**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Samarinda Aged Services Inc |
| Service address: | 296 High Street ASHBURTON VIC 3147 |
| Commission ID: | 300832 |
| Home Service Provider: | Samarinda Ashburton Aged Services Inc |
| Activity type: | Quality Audit |
| Activity date: | 21 February 2023 to 23 February 2023 |
| Performance report date: | 11 April 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 Samarinda Aged Services Inc (**the service**) has been prepared by M Murray, 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

**Home Care:**

* Samarinda Ashburton Aged Services, 26254, 296 High Street, ASHBURTON VIC 3147

**CHSP:**

* Care Relationships and Carer Support, 27906, 296 High Street, ASHBURTON VIC 3147
* Community and Home Support, 25524, 296 High Street, ASHBURTON VIC 3147

# Material relied on

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

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

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| 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 | Compliant |

# 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 | Compliant |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

|  |  |  |  |
| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

I have relied on the Assessment Team’s report in making my decision on compliance as outlined in the table above. The approved provider did not submit a response to the Assessment Team’s report. A summary of the evidence considered is outlined below.

Consumers/representatives said the staff treat them with dignity and respect and that regular staff know their cultural background and provide care and support that reflects their needs and preferences. Representatives of three consumers described how staff are matched for similar languages with the consumer, and consumers enjoy socialising with people of their own culture, for significant occasions. Interviews included examples of respectful and culturally sensitive care and services for consumers living with dementia and others from European and Asian descent. Female workers are also allocated where it is a cultural preference.

Consumers are supported to make day to day and more significant choices about how their care is delivered and take risks to support their long term goals. Examples included a consumer with increasing fatigue being supported to keep undertaking activities which are culturally important to them though planned strategies for rest and falls prevention.

Information provided to consumers, for example invoices, allow them to have a clear understanding of their funds and make choices about services and care. Consumers are also satisfied with the type and amount of information they receive from the services on other matters.

Documentation reviewed showed the service has processes to maintain and share consumer records and policies and procedures to support and guide staff to maintain consumer privacy and confidentiality.

# Standard 2

|  |  |  |  |
| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

I have relied on the Assessment Team’s report in making my decision on compliance as outlined in the table above. The approved provider did not submit a response to the Assessment Team’s report. A summary of the evidence considered is outlined below.

The Assessment Team reviewed the assessments for consumers with complex health care needs and found that risk assessments were mostly in place with staff stating that risks were also written as case notes in consumers’ files. Alerts are on files for oxygen use and how to support consumers at risk of falls.

All consumers/representatives interviewed, expressed in various ways that consumer care has been planned around what is important to them and some said that they had chosen to engage in advance care planning

Consumers have been involved in their care and service planning to the extent they wish. When provided permission, information has been shared with other organisations, including general practitioners and allied health practitioners.

Consumers have a copy of their care plan. Where they have declined the offer to receive a copy this is noted on their file.

File reviews show that while reassessment documentation is not always updated, support plan reviews are undertaken and identify changes in consumer’s condition.

# Standard 3

|  |  |  |  |
| --- | --- | --- | --- |
| Personal care and clinical care | | HCP | 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. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

I have relied on the Assessment Team’s report in making my decision on compliance as outlined in the table above. The approved provider did not submit a response to the Assessment Team’s report. A summary of the evidence considered is outlined below.

Consumers/representatives interviewed described their satisfaction with the personal and/or clinical care provided and said in different ways that it was safe and effective care.

Service advisors interviewed described how they monitor the delivery of safe and effective personal and clinical care to consumers. Care documentation including case notes, allied health reports and wound assessment documentation showed the service monitors personal and clinical care delivery.

Consumers/ representatives interviewed were satisfied that consumer care is safe and right and said in different ways that risks associated with their care are managed. Falls risk assessments are referred to occupational therapists or physiotherapists for completion. Care documentation showed risks associated with the care and services for consumers are identified, however risk assessments are not consistently conducted or documented.

Nursing and other relevant staff detailed referrals to and links with palliative care services and processes to support the consumer and their representatives when the consumer is nearing end of life.

