**Performance**

**Report**

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| Name: | South West Community Care |
| Commission ID: | 500120 |
| Address: | 2 Uduc Road, HARVEY, Western Australia, 6220 |
| Activity type: | Quality Audit |
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| Performance report date: | 29 November 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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 8996 Harvey Health and Community Services Group (Inc)  
Service: 26848 South West Community Care  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8409 HARVEY HEALTH AND COMMUNITY SERVICES GROUP (INC)  
Service: 25177 HARVEY HEALTH AND COMMUNITY SERVICES GROUP (INC) - Community and Home Support

**This performance report**

This performance report for South West Community Care (**the service**) has been prepared by Mary 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.

# 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.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **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 | **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

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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

Consumers and representatives reported feeling respected and valued by the service, and felt their cultural backgrounds were understood. Staff demonstrated their knowledge of consumers’ backgrounds and life circumstances and what is important to each consumer.

Cultural safety / diversity training occurs and staff described tailoring care to make it culturally safe for individual consumers. Staff said that their training has raised awareness of what is culturally important when delivering care to consumers who, for example, identify as Aboriginal and Torres Strait Islander. Policies focus on diversity and inclusion.

Consumers said they are involved in decisions about their care and services and can involve family members or others in decisions if they wish. Staff described supporting consumers with English as a second language to exercise choice.

Assessment and care planning captures how consumers want support in maintaining their community connections and relationships with others and consumers gave examples of how this is occurring.

Management described supporting consumers to understand risks connected to their day to day activities. Documentation evidenced discussions on dignity of risk. Consumers are satisfied their independence is supported and they can keep doing the things that are important to them.

Consumers are satisfied they have sufficient information to make decisions and exercise choice.

The service has policies on managing consumer information within the organisation and with external parties which include obtaining the consumer’s consent. Staff described maintaining the confidentiality of consumer information. Consumers are satisfied that their information is kept confidential.

Based on the information summarised above, I find the provider complies with this Standard.

# 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. | Compliant | Compliant |

Findings

The service has systems for assessment and planning, which incorporate validated assessment tools and support best practice care planning. Staff undertaking clinical assessments have the relevant skills and described developing risk mitigation strategies for falls, skin breakdown, poor nutrition and risks relating to cognitive decline. Consumers said they have been involved in their care planning and care is regularly discussed with them to ensure it continues to meet their preferences.

Care plans identify the consumer’s needs goals and preferences in sufficient detail to deliver tailored care and strategies to meet their goals, such as improving one’s functional ability and reducing the reliance on others for personal care. Assessment staff talk to consumers about advance care planning and provide support if the consumer wishes to develop an advance care plan.

All consumers have a care plan developed and a copy is offered to the consumer for their records. Staff said they have sufficient care planning information and can access information on their mobile phone. Consumers confirmed they have a copy of their care plan and can understand its contents and said it reflects what is important to them and how they want care delivered.

Regular reviews occur to ensure the information in the care plan remains contemporary. A change in circumstance, incident or another unexpected event will trigger an ad hoc review of the care plan to ensure it remains effective in supporting safe and tailored care between scheduled reviews.

Management said, and progress notes and incident reports reviewed confirm general practitioners and allied health staff are informed of all clinical incidents for their consideration and follow up.

Based on the information summarised above, I find the provider complies with this Standard.

# 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

All consumers interviewed reported satisfaction with the personal and clinical care they receive.

Staff described delivering care in consultation with general practitioners and others to optimise clinical care including managing consumers’ pain, risk of falls and skin integrity.

The organisation responds to high-impact or high-prevalence risks by reporting each incident taking action and having each incident reviewed by a clinician to develop new strategies and interventions to avoid a similar recurrence.

The clinical care manager advised if a consumer is in the palliative care phase of their illness, they will work with external agencies specialising in the provision of care to the terminally ill in their own home. The service has supported end of life care through additional nursing care, personal care, domestic assistance, social support, oxygen therapy and continence care.

Staff report any concerns of a consumer’s deterioration and documentation evidenced additional supports being put in place to support consumers, for example, managing a consumer’s poor appetite and sleep disturbance though consultation with their general practitioner, hospital staff and a dietitian.

The organisation has policies and procedures related to clinical deterioration including guidelines to facilitate its early recognition and to ensure an appropriate response to the clinical deterioration occurs.

Coordinated care is occurring and information sharing between relevant parties, internally and externally, is timely and appropriate.

