**Performance**

**Report**

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| Name of service: | Rosanna Fire Station Community House Incorporated |
| Service address: | 232 Lower Plenty Rd ROSANNA VIC 3084 |
| Commission ID: | 300679 |
| Home Service Provider: | Rosanna Fire Station Community House Incorporated |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 15 February 2023 |
| Performance report date: | 7 March 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 Rosanna Fire Station Community House Incorporated (**the service**) has been prepared by J Taylor, 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-B2KS6ED, 232 Lower Plenty Rd, ROSANNA VIC 3084

# Material relied on

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

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk 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 28 February 2023.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Non-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.

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| 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. | Non-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. | Non-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. | Non-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. | Non-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. | Non-compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Non-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. | Non-compliant |

# 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. | Not applicable |
| Requirement 1(3)(b) | Care and services are culturally safe | Not applicable |
| 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. | Not applicable |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Not applicable |
| 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. | Not applicable |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Not applicable |

Findings

This Standard was not assessed for this activity.

# 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. | Non-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. | Non-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. | Non-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. | Non-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. | Non-compliant |

Findings

Management interviewed advised the service does not seek information regarding any medical or physical conditions consumers may have, citing privacy reasons. As a result, the service is unable to demonstrate identification of risks for consumers and that supports and services provided to consumers was safe and effective. The service provides a café social group where food and beverages are provided to consumers however, management interviewed were not able to evidence consumer dietary requirements including identification of allergens, indicating that it wasn’t the services responsibility to understand consumer needs or preferences.

The service advised services are provided to a single consumer with management stating this consumer had a hernia, however, could not explain what type or how this may affect the consumer and the provision of services. Management then advised this consumer had a diagnosis of diabetes but were unable to provide further information on how this risk was managed when this consumer attended the café. Overall, the service was unable to demonstrate that assessment and planning, including the identification of risks, informed the delivery of safe and effective services.

Advanced care and end of life planning was not applicable for the assessment during this audit; however, the service currently does not provide information to consumers attending the service such as brochures or presentations by external services. The service undertakes enrolments, but documentation does not enable supports, services or goals to be captured. Management interviewed advised the single consumer they provide services to works in the office in a voluntary capacity and this role fulfils the consumers needs and goal of maintaining social inclusion. While this work is important to the consumer, the service did not demonstrate this had been recorded or recognised as a goal. The service did not demonstrate the consumers needs, goals and preferences were identified or formed part of their care planning.

Current enrolment documentation (Participation Enrolment Form) sighted, did not seek information from consumers to record details of any providers of care and supports they are receiving such as advocacy services, medical practitioners, or other home care providers who may be involved in their care.

Management interviewed advised the service did not record or keep any care planning documentation for consumers of CHSP services. The service could not demonstrate that care and planning is based on ongoing partnerships with the consumer, or that other services are involved in the assessment and planning process.

The service advised Consumer Participation Enrolment Form are filled in at the commencement of each year during January and February however, this information does not capture care planning information for CHSP consumers, and is done as part of the general enrolment process for all attendees of the service. As such, the service has no provision for CHSP consumer information to be reviewed for effectiveness, or as consumer needs change. Management interviewed advised the single consumer receiving services had attended the service for many years however a new enrolment form had not been completed since they commenced with the service.

Based on the information above, the service did not demonstrate consideration of risk to consumer’s health and well-being informs the delivery of safe and effective services nor was it demonstrated the service is capturing consumer information identifying current needs and goals. The inclusion of other services and organisations involved in the care of consumers was not evidenced nor was it demonstrated care plans were reviewed, communicated or provided to consumers. Five of the five requirements assessed are deemed to be non-compliant.

# 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

This Standard was not assessed for this activity.

# 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. | Not applicable |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Non-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

Management interviewed stated they would not contact the consumers general practitioner or My Aged Care if it was noticed the consumers health was deteriorating to determine if additional supports were required. The service did not evidence policies or procedures on care planning, assessments, review or referrals to other organisations.

Based on the information above, the service did not demonstrate timely and appropriate referrals to other services as they are unaware of the consumer’s needs. The one requirement assessed is deemed to be non-compliant. Six requirements were not assessed and are therefore not applicable.

# 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. | 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

This Standard was not assessed for this activity.

# 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. | Not applicable |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Not applicable |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Not applicable |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not applicable |

Findings

This Standard was not assessed for this activity.

# 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. | Not applicable |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Not applicable |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Not applicable |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Not applicable |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not applicable |

Findings

This Standard was not assessed for this activity.

# 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. | Not applicable |
| 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. | Not applicable |
| 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. | Non-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 applicable |
| 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

For this audit, 8(3)(c)(i) information management and 8(3)(c)(v) regulatory compliance were assessed.

The service did not demonstrate effective governance systems relating to the management of consumer information and regulatory compliance.

**Information Management**

Management interviewed stated the Participation Registration Form is the only documentation they have on CHSP consumers. Therefore, there is a lack of consumer files and documentation, for example no detailed initial assessment, no care plans with consumer specific supports, services and goals and no use of progress notes. Management advised the Participation Registration Form is paper-based which is then duplicated into software-based file. The service provided the following documents:

* Participation Enrolment Form template and consumer specific,
* Health Status Form,
* Charter of Aged Care Rights template and consumer specific

Review of the above documents highlighted the lack of detail contained in the Participation Enrolment Form for the identified consumer and the Health Status Form was used by staff, volunteers and tutors and not CHSP consumers. The Charter of Aged Care Rights for the identified consumer was noted to be dated 15 February 2022.

The service was unable to identify which consumers were funded via CHSP funding within the service and manage assessment and planning according to the Aged Care Quality Standards.

**Regulatory Compliance**

Management interviewed stated they are not registered with any peak bodies, legal authorities or subscribe to the Aged Care Quality and Safety Commission (ACQSC) Aged Care Quality Newsletter. Therefore, the service did not demonstrate they are keeping up to date with changes in ACQSC regulations or meeting their regulatory compliance requirements. Management interviewed advised maintaining compliance for CHSP consumers is too high for the service to manage and they would be ceasing their CHSP funding in July 2023.

The service did not demonstrate legislative changes to aged care are communicated to the Board for consideration or decision making. The service did not evidence policies or procedures relating to the identification or management for elder abuse, neglect or the requirements for the Serious Incident Response Scheme.

The service advised all board members and staff have current police checks with the services policy stating police checks to be reviewed every three years. Review of documentation capturing this information noted three of the six committee members listed had police checks that were out of date.

In considering the information above, the service did not demonstrate effective information management including an awareness of funding lines for consumers. As per Standard 2, the service did not evidence effective records for the management, planning and assessment requirements as per the Aged Care Quality Standards. The service did not demonstrate and understanding of the regulatory requirements or demonstrate changes are reflected in policies and procedures. While the service’s policy states police checks are reviewed every three years for currency, review of documents did not demonstrate this occurred. The one requirement assessed as part of this activity is deemed to be non-compliant. Four requirements were not assessed and therefore deemed not applicable.

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