**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Randwick City Council |
| Commission ID: | 200573 |
| Address: | 30 Frances Street, RANDWICK, New South Wales, 2031 |
| Activity type: | Quality Audit |
| Activity date: | 25 October 2023 to 27 October 2023 |
| Performance report date: | 10 January 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: 7624 Randwick City Council

Service: 24063 Randwick City Council - Community and Home Support

**This performance report**

This performance report for Randwick City Council (**the service**) has been prepared by A. Grant, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* The assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, sub-contacted services and others.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **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 8(3)(d)**

**Effective risk management systems and practices, including but not limited to the following:**

* Managing high impact or high prevalence risks associated with the care of consumers, including strategies and guidance for staff or ongoing management of consumers identified as being potentially high risk.
* identifying and responding to abuse and neglect of consumers, including training in responding to abuse and neglect of consumers, and introducing service systems in place to monitor them.

# Standard 1

|  |  |  |
| --- | --- | --- |
| 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

Requirements 1(3)(a) to 1(3)(f) – Compliant

All consumers when interviewed by the Assessment Team advised they are treated with dignity and their input is valued. Contractors, when interviewed were familiar with consumers' individual backgrounds, needs and preferences. The service demonstrated how each consumer is supported to exercise choice and independence, make decisions about their care and service provision, including when others should be involved, and communicate their decisions. Management when interviewed stated the service works with consumers and their representatives to ensure services are appropriate for consumers. For example:

* Documentation evidenced how the service engages consumers at the initial consultation stage and throughout the installation of home modifications, utilising referrals, and recommendations where appropriate, including from Occupational Therapists.

Evidence analysed by the Assessment Team showed the service demonstrated care and services are culturally safe. Consumers when interviewed by the Assessment Team stated contractors performing home modifications were respectful of them and their cultural needs and deliver care and services with this in mind. Management interviewed and evidence analysed by the Assessment Team noted staff and contractors receive training at induction, and ongoing, to ensure care and services are delivered in a culturally safe way.

Evidence analysed by the Assessment Team showed the service demonstrated consumers are supported to take risks to enable them to live the best life they can. Consumers sampled by the Assessment Team indicated they do not wish to take risks, however, the services they receive enables them to maintain their independence, safety and live their best life.

Evidence analysed by the Assessment Team showed that 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. All consumers when interviewed by the Assessment Team advised the service provides timely and accurate information to enable choice about care and services.

Evidence analysed by the Assessment Team showed the service demonstrated each consumer’s privacy is respected and personal information is kept confidential. Consumers and/or representatives interviewed by the Assessment Team felt staff were respectful of personal information and the service demonstrated they have effective systems in place to protect consumers privacy and personal information. Staff and management when interviewed described processes to keep consumer information safe and protect their privacy. When considering the CHSP service provision offered by the service (limited home modification and home maintenance), an application of proportionality was applied by the Assessment Team in their assessment of this standards findings.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

Requirements 2(3)(a) to 2(3)(e) – Compliant

Consumers and/or representatives when interviewed by the Assessment Team confirmed in various ways that installations were coordinated via initial assessments, with their care and services needs discussed and planned. Management interviewed described how they assess consumer’s needs and risks at commencement. Evidence analysed by the Assessment Team showed the service demonstrated that current 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 and are reviewed regularly for effectiveness, including when circumstances changed or following incidents. For example:

* Home modification services require an Occupational Therapist’s referral, however basic home maintenance services do not, but are contingent on assessment and planning considerations to inform safe and effective delivery of care and services.

Management when interviewed stated how conversations with consumers and/or their representatives about what is important to them informs delivery of care and services. Evidence analysed by the Assessment Team showed care planning documents illustrated needs, goals and preferences had been discussed with consumers and documented. When considering the CHSP service provision offered by the service (limited home modification and home maintenance), an application of proportionality was applied by the Assessment Team in their assessment of this standards findings.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

Requirements 4(3)(a) to 4(3)(e) – Compliant

Consumers and/or representatives when interviewed by the Assessment Team stated they were satisfied that the home modifications provided optimised their independence, well-being, and quality of life and independence through the provision of in-home services such as handrail installations with contractors and staff being attentive to their wellbeing and providing meaningful services.

Evidence analysed by the Assessment Team showed the service demonstrated each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and supports for daily living that promotes consumer’s emotional, spiritual and psychological wellbeing and optimises their independence, health, well-being, and quality of life. For example:

* The Assessment Team evidenced consumer files, all containing relevant information related to the consumer’s goals needs and preferences regarding maintenance and installation.

Consumers, when interviewed stated the modifications installed were suitable and to their specifications. Evidence analysed by the Assessment Team showed the service demonstrated that when modifications were installed, they were safe and suitable. Management when interviewed, stated that equipment needs are assessed by allied health professionals and supplied as per their recommendations and described the assessment and installation.

Staff and management when interviewed stated services provided to consumers were tailored to their needs, goals, and preferences, and optimised their independence, wellbeing, and quality of life. Evidence analysed by the Assessment Team showed the service demonstrated services and supports to assist consumers to participate in their community.