Consumers/representatives expressed confidence that staff would identify and respond to consumer deterioration or a change in their care needs. Management discussed support workers document case notes and would contact the office to advise of changes in a consumer’s wellbeing.

All support workers interviewed described how they accessed the consumer’s care plan and case notes via an ‘app’ on their mobile telephone. Staff felt well informed about each consumer.

Care documentation evidenced referrals are made in response to an identified need, including to medical practitioners, nursing services, podiatry, occupational therapy, physiotherapy and massage therapy.

All consumers/representatives interviewed were satisfied with the measures staff take to protect the consumer from infection.

# Standard 4

|  |  |  |  |
| --- | --- | --- | --- |
| Services and supports for daily living | | HCP | 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

I have relied on the Assessment Team’s report in making my decision on compliance as outlined in the table above. The approved provider did not submit a response to the Assessment Team’s report. A summary of the evidence considered is outlined below.

Consumers /representatives said in various ways that the services and supports they receive for daily living help them do the things they want to do and have contributed to them remaining as independent as possible. Consumers spoke about remaining at home longer, maintaining a safe medication regime and home modifications contributing to their independence.

Staff demonstrated their understanding of the consumers individual emotional, spiritual and psychological needs.

Consumers/ representatives said in different ways consumers have opportunities to pursue activities that are of interest to them, maintain their relationships and continue to be involved in their community. Staff discussed consumers are supported individually to go shopping, visit friends and socialise at social activity groups.

Consumers/ representatives indicated the service is aware of each consumer’s background, interests and what support workers are required to assist with. Support workers were familiar with the needs, likes and preferences of consumers and stated they have access to consumer information via a mobile phone application and task lists.

Documentation showed referrals occur for a range of lifestyle areas, including home modifications, equipment and safety products, meal delivery, safety alarms and gardening.

Consumers discussed the variety and choice, seasonal rotation, and sufficient quantity and quality of the meals provided. Documentation reviewed provided information on the dietary needs of consumers.

Consumers and representatives are satisfied with the equipment provided to the consumer through their home care package.

# Standard 5

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

I have relied on the Assessment Team’s report in making my decision on compliance as outlined in the table above. The approved provider did not submit a response to the Assessment Team’s report. A summary of the evidence considered is outlined below.

Consumers said the service environment is welcoming and gave examples of how they feel a sense of belonging when they attend the community groups and dining services provided at the community centre. Consumers/representatives commented on the community centre being clean, well maintained and comfortable and described how the staff support consumers if they need assistance with regards to mobility and transfers.

The Assessment Team’s observations included that service environment was free from clutter and pathways were clear with no obstructions. Consumers accessed the gardens and moved freely within different rooms.

There is adequate signage providing clear directions to exits and bathroom facilities. The toilets were observed to be clean and have disabled access and supports, including handrails.

Staff described cleaning procedures, including the cleaning and disinfecting of shared equipment before and after each activity.

The Assessment Team observed vehicles to be clean and appear well maintained with no visible safety issues. Maintenance records evidenced regular scheduled maintenance of vehicles including servicing, registration and insurances.

# Standard 6

|  |  |  |  |
| --- | --- | --- | --- |
| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

I have relied on the Assessment Team’s report in making my decision on compliance as outlined in the table above. The approved provider did not submit a response to the Assessment Team’s report. A summary of the evidence considered is outlined below.

Information on internal and external feedback and complaints is part of the information pack and handbook provided to consumers on commencement of the program. Complaints information for both internal and external complaint avenues is provided along with a feedback form. Consumers are made aware that access to language and communication services are also available.

Consumer/representative interviews identified they were aware of the complaints process and several advised they had provided compliments or made complaints about the services they receive. Generally, consumers/representatives are satisfied the service listens to their feedback and makes changes.

Staff interviewed said they are trained in complaints handling and described how any complaints would be escalated to management to be actioned. Staff are trained in the organisation’s ‘no blame no shame culture’ even if client is not happy do not take it personally, record and report the issue and it will be actioned appropriately.

