** Performance**

**Report**

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| Name: | Shire of Manjimup Home and Community Care |
| Commission ID: | 500238 |
| Address: | 1A Edwards Street, MANJIMUP, Western Australia, 6258 |
| Activity type: | Quality Audit |
| Activity date: | 9 January 2024 to 11 January 2024 |
| Performance report date: | 23 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: 8971 Shire of Manjimup  
Service: 26428 Shire of Manjimup Home and Community Care

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9450 SHIRE OF MANJIMUP  
Service: 27186 SHIRE OF MANJIMUP - Care Relationships and Carer Support  
Service: 27187 SHIRE OF MANJIMUP - Community and Home Support

**This performance report**

This performance report for Shire of Manjimup Home and Community Care (**the service**) has been prepared by T.Wilson , 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 and others.
* the provider’s response to the assessment team’s report received 6 February 2024.

# 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 | **Not 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)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not 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

Standard 2 Requirement (3)(e) – Ensure care plans are reviewed regularly.

# Standard 1

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

This Quality Standard is compliant as six of six Requirements have been found compliant.

Consumers confirmed staff treat them respectfully and take the time to get to know them and deliver care in a way they feel comfortable and safe with. Consumers and representatives said they are involved in making decisions about care and services they receive including examples of when this had occurred. The are also supported to take risks to live the best life they can and said the service assist them to do this. Consumers reported being kept informed and receiving communications via their preferred method along with being satisfied their privacy is respected and confidentiality is maintained.

Staff displayed knowledge of each consumer’s background and how they spend time listening to them and treat them as an individual as part of respect and there is emphasis on ensuring they build rapport and trust with consumers. Staff confirmed they support consumers and the move the below up- I could not for some reason representatives to exercise choice and make decisions about their services and it is important to communicate them to ensure they understand what consumer’s choices are and let them know they can change their mind and support them when they wish to take a risk. Staff described how they communicate to ensure consumers understand the information provided through different approaches such as translation cards if required. Staff confirmed they receive training on privacy and could describe the steps to take to ensure privacy and confidentially is maintained for each consumer.

Care planning documentation provided information for staff to enable them to treat consumers with dignity and respect. The service shows it acknowledges the past experiences of consumers and incorporates that into care planning. Consumers’ records showed they include details of consumer’s representatives and showed the key decisions that consumers have made about care and services such as advance care planning, directives or signing home care agreements. Staff are provided with policy and procedures on how to identify and assess risk and inform and support consumers to reduce or mitigate risks.

# Standard 2

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

Findings

Requirement (2)(e)

The Assessment Team recommended this Requirement as not met as they found consumers’ care plans were not updated regularly as scheduled. Through a sample of consumers’ care plans it was identified that whilst updates were scheduled, they were not completed when due, with some outstanding by more than a year.

The provider responded on the 6 February 2024 acknowledging that not all care plans were updated. They provided a plan to ensure that care plans are updated within the next three months and looking at an additional person to be employed to ensure a backlog does not occur again.

I have considered both the Assessment Team’s report and the provider’s response and I find that the provider is not meeting this Requirement. Whilst there is a plan in place to address the deficit, time will be required to embed the system and monitor it to ensure effectiveness. I acknowledge the provider’s actions thus far and I also acknowledge when there is a change that care plans are being updated appropriately.

It is for these reasons I find Requirement (2)(e) non-compliant.

Requirement (2)(a), (2)(b), (2)(c) and (2)(d)

Consumers and representatives confirmed care and services available to them is discussed with them prior to the commencement of the service and it is discussed regularly with staff to ensure it remain in line with their preferences. They also said on admission to the service that staff asked them if they had completed an advanced health directive so their wishes can be followed. Consumers and representatives confirmed they are involved in the care planning process.