Evidence analysed by the Assessment Team showed the service demonstrated how they assist with referrals to individuals, other organisations and providers. Staff and management when interviewed described communication processes within and outside the organisation, and confirmed information about consumers is effectively communicated including MAC referral processes and how they support consumers to connect with other external organisations when required. For example:

* Management described, and documentation confirmed, processes are followed to connect consumers with external services that can provide supports for activities or daily living, such as coordinating transport for an external service provider that offers social activities.

When considering the CHSP service provision offered by the service (limited home modification and home maintenance), an application of proportionality was applied by the Assessment Team in their assessment of this standards findings.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

Requirements 6(3)(a) to 6(3)(d) – Compliant

Consumers when interviewed by the Assessment Team stated should they have issues with the services, they would ring the service or speak to the maintenance service to discuss their concerns and actions implemented are reviewed in consultation with them to ensure satisfaction. Management and Staff when interviewed by the Assessment Team described processes to ensure consumers have access to advocates and language services if required (see Standard 6, Requirement 6(3)(b), and consumers are made aware of other methods for raising and resolving complaints, for example:

* Evidence confirmed that consumers are provided information about feedback and complaints processes in the consumer information pack, and the service has established feedback and complaints policy and procedures. Consumers’ feedback and complaints had been documented on the service’s register.

Staff when interviewed by the Assessment Team described how they support consumers to provide feedback and make complaints, including the application of open disclosure principles. Evidence analysed by the Assessment Team demonstrated appropriate action is taken by the service in response to complaints and an open disclosure process is used when things go wrong. Consumers and/or representatives when interviewed by the Assessment Team advised that the service handles complaints appropriately and the service is responsive to feedback.

**Requirements 6(3)(b) – compliant**

The Assessment Team assessed this Requirement as not met, noting the service did not demonstrate consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints, based on interviews with consumers and staff, and supported by analysed evidence. However, the Decision Maker notes specific evidence and supporting statements provided within the Assessment Teams report to be contradictory and deficient in nature, for example:

* Consumers when interviewed by the Assessment Team noted consumers and/or representatives are made aware of other methods for raising and resolving complaints. Whilst some consumers were not aware of the advocacy and interpreting services available, all consumers stated they are happy to manage their complaints or feedback with the service directly and that they feel safe and comfortable to raise their concerns with staff and management.
* Evidence analysed by the Assessment Team showed the service had received 1 complaint in the previous 6 months, unrelated to the Home Maintenance and Modification services, and as such outside the scope of this quality audit. The complaint relates to a consumer representative regarding the council verge lawn mowing provision, and as such does not occur on the consumers property. This statement is supported within the Assessment Teams summary of findings which state: *The service deemed consumer interaction not a requirement of service delivery as the service is being conducted outside of the consumers property.* This is further supported in the Assessment Teams statement, included in Standard 1, Requirement (3)(c), which states: *The lawn mowing service is a single activity service and is not consumer facing,* and Standard 2, Requirement (3)(c), which states: *The Lawn mowing service is not customer facing and does not involve consumer assessments other than the administration requirements to have access to the service.*

Due to the above deficiencies, the Decision Maker utilised the remaining evidence provided by the Assessment Team to further assess the finding of not met, including:

* Staff when interviewed by the Assessment Team described the information around advocacy services, which is made available to consumers at the service, and information and brochures are available in the information pack given to consumers. Further evidence analysed by the Assessment Team identified the service is actively promoting advocacy services with the information easily accessible to consumers and representatives, including for example: *Signed Charter of Aged Care Rights included within consumer files relating to the Home Maintenance and Modification services.* The Decision Maker references Point 11 within the Charter includes the following; *as a person using aged care, to*: *‘have a person of my choice, including an aged care advocate, support me or speak on my behalf’.*
* Staff when interviewed by the Assessment Team stated consumers and/or representatives have been made aware of, and have access to, information about advocacy, interpretating services and complaints mechanisms from the brochure provided, council website, or home maintenance point of contact. Staff advised that they could provide support and guidance where needed and required and have used operational staff to translate to consumers when required.
* Management when interviewed by the Assessment Team stated consumers who don’t speak English will opt to have their representatives communicate for them, however if required the service can utilise translating services and translate documents if required and no representative is identified.

The Decision Maker notes specific evidence provided within the Assessment Teams report included contradictory statements to support a finding of not met, including:

* Evidence analysed by the Assessment Team supports consumers in being made aware of and having access to advocates, language services and other methods for raising and resolving complaints, including brochures, Signed Charter of Aged Care Rights, and other information sources. This is further supported by the inclusion in the information pack given to consumers.
* Consumers with identified language barriers are able to utilise translating services and translate documents if required.

