**Performance**

**Report**

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| Name of service: | Star Community Services - Cleveland |
| Service address: | Shop 15, 152 Shore Street West CLEVELAND QLD 4163 |
| Commission ID: | 700911 |
| Home Service Provider: | Star Community Services Ltd |
| Activity type: | Quality Audit |
| Activity date: | 27 April 2023 to 3 May 2023 |
| Performance report date: | 11 September 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 Star Community Services - Cleveland (**the service**) has been prepared by J. Bayldon, 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:**

* STAR Community Services, 26360, Shop 15, 152 Shore Street West, CLEVELAND QLD 4163

**CHSP:**

* CHSP - Social Support - Group, 4-7ZOO0NV, Shop 15, 152 Shore Street West, CLEVELAND QLD 4163
* CHSP - Social Support - Individual, 4-7ZOOPQ4, Shop 15, 152 Shore Street West, CLEVELAND QLD 4163
* CHSP - Transport, 4-7ZODOYD, Shop 15, 152 Shore Street West, CLEVELAND QLD 4163
* Community and Home Support, 23967, Shop 15, 152 Shore Street West, CLEVELAND QLD 4163
* CHSP - Home Maintenance, 4-7ZOMI3X, Shop 15, 152 Shore Street West, CLEVELAND QLD 4163
* CHSP - Home Modifications, 4-7ZOMZ3M, Shop 15, 152 Shore Street West, CLEVELAND QLD 4163
* CHSP - Domestic Assistance, 4-7ZODP1Q, Shop 15, 152 Shore Street West, CLEVELAND QLD 4163

# 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.
* the provider’s response to the assessment team’s report received 5 June 2023.

# Assessment summary for Home Care Packages (HCP)

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Ensure that communication to consumers is current, accurate and timely and information provided to consumers is relevant and enables them to exercise choice in relation to their care and services.
* Embed processes to consider, identify, and mitigate consumer risks during assessment and planning.
* Demonstrate a consumer centric approach to service planning that accurately reflects needs, goals, and preferences.
* Ensure consumers are involved and engaged in the assessment and planning of their own services.
* Ensure that the outcomes of assessment and planning are communicated with consumers and those they wish to be involved in the process.
* Ensure the regular and episodic review of consumer care and services.
* Effectively manage the consideration, identification, and mitigation of high-impact, high-prevalence consumer risks through assessment & reporting tools and documented risk strategies.
* Ensure that consumer needs, goals and preferences are documented and communicated to inform those involved in delivering consumer care.
* Ensure staff and volunteers have all the necessary information to provide services to consumers in line with their needs and preferences.
* Ensure that regular performance discussions and formal annual appraisals for each member of the workforce are performed.
* Ensure that the incident management system place effectively records incidents to enable the service to demonstrate practices that ensure consumers are supported to live the best life they can.
* Imbed restrictive practice processes with staff by providing further training to enable them to both understand and recognise restrictive practices.

# 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. | Non-compliant | Non-compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Requirement 1(3)(e)

At the time of the Quality Audit, the Assessment Team found the service did not demonstrate that information provided to each consumer is current accurate and timely. The Assessment Team provided the following evidence relevant to my finding:

* Consumers/representatives reported that the service often did not return calls nor advise them that their services were not occurring and reschedule the services to a later date.
* Consumers also advised that they are not made aware before staff attended their homes to provide services and often must leave a message to speak with the coordinator who doesn’t always get back to them.
* Consumers are not provided with written information such as the days, times and frequency of their CHSP Domestic assistance service.
* Management acknowledged the Assessment Team’s finding and the challenges they have in providing timely communication for consumers due to the volume of services provided daily.
* Consumers are provided with Charter of Aged Care Rights and complaints information.

In response to the Assessment Team report, the service did not provide any additional information in relation to the requirement. In coming to my finding, I balanced the information that consumers are being provided with against how and when the information is being provided. The intent of the requirement is to ensure that providers, communicate clearly and supply helpful resources to consumers about their care and services to enable consumers to exercise choice. Based on the evidence above, the provider is not able to provide information to consumers about their services in a timely manner. Therefore, I find the service to be non-compliant with Requirement 1(3)(e) at the time of the performance report decision.

Requirements 1(3)(a), 1(3)(b), 1(3)(c), 1(3)(d), 1(3)(f)

All consumers, and their representatives, interviewed confirmed they are treated respectfully and with dignity. They reported the staff and volunteers are polite and that services are arranged to suit their personal circumstances and individual preferences.

Consumers, and representatives, confirmed that staff understand their preferences and what is important to them, and this is considered when providing care and services.

Staff gave examples of how they help consumers make day-to-day choices and how they support consumers who have communication difficulties and/or who are experiencing cognitive decline.

Consumer records show ongoing communication with consumers and others involved in their care, regarding their wishes and decisions about the care and services they receive.

The service supports each consumer’s dignity of risk as safely as possible and practical strategies are used to mitigate potential risk.