Management described the procedure for open disclosure which is defined in the organisation’s complaints and feedback policy and used as appropriate in complaint resolution.

Management showed complaints are documented and reviewed for trends. The organisation demonstrated quality improvements are identified and actioned following feedback and complaints.

# Standard 7

|  |  |  |  |
| --- | --- | --- | --- |
| Human resources | | HCP | 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

I have relied on the Assessment Team’s report in making my decision on compliance as outlined in the table above. The approved provider did not submit a response to the Assessment Team’s report. A summary of the evidence considered is outlined below.

Management and staff said currently there are enough staff to deliver quality care and services to consumers under the programs. The service uses an ‘engaged service model’ that has ongoing monitoring of rostering demands, staff caseloads and management of attrition.

Consumers and representatives are satisfied staff are respectful, kind and caring.

Management stated they follow the recruitment guidelines and have an agreement with a registered training organisation to recruit staff as necessary. Staff being recruited undergo an interview and vetting process with the contracted recruitment provider and the shortlisted interviewees then undertake a further interview with the manager of the program prior to being offered a contract. All qualifications and probity checks are undertaken before the staff commence work with the organisation.

Management discussed staff qualifications, skills and knowledge required to effectively perform their roles. All staff have a position description that documents the qualifications required for the role.

Staff confirmed they attend training online and face to face. Staff and volunteers are required to ensure they sign the code of conduct, privacy and confidentiality and a position description is provided to them. New staff and volunteers undergo an induction and orientation process.

Staff stated they work together with their manager to complete the performance and supervision documentation. They meet to discuss and implement any changes or training requirements. A staff performance/supervision document was viewed which identified appropriate supervision is undertaken and annual staff performance is managed.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

I have relied on the Assessment Team’s report in making my decision on compliance as outlined in the table above. The approved provider did not submit a response to the Assessment Team’s report. A summary of the evidence considered is outlined below.

The service demonstrated that consumers and representatives are involved in the development, delivery and evaluation of care and services.

The organisation has an ‘engage project’ which holds a workshop with the community addressing ‘how it could be improved’.

Board members are provided with information on the Aged Care Quality Standards, code of conduct and are required to understand legislative requirements. A Board pack is sent to members prior to the monthly Board meetings. Documentation provided to the Board includes minutes of meetings from sub-committees such as clinical governance, risk management, incidents, complaints, financial management and workforce issues.

Management advised that large, subcontracted providers provide them with a statutory declaration to state that all their staff have met probity checks such as police checks, statutory declarations for aged care workers, have current drivers’ licenses, registration and insurances, vaccinations and training. Management advised that they will be implementing an annual monitoring process for subcontracted services to ensure support workers providing care and services are appropriately trained and any issues identified are actioned.

The Assessment Team noted some discrepancies in are documentation and that when a consumer moves to a higher level package, a new agreement is not always put in place.

I am satisfied based on the organisation’s good compliance history that, as committed to by management during the audit, closer monitoring of sub-contractors will occur and that gaps in documentation processes will be addressed promptly.

While the Assessment Team found failures in the documentation of risk to consumers, it also provided examples of consumers at risk being appropriately managed. I am satisfied that staff have the skills to effectively managing high impact or high prevalence risks associated with the care of consumers.

Management advised that they have a vulnerable clients list and ensure suspected elder abuse is discussed, documented, monitored, investigated, reviewed and reported to the Board.

In relation to supporting consumers to live the best life they can, the organisation’s plans, policies and procedures promote and discuss consumers’ choice to manage risk and to enable consumer safety, enjoyment and sense of self.

An incident reporting system is in place and staff are guided by an incident reporting policy and procedure. When incidents are recorded, any strategies to support consumers and manage risk is reviewed by the clinical governance committee for broader consideration across the consumer cohort.

The organisation has a comprehensive clinical governance framework that is endorsed by the Board. Staff are aware of the need for antimicrobial stewardship and have online training modules to complete. The organisation has a ‘minimizing the use of restraint in aged care’ policy and procedure that is accessible by staff. The use of an open disclosure approach is documented in the complaints and feedback policy and applied in practice.

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)