**Performance**

**Report**

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| Name: | Quambie Park Waroona Inc. Community Services |
| Commission ID: | 500020 |
| Address: | Lot 29 Eastcott Street, WAROONA, Western Australia, 6215 |
| Activity type: | Quality Audit |
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| Performance report date: | 26 February 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

Home Care Packages (**HCP**) included:  
Provider: 938 Quambie Park Waroona (Inc)  
Service: 19172 Pam Corker House  
Service: 19173 Pam Corker House EACH  
Service: 19174 Pam Corker House EACHD

**This performance report**

This performance report for Quambie Park Waroona Inc. Community Services (**the service**) has been prepared by M Roach, 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 that was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers and representatives; and
* the provider’s response to the assessment team’s report received 12 February 2024, including a Plan for Continuous Improvement outlining planned actions, planned completion dates and action progress to address the deficits identified.

# Assessment summary for Home Care Packages (HCP)

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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 | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **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.

* Ensure sufficient and relevant training is provided to enable staff delivering outcomes required by Quality Standards.
* Ensure an effective process of staff performance assessment, monitoring and evaluation is in place; including having probationary performance assessment, regular performance reviews and consistent documentation around performance appraisals.

# Standard 1

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| Consumer dignity and choice | | HCP |
| 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 advised staff delivering care and support services treat them respectfully and take the time to get to know them. Consumers and representatives stated consumers receive care and services that makes them feel comfortable and safe. They also confirmed they are involved in care planning discussions and been supported in decision making processes, including choosing the days and times they wish the services to be delivered and specifying how staff should provide care.

The service has processes to learn each consumer’s needs, goals, preferences and cultural needs and staff demonstrated knowledge of each consumer’s background, diversity and culture. Staff described the process of supporting consumers to maintain relationships of choice and how to assess information on consumer’s needs, goals and preferences. Observation confirmed respectful interactions between management and consumers.

Care files demonstrated each consumer’s individuality is valued and their personal information is used to inform staff in the provision of care and services that are personalised and culturally safe. A Consumer Dignity and Choice Policy is in place to guide staff practice in supporting choice and assessing risk. Consumers are supported to take care and services related risks, through risk assessment process and risk mitigation strategies implementation, to live the best life they can.

A range of avenues are used to communicate with consumers and representatives, and all consumers and representatives interviewed said they receive current and up-to-date information in a way they can understand, including regular monthly statements. Some consumers confirmed they are invited to attend the service’s annual general meeting and they receive regular Lifestyle Newsletters. The service has Privacy and Confidentiality policy to guide staff approach and practice. An electronic care management system which is password protected is used to ensure consumers’ information is kept confidential. Staff described ways of ensuring consumer’s privacy is respected.

Based on the evidence and reasons listed above, I find all 6 specific requirements in Standard 1 Consumer dignity and choice compliant. Consequently, I find Standard 1 Consumer dignity and choice compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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 and representatives expressed satisfaction with the level of involvement in the assessment, care planning and care plan review process. They advised the service identifies risks to consumers’ health, safety and wellbeing and uses the information to plan consumers’ care and service delivery. In addition, consumers and representatives confirmed they have been provided with a copy of the consumer’s care plan.

The service has systems and processes to support assessment and individualised care planning. Care files included assessments and care plans that addressed consumers’ current needs, goals and preferences, including care and services related risks identified. Care planning documentation evidenced the inclusion of consumers’ preferences and current care needs, things and people important to them to maintain their health and well-being. Consumers and representatives are provided with opportunity to discuss end-of-life wishes. Care files also demonstrated individuals and external service/health providers are involved in the assessment and planning process. Consumers’ care plans are reviewed in accordance with the review schedule and in response to consumers’ changed conditions. The service has implemented procedures to guide staff practice and track progress in care plan reviews.

Based on the evidence and reasons detailed above, I find all 5 specific Requirements under Standard 2 compliant. Consequently, I find Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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

Consumers and representatives were satisfied with the care and services provision and advised consumers receive the care that is safe and right for them, and in the way they want. Consumers and representatives confirmed their satisfied with the management of care related risks such as risk of falls, pressure injuries and pain. They also confirmed their confidence in the service ability to identify and respond to the consumer’s change condition or deterioration. In addition, consumers stated they have regular staff and expressed that staff consistent knowledge of their needs and preferences demonstrated effective communication between teams within the organisation.

Clinical staff confirmed they are supported by the organisational policies, their own self-directed learning and support from internal and external specialists, to ensure consumers receive best practice clinical care. Staff gave examples of how they adapt the way they deliver personal care to match consumer’s needs and preference. Staff showed understanding in the main risks for the sampled consumers and described how these risks are tracked and managed, including validated assessment tools usage, appropriate risk identification and escalation, post incident reviews and risk mitigation strategies implementation. Whilst no consumer impact was identified, several staff stated they felt unprepared and unsupported by the organisation at times to manage situations they encounter including managing confronting behaviours and more complex medication support. In addition, there was no formal system of training in place to ensure the workforce is equipped to identify and manage the range of high impact high prevalence risks associated with the care of consumers. These are further discussed in Standard 7 Requirement 7(3)(d).