For example:

* One consumer (HCP L3) is at risk of falls and said the staff meet them on the mainland when they get off the ferry, adding staff would come to the house to accompany them if they wanted them to and have done so in the past.

Staff and volunteers respect the consumer’s privacy when delivering care and services. They are aware of their settings and audience when discussing consumer information and do not discuss personal information outside of relevant work environments. Staff and volunteers sign a confidentiality agreement and code of conduct which sets out the expectations.

Based on the information summarised above, I find the provider, in relation to the service, compliance with Requirements 1(3)(a), 1(3)(b), 1(3)(c), 1(3)(d) and 1(3)(f) at the time of the performance report decision.

# 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. | Non-compliant | Non-compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Non-compliant | Non-compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Non-compliant | Non-compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Non-compliant | Non-compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Non-compliant | Non-compliant |

Findings

HCP Non-Compliant Requirements 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d), 2(3)(e)

The Assessment Team found the following evidence relevant to my finding:

* Comprehensive service-level assessments have not been conducted for each consumer in order to inform development of care plans. For example:
  + 12 of 17 care plans reviewed were not informed by a service-level assessment.
  + 5 consumers were reviewed by clinical staff who utilised appropriate assessment tools, however this information did not result in an updated care plan for staff to access.
  + 17 of 17 care plans were not completed across care domains including the consumer’s functional capacity, the interventions required to meet the consumer’s care needs and who is responsible for each aspect of care.
  + My Aged Care (MAC) Assessment Summary information is not consistently reflected in care plans.
  + Referrals are made for assessment by relevant professionals however outcomes are not consistently documented on the care plan nor were copies of such reports held on the consumer’s record.
* The service is not currently using a suitable suite of assessment tools, other than a home safety risk assessment tool.
* Whilst care plans are developed based on the consumer’s/representative’s understanding of their needs, goals and preferences, documentation reviewed did not consistently reflect all relevant information regarding each consumer’s current care needs and how these would be met at the point of care. For example:
  + One consumer’s care plan identifies that they are living with chronic pain. Dated notes from staff document that the consumer was experiencing pain during the time personal care was being provided. Staff documented they gently rubbed cream into the affected areas which the consumer reported helped ease their pain. However, the care planning documentation, nor the information available to staff, does not provide such strategies to assist the consumer when pain is experienced.
* The service did not demonstrate that advanced care planning discussions are occurring with each consumer. For example:
  + 3 coordinators advised they do not speak to all consumers about end of life or advance care planning, with one coordinator adding if they know the consumer is unwell or palliative this is when they will ask about it, otherwise if consumers appear fit and healthy, they do not raise this topic during the intake and assessment process.
* The HCP team leader and coordinators could not confirm that each consumer has a care plan in the home, and where there is a care plan, whether it is the current version.
* The HCP team leader advised that consumer’s care plans and services have not been reviewed at least annually. A HCP review spreadsheet provided by the service shows a large number of consumers as not having reviews with required timeframes.
* Management discussed the availability of the Ongoing Needs Identification (ONI) assessment tool which the service uses in other service delivery areas, advising that this tool will be recommended moving forward with appropriate training provided to staff.
* Management acknowledged that completing a full suite of assessments for consumers on admission and at annual reviews would support comprehensive assessment and care planning.
* Management advised that a review of the assessment and planning process is underway including ensuring the appropriate information is available to staff and comes at the point of care and that consumers have ready access to their care and services plans.

In response to the Assessment Team Report, the service provided the following evidence relevant to my finding:

* Existing ONI assessment tools along with a suit of peer review assessments tools, however acknowledged that the team are not consistently using the assessment tools.

In coming to my decision, I have had to balance the evidence provided in the Assessment Team’s Report against the limited detail provided in the provider’s response to the assessment teams report in relation to the above evidence.

It is evident from the above that the service is not consistently planning the care and services with consumers to meet their needs, goals, and preferences. The service is also not ensuring that consumer’s needs, goals and preferences are appropriately and consistently documented, and these documents are available to consumers and those who are involved in their care. The service is also not ensuring that care and services is regularly reviewed for consumers and that staff are appropriately trained to ensure that advanced care planning discussions are occurring with consumers.

Based on the above, I therefore find the service to be non-compliant with Requirements 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e) at the time of the performance report decision.