Staff were aware of consumer risks with alerts raised in the system prior to entering a consumer’s home. Staff confirmed care plans are electronic as well as in the home but care is always discussed prior to delivery to ensure it meets consumer preferences. Staff stated assessment and planning process focuses on the person recognising each person’s strength and abilities and aims to empower the person to identify their own support needs and goals applying the principles identified in the wellness and reablement framework to all consumers. Staff confirmed consumers are also provided with an opportunity to share their end of life

preferences in an advanced care plan.

Documents showed there are policies and procedures to guide staff in the initial and ongoing assessment process. Care plans contain consumers risks and mitigating strategies to guide staff in the provision of care along with consumer goals and preferences. Care plans showed that others are involved in consumer care including information about what the family does and what they want support workers to do.

# Standard 3

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| 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

This Quality Standard is compliant as seven of seven Requirements have been found compliant.

Consumers confirmed they get the care they need and provided examples of where it is tailored for them optimising their well-being. Consumers and representatives said staff explain risks or consumers and they have input into the steps to reduce the risks. Consumers are provided an opportunity to share their needs, goals and preferences about nearing the end of life to maintain their dignity and comfort. When the time comes, they are referred to external palliative care services to deliver the care.

Consumers have confidence that staff would report a change in condition that required review and they also said the service co-ordinates their care with different providers of care and they are referred when required. Consumers and representatives are satisfied with the hygiene practices of staff.

Staff could describe the clinical and personal care for consumers and provided examples of what they do. They also could describe what they do to mitigate risks for consumers and the processes to monitor and report deterioration. Staff could describe the communication processes to ensure that consumer information is shared for all that require it.

Staff described the processes to refer consumers for allied health services and the close working relationships that have been established with a wide range of local external support services in order to ensure consumers have access to specialist clinical treatments and interventions. Staff confirmed personal protective equipment is available to them and they have been trained to use it to minimise the risks of infection.

Care documentation showed staff provide personal and/or clinical care tailored to their needs and high impact high prevalence risks have strategies in place to mitigate the risk. Incidents where a consumer’s mental or physical function or condition are noted to have deteriorated are recognised and responded to in a timely manner. Documentation showed that information is shared between organisations that are responsible for the consumer’s care and services and referral are made to other providers of care. There are policies and procedures for staff to follow for the provision of care and to minimise risks of infection transmission.

# Standard 4

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| 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

This Quality Standard is compliant as seven of seven Requirements have been found compliant.

Consumers confirmed the services and supports provided have improved their independence, health, well-being and quality of life and it promotes their spiritual, emotional and psychological well-being. They said they can take part in community and social activities the way that they want to and staff who provide social support understand what is important to them. Consumers confirmed staff know what needs to be done during a service visit and referrals occur to other providers of care. Meals were confirmed to meet consumer requirements and they were described as fresh and enjoyable. Consumers and representatives confirmed they are satisfied with the equipment provided and it is clean and safe to use.

Staff could describe the daily living support needs of consumers goals for optimising independence and consumers wellbeing. Staff are aware of individual consumer’s needs in relation to emotional, spiritual and psychological well-being. Staff demonstrated how they support consumers to participate in their community, have social relationships and do things of interest to them. Support workers have access to relevant information about each consumer and know their needs and preferences. Staff demonstrated they know how to identify changes in consumer well-being which could be addressed through a referral. Support workers said equipment is maintained during provision of domestic assistance services where the consumer is unable to clean the equipment.

Support plans and documentation for consumers included information on their current functional ability and their needs and preferences in relation to daily living supports. Assessments are conducted to identify consumer what supports consumers require in relation to social needs and the things they like to do. Documentation demonstrated the provider communicates with staff, consumers and external organisations and information in relation to consumers dietary needs.

# Standard 5

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| 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

This Quality Standard is compliant as three of three Requirements have been found compliant.

Consumers confirmed the service environment is welcoming to them and has spaces for interactions with others. Consumers stated they are comfortable when accessing services at the day centre and it is well maintained and meets their needs. They described the furniture as well presented and it meets their needs.