The service demonstrated an understanding of the importance of recognising the needs, goals and preferences of consumers nearing the end of their life, maintaining their dignity and comfort, and respecting their cultural preferences. Care documentation showed consumers changed condition had been identified and escalated timely. Care documentation also confirmed referrals to other health services, such as general practitioner, allied health professionals, local hospital services, had been made when consumers’ deterioration is identified. The electronic care record system showed progress notes, risk assessments, clinical incident management forms and other forms as appropriate to record information about care and services provided to consumers. Clinical staff advised they review notes completed by care staff each day to check for issues of concern that require follow up actions.

In relation to infection control, the service has policies and procedures to guide staff practice and provides training in hand hygiene and the use of Personal Protective Equipment. To promote appropriate antibiotic prescribing and usage, clinical staff track consumers’ antibiotic usage and work with general practitioners on required pathology tests that ensuring targeted treatment.

Based on the evidence and reasons detailed above, I find all 7 specific Requirements under Standard 3 compliant. Consequently, I find Standard 3 Personal care and clinical care compliant.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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

Consumers and representatives were satisfied that staff provide consumers with support and services that meet the consumer’s physical, health and psychological needs and support the consumer’s independence. Consumers confirmed the service promote each consumer’s emotional, spiritual and psychological wellbeing, including being supported to connect with family and friends. In addition, consumers advised the service makes prompt referrals to appropriate providers of other services when required and were satisfied with equipment they have received.

Sampled care planning documents evidenced information about consumers’ current functional ability and specific needs and preferences in relation to daily living supports to guide staff provision of care and services. Documentation showed consumers participate in their community and engaged in their preferred social activities or relationships. The service has processes in place to ensure that information about the consumer’s condition, needs and preferences are communicated within the service and with others where care responsibility is shared. Timely and appropriate referrals to other service providers were evidenced, these include meal delivery suppliers, allied health professionals, gardening and maintenance providers.

Staff provided examples of how they ensure consumers receive services and supports for daily living that promote their independence and well-being. The service support consumers with food and meal options through delivering prepared food to consumers. Meal service related documentation confirmed the meals menu had been approved by a registered dietitian for meeting nutritional requirements. There are processes to address consumers’ dietary needs including allergies.

Based on the evidence and reasons detailed above, I find all 7 specific Requirements under Standard 4 compliant. Consequently, I find Standard 4 Services and supports for daily living compliant.

# Standard 5

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| Organisation’s service environment | | HCP |
| 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. | Not Applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Applicable |

Findings

As an organisation’s service environment does not include a person’s privately owned/occupied home through which in-home care and services are provided, Standard 5 was deemed as not applicable to this quality audit.

# Standard 6

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| Feedback and complaints | | HCP |
| 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 and representatives said they are encouraged to provide feedback and complaints and felt comfortable to do so. They advised complaints are managed in a timely manner and open disclosure principles were applied when things go wrong.

Consumers and representatives have copies of a ‘feedback, compliments and complaints form’ in their homes. Support staff also carry copies of the form with delivering care and services and assist consumers to complete the form if required. Feedback and complaints box and forms, advocacy and language service, and external complaints resolution mechanism information were observed at the entry at the ‘Independent Living Hub’. Staff are guided in the complaints management process by policies and procedures.

The service has processes to ensure feedback provided or complaints raised are captured, actioned and reviewed. Management described the process to analyse feedback and complaint data. Staff interview and review of documentation confirmed feedback and complaint information is used to drive improvement to promote quality care and services.

Based on the evidence and reasons detailed above, I find all 4 specific Requirements under Standard 6 compliant. Consequently, I find Standard 6 Feedback and complaints compliant.

# Standard 7

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| Human resources | | HCP |
| 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. | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not Compliant |

Findings

Consumers and representatives confirmed there are adequate numbers of staff and advised they find staff interaction to be kind, caring and respectful during care delivery. They voiced confidence in the ability of staff performing their duties and have the qualifications and knowledge to deliver safe and quality care and services.

Support staff confirmed sufficient numbers of staff are available to provide care. Staff demonstrated knowledge of individual consumers’ needs and preferences and gave examples of how they conduct themselves in a kind, respectful and caring manner when interacting with consumers.

The service has process to monitor staff qualifications, professional registrations and police clearance. Position descriptions and duty statements outlining minimum qualification requirements and duty expectations are in place to guide staff practice. Management described processes of ensuring the number and mix of staff deployed enables delivery of quality care and services, including utilise casual staff to cover planned and unplanned leave.

Based on the evidence and reasons detailed above, I find Requirements 7(3)(a), 7(3)(b) and 7(3)(c) compliant.