CHSP Non-Compliant Requirements 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d), 2(3)(e)

The Assessment Team found the following evidence relevant to my finding:

* Service-level assessments considering all relevant factors are not consistently conducted in order to inform service provision, including whether the consumer is independent or requires assistance, the level of assistance they require, how this assistance is to be provided and the strategies to manage any risks during service provision. For example:
  + A consumer advised the Assessment Team that they have mobility issues due to a tumour on their foot. When asked if the service is aware the consumer advised they weren’t sure. A review of the MAC assessment summary shows the consumer has difficulty with mobility which is impacting on daily tasks, they also experience pain and arthritis which impede the ability to walk any distance. However, this information is not captured in a service-level assessment nor through a service plan to inform service provision.
* Consumers/representatives had no knowledge of having had an assessment conducted or a service plan provided by the service. Consumers advised they did however receive an assessment through My Aged Care, this is in line with the information provided by both staff and management. For example:
  + One consumer said they didn’t think they had a service plan, but the consumers family are pleased they can get transport to the hospital when they need it.
  + Another consumer stated, ‘I don't think I had an assessment by the service’.
  + Two consumers interviewed both confirmed they had not received an assessment or service plan from the service but advised if they have any changes to their conditions or needs, that they would let the service know.
* Document service plans are not provided to each consumer and are not readily available for staff and volunteers to guide them in meeting the consumer’s needs safely and effectively. For example:
  + One consumer stated, ‘no they don't’ provide a service plan but ‘sometimes they ask the questions about what I prefer’.
* Management and staff confirmed there is no service plan being developed or provided to consumers.
* Staff and volunteers do not have ready access to all relevant information to guide them in providing services to each consumer. For example:
  + One social support group volunteer advised they receive a list of consumers and their representative contact details, but do not have access to any other documented information about each consumer’s condition, functional capacity and/or their support needs. The volunteer advised they are aware 2 consumers have diabetes, which is self-managed, but did not receive this information from the service.
  + Transport drivers receive general information on the consumer’s mobility, such as the type of mobility aid used, preferred vehicle and whether they require assistance in and out of the vehicle. However, drivers are not provided with further detail on the level of assistance the consumer requires in order to be transported safely to and from their destination, such as whether they need to be escorted to and from the doctor’s reception area.
* Consumers/representatives advised they weren’t sure if they had a review of conducted by the service, with some consumers advising their condition had changed. For example:
  + One CHSP consumer advised they have a broken shoulder which resulted in them not being able to use transport services to do grocery shopping. When asked if they had advised the service of this injury, they stated that the transport driver was aware but only because they have face to face contact with them but stated they didn’t have a review by the service nor did they receive more services.
* Discussions with management and staff confirmed that service-level reviews are not being conducted to ensure care and services remain effective in meeting each consumer’s needs.

In response to the Assessment Team’s report, the service provided evidence that after a review of the consumer files named in the assessment team’s report, they found that consumers had MAC plans on a system that was shown to the Assessment Team at the time of quality audit. The service also noted and provided evidence of where the system captures information regarding a client’s needs, diagnoses etc. The provider also state the Assessment Team were ‘shown’ and that it was ‘explained’ how this information made its way on to a driver’s manifest to notify them of a consumer’s needs. The service also stated that staff can see alerts on a mobile phone application outlining the specific diagnoses of consumers.

In coming to my decision, I have had to weight the Assessment Team’s evidence in their report against the services response. In respect to the services response, whilst I am comfortable that consumers may have MAC plans on a system that also recorded client’s needs, goals preferences etc, there was no evidence provided to suggest that assessment and planning for consumers consistently included consideration of risks, needs, goals and preferences including advanced care planning and that this information was consistently and regularly reviewed and updated for effectiveness and when circumstances change.

Based on the above evidence and the providers response, I believe the service would benefit from reviewing their assessment and planning processes for consumers to ensure safe and effective care and services are being provided to consumers and that staff are appropriately trained in assessment and planning processes, including discussing end of life planning.

I therefore find the service to be non-compliant with Requirements 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e) at the time of the performance report decision.

# 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 | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant | 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. | Compliant | 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. | Compliant | 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. | Non-compliant | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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. | Compliant | Not applicable |

Findings

Requirements 3(3)(b), 3(3)(e)

At the time of the Quality Audit the Assessment Team found that the service was not:

* Effectively managing the consideration, identification, and mitigation of high-impact, high-prevalence consumer risks through assessment & reporting tools and documented risk strategies.
* Demonstrating that consumer needs, goals and preferences are documented and communicated to inform those involved in delivering consumer care.

The Assessment Team provided the following evidence relevant to my finding:

