to their safety, health or well-being, organisations are expected to discuss the risks and alternative solutions with the consumer, so the consumer can make an informed decision about their care and services. Arrangements to protect consumers require assessment, documentation in care and services plans, informed consent and regular monitoring and review, in line with best practice and legislation.

I acknowledge the additional inclusions to the services Community Support Guideline - Client Reviews, which provides direction to those providing direct care delivery, and response mechanisms on the part of the service. I also note The Eligibility, Access and Priority of Service guidelines are currently under review.

I have considered the provider’s response which demonstrates proportionate and practical actions for the type of services delivered, however, at the time of my finding, these actions have not been fully implemented or embedded.

Based on the information summarised above, I find the service non-compliant with Requirement 2(3)(a) in Standard 2, Ongoing assessment and planning with consumers.

Requirement 2(3)(b)

Requirement (3)(b) was found non-compliant following a Quality Audit undertaken from 14 November 2023 to 15 November 2023. The service did not demonstrate:

* 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.

The Assessment Team’s report for the Assessment contact undertaken on 25 March 2024 includes evidence of actions taken by the service in response to the non-compliance. These actions include care plans for some consumers which captured goals of varying quality. Some consumer goals were detailed and specific to the consumer, however, some goals were generic in nature.

The Assessment Team recommended Requirement (3)(b) not met and provided the following evidence to support their assessment:

* Sampled volunteers and contractors advised they do not have access to consumers
* care plans at the point of service, and are generally not informed of consumers’ needs, goals and preferences. They advised they receive some information, such as seating preferences on the bus through Attendance sheets and Transport Run sheets.
* The service does not have a consistent documented assessment process, and has a substantial number of outstanding reviews, and therefore documented consumer needs, goals and preferences may not be accurate or current.
* The service does not provide sufficient information to contractors and volunteers regarding risk, needs, goals and preferences.
* The Assessment Team viewed several Attendance sheets and Transport Run sheets, which provided limited information regarding consumer needs, goals and preferences, for example 'Front of bus motion sickness', 'severe allergy to chillies' and 'supported by wife'.

The provider provided information in response to the Assessment Team’s report, including:

* Explanation regarding volunteers and contractors not being made aware of consumers’ needs, goals and preferences, the service have strengthened information regarding risks on our Transport and Attendance sheets to improve information provision to our contractors and volunteers.
* Explanation that there is a great deal of information that is shared between clients, staff, contractors and volunteers during informal interactions that take place in person through the frequent contact points that occur. We regard this as an advantage in our service being smaller and streamlined, that we are able to have such regular interaction with our clients, this is also a characteristic of City of Prospect in general, given that we are a very small Council comparative to others.
* Acknowledgement annual client reviews are not yet up to date, and we are working hard to complete those that are outstanding as quickly as we can. We have prioritised our clients and are working to a schedule to undertake client reviews. Provision of a Priority ‘Client Review List – 2023 July to 2025 June’, which indicates a category breakdown in relation to completing outstanding or expired annual reviews.

In coming to my finding, I have considered the information in the Assessment Team’s report and the provider’s response.

I appreciate the provider’s explanation of why volunteers are not provided with copies of care plans and acknowledge they are provided with some guidance and information to undertake their roles. However, it is reasonable for volunteers to be provided with a copy of a consumer’s care plan (or a tailored version at minimum) to ensure they understand key risks associated with the consumer, mitigation strategies and what to do in the event of an emergency, beyond a transport or attendance sheet.

I also acknowledge the services prioritisation of client reviews, representing an effort to respond to previous deficiencies identified. Given client care plan reviews are significantly overdue (91 out of 222 or 40%) information in consumer care plans may not reflect their current needs, goals and preferences.

I acknowledge that consumes sampled during the Quality Audit are satisfied that their goals are being met, however, in my view this cannot be confidently stated for all consumers, who either do not have a care plan or are overdue for a review of their care plan.

For this requirement, the intent is that organisations are expected to do everything they reasonably can to plan care and services that centre on the consumer’s needs and goals and reflect their personal preferences. This means listening to and understanding what is important to the consumer and working out how their goals and preferences can be met, and considering the consumer’s condition and functional abilities and identifying what help they need to live as well as they can.

I acknowledge the providers response regarding individual goals ‘varying from person to person and are informed by their personal circumstances and needs. With respect to our Prospect Community Support program, a goal such as ‘to continue attending social outings for additional social contact’, is not generic when considered in the context of the program, being an entry level social support program that aims to reduce social isolation and increase social engagement and community connection. It is not for program staff to put words in a client’s mouth with respect to their goals for participation in the program simply to make a care plan seem more advanced than it needs to be. Our care plans are person centred and client led.’

I have considered the provider’s response which demonstrates practical actions and proportionate responses to deficiencies previously identified, however, at the time of my finding, these actions have not been fully implemented.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement (3)(b) in Standard 2, Ongoing assessment and planning with consumers.

Requirement 2(3)(d)

Requirement (3)(d) was found non-compliant following a Quality Audit undertaken from 14 November 2023 to 15 November 2023. The service did not demonstrate:

* 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.

The Assessment Team’s report for the Assessment contact undertaken on 25 March 2024 includes evidence of actions taken by the service in response to the non-compliance.

