**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | St Paul's Court |
| Service address: | 54 Heatherhill Road FRANKSTON VIC 3199 |
| Commission ID: | 300056 |
| Home Service Provider: | Anglican Aged Care Services Group |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 5 October 2022 |
| Performance report date: | 21 October 2022 |

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 St Paul's Court (**the service**) has been prepared by A.Grant, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

An assessment contact was conducted on St Paul’s Court. Standard 2, Requirement 3(a) and Standard 3, Requirement 3(a) was the scope for this assessment with the focus on consumers who are self-managing and receiving sub-contracted services under their Home Care Packages based on insufficiencies identified in a previous Quality Audit.

# Services included in this assessment

**Home Care:**

* Hurlingham, 18820, 54 Heatherhill Road, FRANKSTON VIC 3199

**CHSP:**

* Domestic Assistance, 4-B7BK8MT, 54 Heatherhill Road, FRANKSTON VIC 3199

# 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.

# Assessment summary for Home Care Packages (HCP)

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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 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. | **Not applicable** | **Not applicable** |
| 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. | **Not applicable** | **Not applicable** |
| 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. | **Not applicable** | **Not applicable** |
| 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 applicable** | **Not applicable** |

Findings

Evidence analysed by the Senior Quality Assessor showed consumers receiving services that are self-managed where sub-contracted services are engaged, were consistent in their feedback that the assessment and care planning is collaborative, resulting in care and services that are well planned. During interviews with the Senior Quality Assessor assessment staff presented a strong understanding of assessment and care planning and there are documented templates, checklists and procedures to guide staff through the process. Evidence analysed by the Senior Quality Assessor showed the organisation has recently developed a new assessment tool that covers a broad range of health and wellbeing topics that are discussed when consumers commence with the service and existing consumers are transitioned to the new assessment tool during re-assessment. Evidence analysed by the Senior Quality Assessor showed consumer files contained needs assessments and detailed care plans which outline the identified risks and provide clear guidance for care workers. During interviews with the Senior Quality Assessor staff confirmed that task lists provide the information for safe and effective care and management of risk associated with the care of the consumer.

Evidence analysed by the Senior Quality Assessor showed Consumer A who chooses to coordinate and monitor all care and services himself/herself, commented positively on the introduction of a client advisor and reports this has improved the delivery of care and services for him/her. During interviews with the Senior Quality Assessor Consumer A stated regular phone contact and home visits from the client advisor ensures she is receiving safe and effective care from the sub-contracted services that she chooses to engage with.

Evidence analysed by the Senior Quality Assessor showed assessment and care planning is comprehensive and evident on all files that were sampled. For example, Consumer A’s care documentation identified a range of needs (including personal care, aids/equipment, domestic care, nutrition/shopping and clinical care), preferences (for example, the choice to choose their care worker through sub-contracted services and self-manage their package) and risks associated with his/her limited mobility, medication management, oxygen therapy management and chronic co-morbidities. Evidence analysed by the Senior Quality Assessor showed there were clear care instructions for brokered staff including the available equipment, tasks to assist with for personal care, such as shower assistance and dressing, the requirement for assistance with compression garments and ensuring that care staff are non-smokers and do not present with perfumes, hair oils or sprays on as these trigger breathing difficulties.

During interviews with the Senior Quality Assessor management discussed and provided evidence to substantiate the ongoing improvements and monitoring of self-managed packages by:

* Improving the communication between care staff and the service where brokered services are utilised;
* Introduction of client advisors to all consumers who are self-managed and access sub-contracted services to improve communication between the consumer and the service to ensure the safe delivery of ongoing care and services;
* The amalgamation of the services two software systems into one allowing care staff to have full access to care information including task list, care/assessment information and risk assessments to help guide and inform care while in the field;
* Mandatory regular reporting of case notes from care staff for consumers receiving care and services through sub-contracted services;
* The service is phasing out of self-managed consumers who access sub-contracted services and recommending current consumers access internal staff;
* To support and monitor consumers, new consumers are encouraged to use internal staff; and
* There are documented procedures, intake checklists and assessment/planning templates to ensure consistent practice and coverage of all relevant aspects of care and services.

# 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. | **Not applicable** | **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** | **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** | **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** | **Not applicable** |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Not applicable** | **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** | **Not applicable** |

Findings

Evidence analysed by the Senior Quality Assessor showed consumers who self-managing their packages gave positive feedback on the personal care and clinical support they receive, commenting in various ways that staff knew what care was to be delivered, were ‘patient and considerate’ and used the appropriate equipment. Staff when interviewed by the Senior Quality Assessor indicated how personal care and clinical care responds to the consumer’s specific needs and draws on best practice principles, such as having clear care instructions and risk management strategies, following treatment plans and providing feedback and updates to the service through sub-contracted services. Evidence analysed by the Senior quality Assessor showed care documentation displayed the regular monitoring and clinical oversight of clinical care by the service.

Consumer A (HCP L4) who coordinates all his/her care and services when interviewed by the Senior Quality Assessor spoke of the patience and care taken by his/her care worker while assisting with showering, dressing and confirmed the regularity of catheter changes undertaken by nursing when required after hospital admissions. Consumer A when interviewed by the Senior Quality Assessor described how the choice to choose his/her own care workers through sub-contracted services ensures his/her care is tailored and optimises his/her health and wellbeing because he/she is in control of the service delivery decisions.

Consumer B (HCP L2) who self-manages her package and engages sub-contracted services when interviewed by the Senior Quality Assessor stated that care staff were kind and professional when assisting with his/her personal care such as showering and assistance with personal hygiene.

Evidence analysed by the Senior Quality Assessor showed the service receives information and care notes from sub-contracted services providing personal and clinical care paid through HCP funding, however this is not always regular. During interviews with the Senior Quality Assessor management advised they are in the process of reviewing and improving the transfer of information between the service and sub-contracted services to ensure that care provided is safe, effective, best practice and tailored to the consumer’s needs.

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)