* Strategies to effectively manage high impact or high prevalence risks were not consistently developed and documented resulting in a lack of guidance for staff providing care and services to consumers. For example:
  + One consumer’s care plan identified them to be a falls risk and broadly outlines the consumer’s domestic assistance and personal care needs but does not set out how their falls risk is to be managed by staff. Information available to staff for the consumer note that they are receiving wound care. However, there are no instructions for staff regarding management of the wound during personal care.
  + One consumer’s care plan identified medication interaction’s and falls risks. The care plan provides information of a hospital admission due to a fall in the pool, which resulted in the consumer having pneumonia, delirium, and respiratory decline. The document did not identify risks other than falls risk nor does it provide strategies to guide staff in providing care. Information available to staff via their mobile application includes the consumers diagnoses’, that the consumer communicates verbally, uses a cane and wheelie walker, is a falls risk, and does not have any meal, nutrition or wound management interventions. However, there was no identification of other risks, and for urinary incontinence and potential ongoing respiratory symptoms post hospitalisation. There was also insufficient documentation of strategies to mitigate risks and support staff to provide safe and effective care.
* Clinical staff advised changes, incidents and other notable information are all documented in dated notes, escalated to the coordinators and discussed at regular meetings. The Assessment Team noted that whilst this information is documented by clinical staff, appropriate information is then not made available for care staff. For example:
  + One consumer discussed that they are receiving wound care, as confirmed by clinical staff who advised they attend the consumer 2 times per week for wound care. Whilst information available to care staff confirms the consumer is receiving wound care with a note for staff to check skin for ‘any issues’, there is no indication if staff need to be aware of strategies to ensure the consumers wounds remain dry or needs attention after personal care is provided.
* Management noted the deficiencies in the management of high impact or high prevalence risks and the HCP team leader demonstrated the development of a new care planning tool, which at the time of the quality audit, was in a final drafting process.
* The HCP team leader advised staff are unable to access each consumer’s care plan unless they come into the office or it is emailed to them. When it is emailed, the team leader advised the staff member is then instructed to delete it once they have read it. The team leader advised staff have access to some information via their mobile telephone application. At the time of the quality audit, they are reviewing how to ensure all staff have access to relevant information to ensure safe and effective care and services are provided to each consumer.

The provided did not provide a response to the Assessment Team’s report in relation to the above requirements. Therefore, at the time of the performance report decision, I am not satisfied that the service has effective strategies that are documented to effectively manage high prevalence or high impact risks. I am also not satisfied that risk management information is not communicated to staff in a timely manner to support them in providing care and services to consumers. Therefore, I find the service to be non-compliant with Requirements 3(3)(b) and 3(3)(e) at the time of the performance report decision.

Requirements 3(3)(a), 3(3)(c), 3(3)(d), 3(3)(f), 3(3)(g)

Coordinators and clinical staff described how they work with the consumer, and their representative, regarding their personal and clinical care needs, support them to make informed decisions about their options and the degree to which they wish to manage their personal and clinical care themselves and/or in collaboration with others involved in their care. Coordinators discussed how they work with their staff to ensure they are providing safe and effective personal and clinical care.

For example:

* Staff undergo observation by the service’s practice lead, for a 30-minute period during a shift every 6 months to ensure delivery of safe quality care. This observation is then documented as part of the staff member’s review process.
* Clinical staff hold the appropriate registrations which include maintaining continuing professional development units of study.

Clinical staff advised that the service does not offer palliative care services, however, does have a current consumer who is palliative. Coordinators and clinical staff described how they liaise with the consumer, their family where appropriate, and other service providers that are providing palliative care. For example:

* One consumer is living with lymphoedema which resulted from a cancer diagnosis and treatment. The consumer is currently receiving palliative care services. Case notes identify communication with palliative care services to understand the processes and communication with the consumer regarding their condition. The service continues to provide personal care, social support and domestic assistance to the consumer, in consultation with the palliative care team.

A review of care documentation identified the service has processes in place to support staff to identify and notify others of changes in consumer’s condition. Coordinators discussed how staff contact them via telephone if they have concerns about a consumer whilst they are with the consumer and must complete dated notes for each service.

Consumers and representatives advised they are satisfied with referrals made and the care and services provided. Coordinators and clinical staff advised referrals are completed in consultation with the consumer and/or their representative, and records sighted confirmed appropriate referrals are made in a timely manner.

Staff receive online training, face to face training for handwashing techniques as well as face to face refresher training for staff who may need to attend a COVID positive consumer to ensure they understand the donning and doffing process. Schedules are changed to ensure that staff members can shower after providing care and services to a COVID positive consumer to minimise cross infection. Clinical staff discussed the importance of PPE and how equipment that may be utilised by consumers is cleaned to ensure no cross infection, as well as the importance of hand hygiene.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements 3(3)(a), 3(3)(c), 3(3)(d), 3(3)(f) and 3(3)(g) at the time of the performance report decision.

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

Findings

CHSP Non-Compliant Requirement 4(3)(d)

Some consumers and representatives provided feedback that indicated staff and volunteers do not have all the necessary information to provide services in line with their needs and preferences. For example:

* One consumer advised on occasion they have been sent a transport vehicle which was not suitable for them as they currently have an injury. The consumer advised the service was called and were prompt in sending out a replacement vehicle though this could have been avoided if the service was aware of her current condition, needs and preferences.
* Another consumer who receives transport, advised they have a broken shoulder which they could not confirm if the service were aware of.

Staff advised they refer to the MAC assessment regarding the consumer's mobility needs and enter this information on the service’s system and this information is provided to the drivers. Review of the information provided to drivers showed it contains general information on the consumer’s mobility, however it could not be confirmed that this is current or up to date for each consumer’s condition and does not describe in detail the level of assistance each consumer requires.

While notes are recorded on a consumer’s record regarding the types of vehicles which may not be suitable for them, this information is not always effective in informing transport provision.

