** Performance**

**Report**

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| Name: | Star of the Sea Community Care - WALLAROO |
| Commission ID: | 600083 |
| Address: | 15 Elizabeth Street, WALLAROO, South Australia, 5556 |
| Activity type: | Quality Audit |
| Activity date: | 6 December 2023 to 7 December 2023 |
| Performance report date: | 18 January 2024 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:

Provider: 1318 The Catholic Diocese of Port Pirie Inc

Service: 18590 Star of the Sea Community Care

**This performance report**

This performance report for Star of the Sea Community Care - WALLAROO (**the service**) has been prepared by M Glenn, 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.

# 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 clients, representatives, staff and others.

The provider did not submit a response to the assessment team’s report.

# 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** |

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

Findings

Clients and representatives said the service and staff treat clients respectfully, and maintains their dignity, culture and identity, including when delivering care and services. Staff described how they respect who the client is, and how they like their care and services delivered and showed compassion and an understanding of clients’ cultural background, personal circumstances and life journey.

Clients and representatives confirmed the service involves them in making decisions about the services clients received. Care files demonstrate care and service planning and delivery is undertaken in partnership with clients and/or their representatives, and include in information about family, including next of kin to be contacted for emergency. Staff said they regularly engage clients in making informed choices about their care and services through informal conversations in everyday care.

Representatives described how the service supports clients to make decisions in their day-to-day life, including activities that involve risk. Where clients want to participate in an activity which involves risk, or a safety issue is involved, consultation with clients occurs to inform them of the potential risks, enabling them to make the decision to continue or not. Risk assessments are competed with mitigation strategies acknowledged and agreed to by the clients. Client and/or family meetings are where there are concerns raised to explain and resolve any conflict in decision making.

Clients described how the service communicates with them, including verbally, via newsletters, and emails, and said monthly statements are accurate and easy to understand. Staff described how they communicate information to clients, including those who have difficulty communicating, have sensory impairments or language difficulties. There are processes to ensure each client’s privacy is respected, and personal information is kept confidential.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant.

# Standard 2

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

Findings

Assessment and planning, including consideration of risk, informs the delivery of safe care and services. Initial assessments are completed with the client and their representatives when services are commenced and care files demonstrated risks are considered to inform the delivery of safe care and services. Risk assessments have been undertaken to inform safe care of clients in high risk situations, such as extreme weather and when clients choose to undertake risky activities. Clients and representatives said the service understands clients’ care needs, and discusses risks associated with their care and services.

Care files show clients’ needs, goals and preferences have been discussed with them and documented, including in relation to advance care and end of life directives. Care plans are personalised and include achievable goals for each client related to the care and services they receive. A brochure for advance end of life planning is included in the information pack for clients.

Clients and representatives said they are involved in and can make decisions about clients’ care and services, and referrals to other services are initiated as required. Information relating to clients' needs and preferences is gathered during annual care plan reviews, and external services can be engaged when the client requests it, or if there is a change in their care needs that require it. Clients said staff communicate outcomes of their care plan assessments to them and confirmed they are offered a copy of their care plan, which is also accessible to all service staff.

Care and services plans are reviewed annually, when a clients’ care needs change, following incident or after a new risk to client care has been identified. Home support workers said they have input into client reviews by informing the coordinator of how the client is going and whether they have noticed any changes in them. Clients and representatives confirmed clients are reassessed post incident, or if something happens, and they have annual reviews with coordinators. Clients spoke highly of these reviews and said they are very thorough.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 3

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

Findings

Each consumer receives safe, tailored and effective personal and clinical care. A suite of policies and procedures are available to guide staff in provision of best practice clinical and personal care. Systems and processes assist to identify, monitor, and effectively manage high impact or high prevalence risks associated with clients’ care. Care files included appropriate assessment and strategies to mitigate risks relating to falls and pressure injuries. Care files also demonstrated involvement of allied health specialists in assessment and planning of clients’ personal and/or clinical care needs. Staff have a good understanding of each client’s needs, goals and preferences relating to delivery of care and strategies for preventing risk. Clients and representatives expressed satisfaction with the personal and clinical care provided, and said staff meet clients’ preferences and are knowledgeable in the care they are providing.