Staff described processes to refer consumers for allied health services and additional services through their internal referral processes or via the My Aged Care portal for consumers accessing CHSP services.

Staff and management advised that personal protective equipment is available to all staff and training on hand hygiene and standard and additional precautions has been provided through the online learning platform.

The service promotes appropriate antibiotic prescribing, and provides consumers with information regarding the safe use of medication and information about antibiotic use.

Based on the information summarised above, I find the provider complies with this Standard.

# 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. | Not applicable | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers said that staff listen to them and provide them with the services and supports they need, in a way that helps them to continue to do things independently. Staff described working in partnership with consumers to achieve their goals.

The psychological well-being of consumers is included in the assessment and review processes with the information used to inform discussions about the services and supports that might maintain or improve a consumer’s well-being. Consumers felt their well-being is supported through going to the social centre and building relationships with staff and other consumers.

Staff said they would notice if a consumer was behaving differently or appeared down and would talk to the consumer and report any concerns to management.

Consumers discussed how the service supports them in their personal relationships, including support to visit relatives and attend other community events and activities with likeminded people. Staff could describe what is important to consumers regarding their lifestyle and social activities, saying consumers are also free to make suggestions on activities.

Coordinated support is occurring and information sharing between relevant parties, internally and externally, is timely and appropriate.

Referrals are made to allied health professionals and others to support consumers’ health and wellbeing. Evidence included referrals for new equipment for HCP consumers and referrals back through the My Aged Care portal for CHSP consumers for assessment of any newly identified needs. Where equipment is provided it is fit for purpose and tailored to the consumer’s specific needs, consumers said they are satisfied with the equipment provided.

Staff said they have access to equipment to support consumers such as wheelchairs in the consumer’s home when required. Staff also complete training in the safe use of equipment and manual handling techniques. Any faulty equipment is made safe for the consumer in the first instance and then reported to management. Management advised equipment and home modifications are purchased / undertaken based on an occupational therapy review and assessment.

The service does not provide meals.

Based on the information summarised above, I find the provider complies with this Standard.

# 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

Consumers said in various ways they enjoy coming to the service.

Staff described how they have considered any barriers which might make the environment difficult or unwelcoming to consumers with different abilities.

The centre in Harvey has been renovated to ensure it is fit for the purpose and is easily accessed via footpaths and ramps. The centre in Australind has been purpose built and includes walkways that are wide and level making the centre easy to navigate with walking aids or wheelchairs if required. Bathrooms are signposted and disability friendly.

Transport is available to consumers to support their attendance at centres.

Consumers said the environment is always clean and comfortable, and it is easy to move around and get from place to place.

Staff described how they maintain oversight of the cleanliness of the environment and discussed the processes for informing the maintenance team of any issue.

The Assessment Team noted the outdoor areas have level pathways for access and are well maintained.

Consumers were observed freely moving inside and outside the centre.

Based on the information summarised above, I find the provider complies with this Standard.

# 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

Consumers and representatives said they feel comfortable to give feedback. Staff and volunteers said that they encourage any consumers who have concerns about their care and services to contact management. Explaining that the service cannot improve if they do not know what they are doing wrong. They said they also encourage and help consumers to complete and return any surveys that the service conducts.

Management said that staff are trained to assist consumers who wish to make a complaint, and staff are encouraged to report any feedback or suggestions for improvement made by consumers.

An Italian-translated copy of The Charter of Aged Care Rights is provided to Italian consumers who speak limited English to help them understand their entitlements when receiving care and services.

A review of documentation provided to consumers was noted to include information about their rights to involve their family and representatives to help them give feedback or make complaints. Details are also given about the advocacy organisations and interpreting services and how to make a complaint directly to the Aged Care Quality and Safety Commission if they do not want to report directly to the service.

A review of the complaints and feedback register of the service showed that complaints are acted upon promptly. Actions are allocated and steps taken are recorded.

The organisation has an open disclosure policy that clearly documents the steps staff are expected to take when mistakes are made. The incident form was noted to be designed to ensure that the elements of open disclosure are addressed and recorded when staff respond to an incident.

Feedback and complaints are reviewed and trended to inform continuous improvements. Improvements include engaging home maintenance and gardening contractors to improve the continuity of services for consumers. Complaints on this topic have trended down as a result.

Based on the information summarised above, I find the provider complies with this Standard.