Regarding social supports for consumers, management stated that the consumer record includes an outline of each consumer's background and social activity preferences. However, a volunteer interviewed advised the information they receive is an attendance list and representative contact details. There was no evidence that social support volunteers are provided with the information management described.

As the service did not provider a response to the Assessment Team’s Report in relation to this requirement, I am not satisfied that for CHSP consumers, information about consumer’s needs and preferences is communicated within the organisation where responsibility for care is shared. Therefore, I find the service to be non-compliant with Requirement 4(3)(d) for CHSP consumers at the time of the performance report decision.

Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d) for HCP consumers, 4(3)(e), and 4(3)(f) & 4(3)(g) for HCP Consumers

Consumers/representatives reported that they are provided with services that have been successful in supporting their independence, health and wellbeing, and enhancing their quality of life. In particular, the service has delivered services and social supports, including the social support group lunches, outings and activities offered to consumers at the service.

Coordinators interviewed had a good understanding of what is important to individual consumers and could describe how they encourage staff help the consumer to do as much as they can for themselves, if this is their preference.

Consumers/representatives shared examples of how the staff provide emotional support to consumers. Coordinators demonstrated an understanding of what is important to the consumer and gave examples of how they have supported the wellbeing of consumers when the consumer has been feeling low.

CHSP consumers are provided with social support group, social support individual as well as outings to various locations. During the review the Assessment Team attended a social support group activity, the weekly Lunch Club, where consumers interviewed said they are transported individually to a lunch location, and this is all arranged by the service.

Consumers/representatives confirmed the organisation is flexible in the delivery of services enabling consumers to maintain their social networks and do the things that are important to them. Coordinators were able to discuss the services and supports they deliver to assist consumers to stay connected with the community and do the things they enjoy. Care documentation provides information on each consumer’s background and their social activity preferences, where they have provided this information.

Consumers/representatives said they are satisfied with the services provided by other service providers and organisations the consumer has been referred to. Coordinators described the process for referrals to other organisations and individuals involved in the consumer’s care. Staff and volunteers stated that if they identify an additional need for a consumer, they will escalate it to the service staff to organise referrals.

Coordinators were aware of consumers who were receiving meals through a meal delivery service and shared discussions they had with consumers to ensure they are receiving meals that are of an appropriate size and meeting their nutritional needs.

Where equipment is required to meet a consumer’s needs, the service organises appropriate assessment and assists consumers to source relevant aids and equipment. Coordinators gave examples of the service organising regular and /or urgent maintenance of their equipment, where appropriate.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d) for HCP consumers, 4(3)(e), and 4(3)(f) & 4(3)(g) for HCP consumers at the time of the performance report decision.

# 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. | Not applicable | 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. | Not applicable | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Compliant |

Findings

At the time of the quality audit, the Assessment Team found the following relevant evidence in relation to this Standard.

Consumers confirmed that the transport vehicles that are used by the service are clean, comfortable and that they feel welcomed by the drivers and safe when being transported by the service. Consumers advised they can independently access and exit the vehicles. The seats are comfortable and there is enough room for them.

Staff in the transport business area provided the Assessment Team with information and documentation which supports the safe transportation of consumers. This included:

* Ongoing GPS tracking of vehicle location by the radio room operator.
* Vehicle registration information.
* Daily vehicle safety and suitability inspection sheets prior to trip commencement.
* Driver licence information.
* Comprehensive insurance details.

Management described how the safety and comfort of consumers is considered during social support group outings.

The social support group service provides consumer outings across the local community to a variety of destinations, with transport and venues arranged by the service. Venue risk assessment are conducted prior to outings to ensure the destination is suitable for consumers, and the facilities support consumer comfort and safety.

During the review the Assessment Team was able to attend a social support group activity arranged weekly by the service called the “Lunch club” to which consumers are individually transported by the service to a location that has been decided, approved and risk assessed by the service.

Where relevant to the type of vehicle used to transport consumers, equipment in vehicles includes:

* Wheelchair hoists.
* Fire extinguishers.
* First aid kits.

Equipment is monitored, serviced regularly and maintenance and/or repairs carried out as and when required.

Based on there being no contradictory information provided by the service in relation to this standard, on information summarised above, I find the provider, in relation to the service, compliant with Requirements 5(3)(a), 5(3)(b) and 5(3)(c) at the time of the performance report decision.

# 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

Requirement 6(3)(b)

At the time of the Quality Audit, the Assessment Team found that consumers are not provided with information on the language and communication support services available to empower them to provide feedback, raise their concerns with the service or to support them to make an effective complaint. Consumers who may have barriers to accessing the feedback and complaints system, such as diversity of culture or language, poor vision or hearing loss may find it difficult.

The Assessment Team did however note that consumers are provided with information on advocacy services and their right to contact the commission to make a complaint. Representatives interviewed advised they can contact the service on behalf of consumers with communication barriers should they have any concerns regarding their care and services.