The Assessment Team recommended Requirement (3)(b) not met and provided the following evidence to support their assessment:

* Management advised the service improved their care plan process since the Quality Audit, however, care plans viewed by the Assessment Team did not contain management and mitigation strategies for identified risks.
* Viewed Attendance sheets and Transport run sheets showed alerts provided to contractors and volunteers. These alerts were generally brief and did not instruct contractors and volunteers what to do with the alerts. Alerts included 'walker' and 'dementia’; however, no further instructions were provided to the contractors and volunteers at the point of service.
* While the service demonstrated that care plans are created for consumers, the service did not demonstrate the information is current, or sufficient to ensure consumer risks are managed and mitigated.

The provider provided information in response to the Assessment Team’s report, including:

* Explanation that attendance and transport sheets have been modified to ensure risks and mitigation strategies are clearly identified and communicated for the services volunteers and contractors.
* Explanation in the report that sampled contractors and volunteers have stated that they do receive information about clients through alerts on attendance sheets, transport run sheets and verbal information from staff. There is no suggestion in the report that sampled contactors or volunteers feel uninformed about the clients with whom they are working.
* An explanation that the services verbal communication and face to face contact with contractors and volunteers is a vital and effective part of our program delivery. Communication between staff/contractors/volunteers is continually happening via the contractor check ins (site visits) that occur weekly or monthly and the volunteer check ins for outings before and after every outing. Records of site visits are maintained.

The intent of this requirement is a care and services plan are expected to be documented and reflect the outcomes of assessment and planning for each consumer. Accurate and up-to-date care and services plans are important for delivering safe and effective care and services, as well as positive outcomes for consumers.

In coming to my finding, I have considered the information in the Assessment Team’s report and the provider’s response.

Whilst I acknowledge the providers explanation of why volunteers or contractors are not provided with copies of care plans and acknowledge they are provided with some guidance and information to undertake their roles within the transport sheets. However, it is reasonable for volunteers and contractors to be provided with a copy of a consumer’s care plan (or a tailored version at minimum) to ensure they understand key risks associated with the consumer, mitigation strategies and what to do in the event of an emergency, beyond a transport or attendance sheet. This doesn’t mean the care plan needs to be available at all times and to all members of the workforce, but the relevant information must be available when and where it is needed to support safe and effective care and services.

I further acknowledge that sampled consumers had their care plans completed and were provided with a copy via post. However, I also acknowledge at this stage evidence that care and services plans are accurate and reflect the outcomes of the most up-to-date assessments and reviews of consumer needs, goals or preferences have not occurred for all consumers receiving care and services.

I have considered the provider’s response which demonstrates actions to respond to deficiencies previously identified, however, at the time of my finding, these actions have not been fully implemented in relation to ensuring outcomes of the most up-to-date assessments and reviews of consumer needs, goals or preferences have not occurred for all consumers receiving care and services, or available to those delivering care and services.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement 2(3)(d) in Standard 2, Ongoing assessment and planning with consumers.

Requirement 2(3)(e)

Requirement (3)(e) was found non-compliant following a Quality Audit undertaken from 14 November 2023 to 15 November 2023. The service did not demonstrate:

* 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.

The Assessment Team’s report for the Assessment contact undertaken on 25 March 2024 includes evidence of actions taken by the service in response to the non-compliance.

The Assessment Team recommended Requirement 2(3)(e) not met and provided the following evidence to support their assessment:

* The service did not demonstrate services are reviewed regularly, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. Care planning documentation showed service needs were not reviewed at least annually or consistently when consumers’ circumstances changed or when incidents impacted on consumers' needs.
* The service has one documented incident since the Quality Audit in November 2023, where a consumer was hospitalised after a low blood pressure incident. While the service contacted the consumer to enquire about wellbeing and attendance at future groups, the service did not conduct a formal review with the consumer despite the incident and resultant change in medication.
* The Assessment Team viewed documentation which showed that the service has 99 of 197 (50%) consumers who have not been reviewed since the service commenced reviewing consumers in June 2023. Documentation showed the service has completed 15 reviews since the Quality Audit in November 2023.
* Management advised the service conducts fewer reviews in December and January due to yearly planning and leave, and the service has prioritised May 2024 to catch up on reviews.

The provider provided information in response to the Assessment Team’s report, including:

* An explanation accepting and acknowledging that the service is behind in completing annual client reviews, and this is currently our principal focus to rectify.
* Further explanation stating the service has been through a significant period of change, having transitioned out of providing in-home services in December 2022 (resulting in a reduction in funding and therefore, staffing) and the broader organisation also going through a significant restructure, which impacted the Community Support Team considerably. This was followed by a period of establishing the new service delivery model in amongst settling into a different leadership structure as part of the broader Community Relations and Programs department. Immediately following this, we were informed of the upcoming audit. We acknowledge none of this lessens our obligation to conduct annual client reviews on a regular basis, however it is mentioned to provide some context for the backlog.

In coming to my finding, I have considered the information in the Assessment Team’s report and the provider’s response.

Whilst acknowledging the provider’s explanation regarding the status and prioritisation of client reviews, representing an effort to respond to previous deficiencies identified, given client care plan reviews are significantly overdue (91 out of 222 or 40%) information in consumer care plans may not reflect their current needs, goals and preferences.

# Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement 2(3)(e) in Standard 2, Ongoing assessment and planning with consumers.

1. The preparation of the performance report is in accordance with section 68 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)