# 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

Management outlined its workforce strategy. Fortnightly meetings are held with schedulers to look at the total hours that are planned for each area, noting any factors that affect capacity such as waiting lists and scheduled leave. Any discrepancies are addressed, for example, by balancing staff numbers across areas of need. Meeting minutes confirm that service delivery is tracked and reviewed regularly by the executive management team and the audit, risk and compliance committee.

The strategic plan sets recruitment goals, and minutes of the audit, risk and compliance committee showed that progress is tracked against targets, as is the turnover of staff and absenteeism rates.

Consumers spoke about the relationships they have with the office and care staff and gave examples of kindness and concern being shown by staff over time.

Management said that when a staff member commences, they receive training during induction about how consumers must be treated with respect and kindness, and management meet with any new external contractor to reinforce these expectations. The organisation monitors adherence to this by phoning a sample of consumers once the new staff member or contractor commences delivering services to ask if the consumers feel comfortable and respected. They also conduct regular surveys to obtain feedback about how satisfied consumers are with the kindness and respect they are shown by staff.

Consumers and representatives said they have confidence that staff know what they are doing.

Staff spoke about their own qualifications, training, and experience and how it equips them to deliver competent care and services. Care staff can refer to an app on their mobile phone that shows the documents uploaded to verify their qualifications and competencies and training, and staff said they receive reminders when any training refreshers are due.

Management use a matrix to outline the competencies and qualifications required for each role and a register is maintained to ensure that the required qualifications and competencies for each staff member are current and have been verified.

Agreements with third-party contractors of gardening, home maintenance, and providers of in-home allied health services detail the qualifications and competencies required of staff providing services. A register verifying that evidence of compliance has been received is in place.

Employees said that they feel supported by the service to be equipped to safely undertake their roles. Management said that they have regular staff development days, the most recent one focussing on self-care.

Annual performance reviews occur and they are up to date. It was evident that feedback from consumers feeds into performance discussions and the service has implement performance improvement plans when necessary to support staff members meet the expectations of their role.

Based on the information summarised above, I find the provider complies with this Standard.

# 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

Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement through various feedback mechanisms such as the complaints and feedback process and consumer experience surveys. The feedback obtained from consumers and representatives is used to drive continuous improvement.

Management said that they are exploring options to set up a consumer advisory body and the Board is keen to hear the consumer voice when developing strategic plans and new approaches.

The Board promotes a culture of safe, inclusive and quality care and services and is accountable for its delivery through having a committee structure which informs its members about audit results, risks and consumer feedback. The Board draws some of its members from the wider community who bring a diversity of experience and have a commitment to providing quality aged care services in the local community. The Board also has partnerships with others who contribute external expertise including lawyers, insurance advisory bodies, industrial advisory bodies, and accounting services.

At the quality audit, the Assessment Team found there are effective organisation wide governance systems in place to support information management, continuous improvement, workforce governance, financial governance and feedback and complaints.

The service has risk management systems and processes to identify and assess high impact or high prevalence risks to the health, safety and well-being of consumers. The incident management system identifies any trends or risks and is used to improve the care and services. Consumers are supported by the service to the live the best life they can and maintain their independence by undertaking activities that balance risk and quality of life.

A risk management plan was noted to be in place to manage high-impact risks that have the potential to affect multiple consumers, for instance natural disasters, pandemics, and cyber-security risks, the plan is reviewed by the Board annually.

Policies and procedures guide care planning staff to identify the high-prevalence risks associated with the care of individual consumers, such as falls and social isolation, and to agree strategies to manage and minimise associated risks.

Staff complete training on how to recognise and report elder abuse and a policy and procedure on the identification and management of elder abuse was noted. Information about, and examples of, elder abuse were also noted to be included in the home care employees’ resource folder. Advocacy services are frequently invited to attend the social centre to explain to consumers what elder abuse looks like and their options if they are subjected to elder abuse.

Incidents are acted on promptly and an open disclosure approach is applied. Outcomes of incidents include the identification and implementation of strategies to mitigate further risk for that individual, and reflection on whether any changes to procedures might mitigate the risk of a similar incident impacting other consumers.

The organisation’s clinical governance framework includes seven components: governance; leadership and culture; partnerships; roles and responsibilities; clinical performance and effectiveness; safe service environment; quality improvement systems and monitoring and reporting. A medication register is maintained, and staff liaise with the consumer’s general practitioner regarding the ongoing use of antibiotics when issues are identified.

Based on the information summarised above, I find the provider complies with this Standard.

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)