In response to the Assessment Team’s Report, the service evidenced that it provides the following documentation at intake that includes information about translation supports:

* Find Help with myagedcare
* Elder Abuse Prevention Unit
* ADA Australia

The service also advised that its website translates into 133 languages and where coordinators become aware of a consumer’s communication needs, they work with the consumer to ensure communication needs are met.

Acknowledging the response of the service to the Assessment Team’s report, I am comfortable that consumers are provided with and have access to advocacy services and other language services for raising and resolving complaints. Therefore, I find the service to be compliant with Requirement 6(3)(b) at the time of the performance report decision.

Requirements 6(3)(a), 6(3)(c) and 6(3)(d)

At the time of the quality audit, the Assessment Team found the following evidence in relation to these requirements.

Consumers and representatives interviewed confirmed they know how to provide feedback and feel comfortable to raise issues if they are not satisfied with the quality of the care and services. They explained they can provide feedback directly to the staff or call the office and speak with staff or management.

Management described the various ways consumers are supported to make their opinion known to the service, including verbally or in writing, via text or email, via the service’s website and satisfaction surveys.

Complaint documentation demonstrated open disclosure is used as part of the complaint management process. Complaint records sighted and information provided by management show the following:

* One consumer complained about the transport driver’s performance, saying they felt unsafe, and requested not to be allocated this driver in the future. Management noted spoke to the driver at length as this was the first complaint, the complaint was noted on the driver’s file and their performance monitored. Management spoke with the consumer, advised of the action taken and a note placed on the consumer’s record regarding driver allocation.
* Another consumer complained about a transport driver, saying the driver was unsure of where they were going, was not concentrating, and had to swerve to avoid collision with oncoming traffic. The consumer wanted the driver to be reprimanded and was disappointed in the driver’s lack of concern. Management spoke with the driver and issued a Letter of Concern. Management spoke with the consumer explaining the action taken and the consumer was satisfied with the outcome.

Management monitor feedback and complaints on an ongoing basis, through the complaints register and reports generated from the consumer records management system, and issues are reported to the Board where relevant. Review of a recent consumer experience survey shows collation and analysis of satisfaction rates and suggestions for improvement.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements 6(3)(a), 6(3)(c) and 6(3)(d) at the time of the performance report decision.

# 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. | Non-compliant | Non-compliant |

Findings

Requirement 7(3)(e)

In relation to requirement 7(3)(e), the Assessment Team found that the service did not demonstrate that the performance of each member of the workforce is assessed and reviewed regularly.

Regular performance discussions and formal annual appraisals have not been conducted for each member of the workforce.

Management advised they have identified that supervision, support and performance appraisals require improvement. For example:

* A position has recently been established to provide supervision and support for support workers and reviews have commenced.
* Coordinator supervision and support has not been consistent, and plans are underway to address this gap.
* Supervision of transport drivers’ performance is conducted in response to consumer feedback or a complaint, and regular supervision and support by the transport manager is under consideration.

There was no evidence that regular evaluation of performance is undertaken to identify, plan for and support training and development needs of the workforce.

As the service did not provide a response to the Assessment Team’s report in relation to this requirement to support a view contrary to the Assessment Team, I therefore find the service to be non-compliant with Requirement 7(3)(e) at the time of the performance report decision.

Requirement 7(3)(d)

In relation to Requirement 7(3)(d), the Assessment Team found the service did not demonstrate that all staff receive the training they require to equip them to deliver the outcomes required by the Quality Standards. The Assessment Team referred to Standard 2 of its report to identify gaps in training with regards to assessment and planning with the service. The Assessment Team noted that training that has occurred to date in relation to Standard 2 has not been effective in ensuring staff are appropriately equipped for their roles.

The Assessment Team, however provided the further following information in the Assessment Team report in relation to the workforce:

* Demonstration of the on-boarding process and induction training that staff receive upon starting at the service. The team reported that training and development needs are identified, and training is assigned to each staff member monthly.
* The service monitors training requirements and a training officer ensures training is completed as required by staff and volunteers.
* A competency tracker on the electronic records management system is used to ensure that staff who are not meeting training requirements are automatically removed from being rostered on the system.
* Staff have access to policies, procedures, underpinned by a staff handbook which outlines roles and responsibilities, professional boundaries and requirements and regular newsletters.

The provider did not produce any additional information in response to the Assessment Teams report. Based on the above information provided from the Assessment Team’s report, it appears evident that although assessment and planning systems don’t appear to be effective, the workforce is recruited, trained, equipped, and supported by the service to deliver outcomes to consumers as required by the service. I therefore find the service to be compliant with Requirement 7(3)(d) at the time of the performance report decision.

Requirements 7(3)(a), 7(3)(b) and 7(3)(c)

Consumers and representatives provided positive feedback about the care and services delivered, confirming the staff and volunteers turn up as expected and on time. Management advised unfilled shifts are tracked for the impact on consumers who are offered another day or time slot, with services prioritised such as medical or clinical needs; shifts are filled or rearranged, and staff and volunteers are redirected as required to meet consumer needs. Management advised there is ongoing recruitment across the organisation, with rolling recruitment every month to meet demand for services and manage operations.