Staff confirmed it is their role to maintain the cleanliness and presentation of the day centre and respite house and it was part of their rostered scheduled duties. Staff stated they checked all equipment and fixtures and fittings prior to use and report any issues or concerns immediately. There is scheduled upkeep and staff stated if they find any issues, they will report them immediately.

The Assessment Team observed clearly marked doors, exit signs and lighting as well as directional signage to the day centre and other areas. There was also well maintained off the street parking and the service’s fixtures and fittings were found to be clean, well maintained and in working order.

# Standard 6

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| 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

This Quality Standard is compliant as four of four Requirements have been found compliant.

Consumers reported being supported and comfortable in providing feedback without fear of retribution which could be done in either writing or verbally to staff. Consumers were satisfied with the outcomes of complaints and feedback and they have information about advocacy services should they require it. They are also satisfied that as a result of complaints and feedback, improvements have been made to care and services.

Staff are aware of the complaints and feedback process, and they carry the forms in case a consumer needs one. Staff described advocacy services and how they would assist consumers by providing the details and support to access them. Staff stated they are encouraged to seek regular feedback from consumers and to provide feedback to the service. Staff confirmed they have access to policies and procedures online when they are in the office or they can access the full range of operational policies and procedures, including complaints handling in a manual folder hard copy.

Documentation showed that feedback and complaints had been actioned and they are tracked to ensure resolutions are satisfactory and monitored to ensure improvement or staff training is identified. Documents reviewed demonstrated the service has policies and supports to guide staff on engaging advocacy services to support consumers in accessing aids to clarify, lodge or escalate concerns. A review of the minutes of the manager quality improvement meetings demonstrated trends, complaints and incidents were reviewed and investigated to inform process improvements.

# Standard 7

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| 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

This Quality Standard is compliant as five of five Requirements have been found compliant.

Consumers reported receiving timely services from skilled workers who are friendly and competent and treat them with kindness. Consumers reported confidence in the service to ensure it workforce was skilled and they have the right people for each role. Consumers said they had had care and services provided to them by new staff who were supervised and supported by experienced staff members for their first few visits, and this gave them confidence the service was making sure staff had the required skills to perform their roles.

Staff reported being supported with resources, including succession planning, to enable them to undertake their role effectively and there is sufficient workforce to meet all their consumers’ services and care needs. Staff confirmed they receive training and support for their roles which includes mandatory training for all staff. Staff confirmed they received an induction to the service when they first commenced and they fell supported through annual reviews and the performance development plan process to achieve their performance and learning goals.

Staff training records demonstrated management recorded and review skills and competencies against required care and services for all consumers. Meeting minutes showed staff skills and resources were discussed and actioned regularly and as part of the planning for new consumers and their care needs to the service. Policies and procedures have procedures to guide staff, including expectations that direct staff to provide care that is courteous and supportive at all times as per the service’s values. Training records and competency assessments reviewed demonstrated the service regularly reviews the skills of its workforce and upskills as required.

# Standard 8

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| 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

This Quality Standard is compliant as five of five Requirements have been found compliant.

Consumers confirmed being consulted and providing feedback and input into service delivery. Consumers reported they had confidence the organisation was well run, and they were valued as individuals. Consumers advised they were supported to mitigate risks and staff could identify and mitigate risks whilst providing care.

Staff reported being supported to provide inclusive, culturally safe care and they have the information about guidance and governance practices to inform best practice for providing safe and effective care. Staff could describe how they identify and escalate risk and use the incident management system to report them. Staff interviewed were aware of the policies and procedures and where and how to access them for guidance in care and services.

The Council’s mission, vision and values underpin, drive and support the service’s inclusive, and culturally supportive work principles with training at onboarding and work expectations through position descriptions and performance reviews. There is a strategic plan to drive continuous improvement along with organisational wide governance systems, policies and practices for the management of information, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints.

There are effective risk management practices and policies to support staff in managing high-impact or high-prevalence risk, identifying and responding abuse and an incident management system. There is a suite of policies underpinning the clinical governance framework which support staff with guidance and procedures.

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)