The Decision Maker evidenced deficiencies in the Assessment Teams evidencing of a finding of not met, identifying both management and staff able to describe the information around advocacy services is available to consumers at the service and information and brochures are available in the information pack given to consumers. Documentation analysed by the Assessment Team identified the service is actively promoting advocacy services with the information easily accessible to consumers and representatives. The Decision Maker utilised this information in finding a determination of compliance in relation to Standard 6, Requirement 6(3)(b). Further consideration was applied based on the type of service provision offered (limited home modification and home maintenance), in order to meet this determination.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

Requirements 7(3)(a) to 7(3)(e) – Compliant

Evidence analysed by the Assessment Team demonstrated the services 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 and workforce interactions with consumers are kind, caring and respectful of each consumer’s identity.

Consumers and/or representatives when interviewed by the Assessment Team stated they are happy with the Home Modification and Maintenance service provided, and the support provided by staff delivering and supporting these services. Management when interviewed by the Assessment Team described processes to ensure there are enough staff to deliver services, for example:

* Management described the service has a current active recruitment process and utilise agency staff to fulfill consumer need in cases where unplanned leave causes staff shortages. Management said where an instillation appointment is missed or requires rescheduling, a replacement time is always offered to consumers, at their convenience.

Evidence analysed by the Assessment Team demonstrated the workforce is competent and has the knowledge to effectively perform their roles. Management, Staff and Subcontractors when interviewed by the Assessment Team described robust processes to ensure they have adequate skills and qualifications, and monitoring staff competency through supervision, team meetings and regular performance reviews. Evidence analysed by the Assessment Team demonstrated the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by the Quality Standards.

* Management described having a recruitment and onboarding process to ensure that the workforce hired is competent to perform their roles in alignment with the Council policies and guidelines. All relevant qualifications for staff are recorded in their individual staff folders and are monitored and managed by Human Resources.

Staff interviewed by the Assessment Team described regular professional development with supervisory staff and training that was delivered, including completing relevant training and being supported in their role through regular meetings and access to managers and supervisors. Management when interviewed by the Assessment Team described processes of initial selection and onboarding processes, a mandatory schedule of training, and regular communication with staff, including meetings to provide information and support, for example:

* Annual performance appraisals in for ongoing monitoring and reviewing of the performance of each staff member that is completed by relevant managers.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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. | Not 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

Requirements 8(3)(a) to 8(3)(c) – Compliant

Evidence analysed by the Assessment Team demonstrated consumers are engaged in the development, delivery and evaluation of care and services. Consumers when interviewed stated they have input about services provided through surveys and feedback processes, with management and staff interviewed describing how consumers have input about their services through formal and informal feedback processes and are captured via:

* Complaints and feedback registers, used to track and trend data and report to relevant departments for analysis and continuous improvement.

Evidence analysed by the Assessment Team and management and staff interviewed demonstrated information management systems relating to information storage, continuous improvement, and financial and workforce governance with password encryption and relevant access based on position and role. Care plans evidenced accurate and up to date information, with the organisations continuous improvement register evidencing improvements informed by staff and consumer feedback. Further evidence demonstrated effective systems to monitor consumer budgets and respond accordingly.

* Information systems are structured and monitored at Council level; paper-based information is held in locked cabinets in appropriate storage locations onsite. Information security system measures and controls are implemented to ensure privacy of information is preserved, confidentiality of information is protected, integrity of information is maintained, and availability of information is assured.

Evidence analysed by the Assessment Team and management interviewed demonstrated effective and proactive feedback and complaints processes, encouraging, and supporting consumers to provide feedback and make complaints, and respond via open disclosure as per the services feedback and complaints policies and procedures.

Management advised that an annual satisfaction survey is used as a measurement with all their plans to give the opportunity for the public to report against operational planning.

**Requirement 8(3)(d) – Not Compliant**

The Assessment Team assessed this Requirement as not met, as they were not satisfied effective risk management systems and practices were in place, including but not limited to the following:

1. *managing high impact or high prevalence risks associated with the care of consumers;*

Evidence analysed by the Assessment Team did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Whilst home modification consumers are referred by an Occupational Therapist (OT), the service lacked strategies and guidance for staff or ongoing management of consumers identified as being potentially high risk. Management advised the service does not report on high impact and high prevalence risks or monitor to ensure effective management of those risks for each consumer with home modifications installed.

1. *identifying and responding to abuse and neglect of consumers;*

Management when interviewed by the Assessment Team stated that home maintenance subcontractors have not received training in responding to abuse and neglect of consumers, nor does the service have systems in place to monitor them.

1. *supporting consumers to live the best life they can;*

The Decision Maker observed deficiencies in the Assessment Teams evidencing of a finding of met for *(iii) supporting consumers to live the best life they can.* However, the Decision Maker was able to identify from evidence analysed and management interviewed by the Assessment Team under Standard 4, Requirement 4(3)(a) and Requirement 4(3)(a), the services promotion of its home modification service in promotion of quality-of-life improvements, increasing emotional, physical and psychological wellbeing.

1. *managing and preventing incidents, including the use of an incident management system.*

Management interviewed and evidence analysed by the Assessment Team demonstrated an effective and monitored incident management system. Management confirmed they receive alerts when an incident occurs, and they will actively monitor the system regularly and implement strategies as needed to ensure consumer incidents are addressed to ensure consumer safety and wellbeing.

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)