All consumers/representative interviewed confirmed staff and volunteers are kind, caring and respectful and understand their personal preferences for how their service is provided. Staff, volunteers, and management spoke respectfully about consumers and were familiar with individual consumer’s needs and preferences. Staff were able to describe what they would do if they observed disrespect towards a consumer and advised they would report any concerns to management. Policies and procedures, supporting documentation and published information, clearly set out the organisation’s approach to respecting each individual consumer.

Staff and volunteers hold qualifications relevant to their role and work within their responsibilities. For example:

* Staff and volunteers, as relevant to their role, are required to hold current police certificates or equivalent (NDIS yellow and/or blue card or worker screening card), first aid certificate and cardiopulmonary resuscitation certificates, provide proof of COVID and influenza vaccinations and drivers’ licence, vehicle registration and insurance.
* Support workers are required to hold a Certificate III in Individual Support or Community Services or a related discipline on commencement or must enrol within 3 months and complete within 12 months.
* The registered nurse holds current nursing registration as required.
* Drivers are required to hold relevant qualifications and certification. Drivers must have a current valid Driver Authority issued by the Department of Transport and Main Roads (Queensland Government) to transport public passengers. A medical certificate is required, and criminal history and traffic history checks are conducted. Driver authorisation is required to ensure drivers of public passenger vehicles are suitable persons, having regard to vulnerable members of the community and public safety.

Management regularly reviews the roles and responsibilities and the qualifications, competencies and knowledge required by the workforce.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements 7(3)(a), 7(3)(b) and 7(3)(c) at the time of the performance report decision.

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

Findings

Requirements 8(3)(a) and 8(3)(b)

Consumers are offered the opportunity to be engaged in service development and evaluation of care and services. Consumers can make suggestions for improvement and their feedback is taken on board. Letters were received from several consumers who participate in the social support outings, providing suggestions on how the outings might be done better. Consumers were invited to a focus group meeting to inform planning of the outings.

The service produces an impact report that is published annually describing how the work carried out and the services provided have benefited the community, along with a detailed description of the outcomes achieved and personal stories shared by consumers.

Subcommittees have been established to support the work of the Board and make recommendations in the following areas: Strategic planning and governance, finance and audit, risk management, consumer advisory and clinical governance. Board members with relevant experience are represented on each committee.

The chief executive officer maintains close communication with Board members including where they may be potential risks to the organisation. For example, the Chair was familiar with the circumstances and action taken in response to safety of individual consumers, and regarding a driver whose engagement was terminated

Senior management meeting minutes observed by the Assessment Team showed discussions of operational matters, including budget forecast, program outputs and costing, human resources and recruitment, improvements required and upcoming audits.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements 8(3)(a) and 8(3)(b) at the time of the performance report decision.

Requirement 8(3)(c)

In relation to Requirement 8(3)(c), the Assessment Team found that the service did not demonstrate effective systems and processes in place to support the service to meet all regulatory and program requirements.

The service has information systems and processes in place. The organisation maintains a range of electronic systems and programs to ensure information is managed appropriately. An electronic records management system supports service delivery operations, including consumer records and rostering of staff.

Active pursuit of continuous improvement was demonstrated through a range of operational systems and processes. Consumer and staff feedback and suggestions are discussed at a range of levels to inform improvement and/or innovation. Where improvements can be readily implemented, action is taken immediately. Items which require broader consideration are discussed by staff, management, and the Board to determine the desired outcome and the best approach. Improvements are informed by consumer feedback and complaints, staff feedback, incidents, and survey results.

The management committee have oversight of income and expenditure, and this is reviewed monthly. Financial audits are conducted yearly by an external auditor and reports are published on the website. Budgets and funding are tracked against targets whilst accumulation of unspent funds is monitored and discusses with consumers who are encouraged to ensure their assessed needs are being met.

Management plans the workforce to ensure there are sufficient staff to provide services and to support operational and administrative functions. New staff continue to be recruited in an ongoing way to meet demand and support service operations. Job descriptions and staff, volunteer and driver handbooks set out the responsibilities of each role. The Board receive monthly reports to maintain oversight of the workforce.

The organisation actively seeks consumer and representative feedback and deals with complaints fairly, promptly, confidentially and without retribution. Management engage consumer in service enhancements. Feedback and complaints are monitored by management and the Board remain informed.

However, the Assessment Team noted that the service did not demonstrate compliance with the Quality Standards at the time of the quality audit, hence not meeting all their regulatory and program requirements.