In relation to Requirement 7(3)(d), the assessment team were satisfied that service demonstrated the workforce is recruited to deliver the outcomes required by Quality Standards. However, the assessment team were not satisfied that the workforce is trained, equipped and supported to deliver care and services. The assessment team identified:

* There had been no training provided to staff in the last 2 years. This includes manual handling training.
* There were insufficient training records; including relating to Serious Incident Response Scheme (SIRS) training.
* Management acknowledged deficiencies in staff training and inconsistencies with training record keeping of staff attendance.

The provider, in their response to the assessment team’s report, did not dispute the deficits identified. The provider submitted information of remedial and/or improvement actions they have been taking, or plan to undertake, to address the deficits. Planned action completion date, action responsible person and some progress information were also included. Specifically, the provider had commenced:

* developing a 12 monthly calendar for training matrix that includes more than 20 training topics for staff from various disciplines;
* implementing an education plan for home care and clinical staff which include 8 clinical care topics;
* finalising home care induction model; and
* creating workflow to monitor staff training completion.

In considering information from the assessment team’s report and the provider’s response relevant to this specific Requirement, I am of the view that staff are not trained and supported to deliver care and services. Whilst outcomes required by the Quality Standards have mostly been met, staff had to rely on training they completed in the past, co-workers or previous industry experience at times. I also place weight on the view of several staff, as outlined in Standard 3, that they feel unprepared and unsupported at times when managing consumer behaviours and providing complex medication support. Whilst acknowledging the provider is undertaking improvement actions to address the deficits identified, I have based this finding on improvement actions not having been fully completed, requiring time to be embedded within the service’s normal processes, and testing to ensure their effectiveness and sustainability. Therefore, I find Requirement 7(3)(d) non-compliant.

In relation to Requirement 7(3)(e), the assessment team were satisfied that service demonstrated effective performance management of individual staff members. However, the assessment team were not satisfied the service has a process to regularly assess and monitor staff performance. The assessment team identified:

* The service does not maintain a schedule for assessment of performance and capabilities of their workforce.
* Whilst informal appraisal conversations were initiated in 2023 to evaluate staff performance and to identify training opportunities, the service was unable to provide documented evidence to evidence these informal appraisal conversations.
* Although new staff members are required to have a performance review completed 3 and 6 months after their commencement, these performance review were not completed.

The provider, in their response to the assessment team’s report, did not dispute the deficits identified. The provider submitted information of remedial and/or improvement actions they have been taking, or plan to undertake, to address the deficits. Planned action completion date and action responsible person were also included. Specifically, the provider had commenced to:

* finalise performance management process/ workflow in human resource management system, including probation reviews;
* completing staff performance annual reviews;
* documenting all information conversations around performance management and support.

In considering information from the assessment team’s report and the provider’s response relevant to this specific Requirement, I place weight on the deficits identified by the assessment team in relation to ineffective process and practice of performance assessment, monitoring and review. I acknowledge the provider is undertaking improvement actions to address the deficits identified. However, I have based this finding on improvement actions not having been fully completed, requiring time to be embedded within the service’s normal processes, and testing to ensure their effectiveness and sustainability. Therefore, I find Requirement 7(3)(e) non-compliant.

Based on the evidence and reasons detailed above, I find 2 of 5 specific Requirements under Standard 7 non-compliant. Consequently, I find Standard 7 Human resources non-compliant.

# Standard 8

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| Organisational governance | | HCP |
| 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

Consumers and representatives are supported and engaged in the development, delivery and evaluation of care and services through care assessment and evaluation discussions, feedback processes, annual general meeting attendance and consumer advisory groups. Consumers and representatives said the organisation is well run. The governing body promotes a culture of safe, inclusive quality care and services and oversees the care and service delivery through regular meeting and internal reporting mechanisms.

Effective organisation governance systems were demonstrated through managing information and communicating the information to workforce and consumers and representatives; utilising complaints data, clinical indicators and incidents information to identify and evaluate continuous improvement; having operative financial oversight and appropriate budgeting; ensuring effective organisational structure and right mix if staff to meet consumer needs, monitoring changes to legislation and regulation and review policies and procedures accordingly; capturing and analysing feedback and complaints data and reporting identified trends to the governing body. Whilst there were deficits in staff performance assessment, monitoring and review that relating to workforce governance, these had been considered under Standard 7 Requirement 7(3)(e).

Overall, the organisation demonstrated an effective risk management framework and clinical governance framework with policies and procedures to support the management of risk, clinical care and in response to incidents, including serious incidents that required to be reported externally. Incidents, clinical risks and dignity of risk choices are monitored through regular reviews, regular meetings, incident data analyse and trending. Staff are supported by relevant policies and procedures and clinical staff showed knowledge of risk identification and mitigation strategies, incident reporting process, clinical reviews and escalations pathways, antimicrobial stewardship, minimising restrictive practice and open disclosure.

Based on the evidence and reasons detailed above, I find all 5 specific Requirements under Standard 8 compliant. Consequently, I find Standard 8 Organisational governance compliant.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)