The service did not provide a response to the Assessment Teams Report. In coming to my conclusion, I have balanced the Assessment Team’s notes regarding regulatory compliance against the intent of the Requirement. The intent of this part of the Requirement is to ensure that regulatory compliance systems and processes are in place to ensure the organisation is complying with all relevant legislation, regulatory requirements, professional standards, and guidelines. Measuring how a service complies with legislative frameworks is not an intention of the requirement. Based on this, there was not sufficient evidence gathered by the Assessment Team to satisfy a non-compliant finding, therefore I find the service to be compliant in relation to Requirement 8(3)(c) at the time of the performance report decision.

Requirement 8(3)(d)

In relation to Requirement 8(3)(d), the Assessment Team found that the service did not demonstrate effective risk management systems which help them identify and respond to risks to the health, safety, and wellbeing of aged care consumers.

Management provided examples where the service has responded to abuse and neglect. ‘Hot Issues Notification’ forms were completed in each instance, setting out risks to the consumer, risks to the organisation, action/s taken, any further action taken, the outcome and reporting requirements.

The service implemented a new electronic incident management system on 1 January 2023, which includes reporting requirements under the Serious Incident Response Scheme (SIRS). However, review of incidents reports, in collaboration with the team leader, shows not all fields are consistently completed in each instance and in some instances incident response could be improved. The team leader acknowledged improvements could be made in completion of incident reports and in falls response.

While staff described how consumers are monitored for signs of functional decline or deterioration in health and concerns are reported, training has not been provided to ensure early recognition of the signs of deterioration and emerging risk.

Strategies and interventions to manage, mitigate or eliminate risk are not documented on the consumer’s record or their care and services plan to guide the delivery of safe quality care and services.

Management advised the biggest risk for consumers is risk of falls and this was evidenced in the incident register, with falls being most incidents reported. However, a falls risk assessment is not conducted for each consumer where risk is present and falls risk assessment is not triggered following a fall. Incident reports reviewed identified that staff and volunteers have not been provided with appropriate falls response training, including the immediate steps to take such as how to assess for injury and associated symptoms prior to the consumer attempting to rise, and this was confirmed by management.

Management acknowledged that they had spoken about the identification of consumer risks, such as a risk dashboard, but had not yet implemented improvements including training opportunities for staff.

As the service did not provide a response to the Assessment Team Report in relation to this requirement, I have had to balance the above evidence when coming to my decision. Based on the evidence above, whilst management and staff could demonstrate and provide examples of where the service has responded to abuse and neglect of consumers, the service could not demonstrate that effective systems are in place to ensure that high prevalence or high impact risks are managed and that the incident management system effectively records incidents to enable the service to demonstrate practices that ensure consumers are supported to live the best life they can. I therefore find the service to be non-compliant with Requirement 8(3)(d) at the time of the performance report decision.

Requirement 8(3)(e) HCP Consumers

In relation to requirement 8(3)(e) for HCP Consumers, the Assessment Team found that the service did not demonstrate a robust clinical governance framework which includes involving consumers, clinicians, clinical review, training, risk management, use of information and workforce management.

*Open disclosure*

While the service does not have a specific policy on open disclosure, the Assessment Team observed staff apologising to consumers where service had not met their expectations, along with an explanation of what went wrong. Feedback and complaints show open and transparent communications with consumers and representatives, providing as much information as is available.

*Antimicrobial stewardship*

The registered nurse has a background in continence management, and where it is suspected or identified a consumer has a urinary tract infection, they can make suggestions on how the consumer can better manage and prevent further infection, to reduce the reliance on antibiotics.

The Board Chair advised further work can be done between the clinical governance committee and the registered nurse and to strengthen links, adding that work has started between the aged care team leader and the support workers to coordinate information.

*Minimising the use of restraint*

The service has a range of documents and information on restraint and restrictive practices in relation to NDIS and management advised staff had completed relevant training.

However, staff interviewed did not demonstrate an understanding of restrictive practices in aged care and were unable to describe how restrictive practices apply in aged care nor how to recognise a restrictive practice in home care, including when it is used or requested by a consumer’s family member or others who are part of the consumer’s support network. There was no evidence to demonstrate that all staff and volunteers providing care and services to aged care consumers were equipped to recognise a restrictive practice.

Management advised they did not consider restraint in aged care until recently as they do not practice restraint for aged care consumers.

In response to the Assessment Team Report, the service was able to evidence that it had an Open Disclosure Policy. No further information in relation to the requirement was provided by the service.

Based on the services response and the information contained in the Assessment Team Report, I am satisfied that the service has an adequate governance framework in relation to open disclosure.

Regarding antimicrobial stewardship, I am not satisfied that the Assessment Team have gathered sufficient evidence that the service does not have a clinical governance framework in place, therefore I am unable to find the service non-compliant.

Regarding minimising the use of restraint however, I am not satisfied that the service has an appropriate clinical governance framework in place to ensure staff and educated and equipped in the understanding and recognising of restrictive practices. I acknowledge management’s response when raised by the Assessment Team, however I believe there has not been sufficient time for the service to imbed the process with staff. Therefore, I find the service to be non-compliant with requirement 8(3)(e).

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)