Care files demonstrated deterioration in a client’s condition is identified promptly, and where required, timely referrals, including to medical officers and allied health specialists are initiated. Care files also demonstrated the needs, goals and preferences for clients nearing end of life are recognised and addressed, with their comfort maximised and dignity preserved. The service has connections with local palliative care nurses who provide end of life care to clients. A care file for a client who recently passed away showed referrals were made to local palliative care nurses, and the clients’ wishes, including being around family and having pain well managed, were upheld. Clients and representatives are confident staff know clients well enough to notice a change in their condition and respond appropriately.

Processes are in place to support minimisation of infection related risks, including COVID-19. Staff have completed infection control training and were following good infection control practices. Personal protective equipment is available, and screening processes are in place to monitor staff for symptoms. Clients and representatives said staff follow good hygiene techniques, such as washing their hands and wearing gloves where necessary.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant.

# Standard 4

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

Findings

Each client is assessed for services to support their needs, goals and preferences, both on commencement of their HCP, and annually. Conversations about clients’ needs, goals and preferences occur at a minimum of every 12 months, and as required. Clients feel supported to maintain their independence and stay at home for as long as possible as a result of the assistance provided to them. All clients and representatives said clients have a choice in which services are provided to them so they can maintain as much independence as possible.

Clients said staff support them and know them well enough to recognise when they are feeling down. Care files include information relating to clients who require additional emotional support, and which clients enjoy or benefit from spending one-on-one time with staff.

Information about clients’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared and, where required, there are processes to ensure appropriate and timely referrals are initiated. Care staff described how they are kept up to date with clients’ changing needs and preferences, and clients and representatives said staff know clients well, understand their needs and they do not have to continually remind staff of these things.

Where meals are provided, they are varied and of suitable quality and quantity. Clients generally prepare their own meals, however, staff assist with meal preparation where required. Ready meal providers are available for clients who wish to use them, and clients interviewed expressed satisfaction with the options available to them and assistance provided, stating meals meet their needs and preferences.

There are processes to ensure equipment, required to support delivery of services, is clean, safe and suitable for client use. Client equipment needs are assessed by allied health specialists. There are processes to ensure vehicles, used to transport clients are maintained and safe. Clients and representatives expressed satisfaction with equipment provided, and said the equipment assists clients to stay as independent as possible.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant.

# Standard 5

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| Organisation’s service environment | | HCP |
| 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 |
| 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 |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The service environment where client meetings are held is functional, comfortable, spacious, and easy to navigate and clients said they feel welcome when they attend meetings. Staff and management described processes in place to ensure the service environment and furniture, fittings and equipment remains safe, clean and well maintained, including preventative and reactive maintenance, completion of work health and safety risk assessments, and incident and hazard reporting. Fire safety and emergency provisions are in place. All fire extinguishers have been tested and maintained, and emergency evacuation plans are also displayed to maintain staff and clients’ safety. Staff are aware of cleaning processes, and what to do in the event of an emergency.

Based on the assessment team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | 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 |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Clients are provided with a welcome pack and handbook which includes comprehensive information detailing internal and external complaints processes, advocacy services and language services. Clients are supported to provide feedback through client advisory meetings, surveys and internal complaints avenues. Clients and representatives are aware of the methods available to make complaints and provide feedback and feel supported and encouraged to do so. Those who had made complaints found the system easy to use, were happy with the prompt response they received and believed that their concerns had been listened to and acted upon.

There are processes to record, monitor, respond to, and manage feedback and complaints, and an open disclose process is used when things go wrong. Policies, procedures and local work instructions guide staff practice and describe options or actions for staff when responding to a complaint. A complaint register is maintained and showed complaints are recorded, actioned and monitored to identify trends and improvement opportunities. Feedback is linked to the organisation’s continuous improvement plan and is reported and monitored at corporate level and used to inform improvements across the organisation. Clients and representatives spoke positively about actions taken in response to concerns raised, including being offered an apology.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant.

# Standard 7

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

Findings

Dedicated rostering staff manage a master roster and there are local processes to ensure the correct allocation of staff skill mix across all areas to meet clients’ needs, preferences (times and days) and supports. The workforce is flexible and consists of casual staff who can easily be moved between different areas. The service also employs clinical staff, including registered and enrolled nurses. Clients and representatives said staff generally arrive on time for their scheduled shifts and have enough time to provide quality care and services.

Clients said staff were compassionate, respectful, and kind in their interactions. Staff have access to cultural awareness training and the organisation’s vision, and values statement includes respect, dignity, integrity and trust. Staff described clients’ needs, and preferences for care and services and are familiar with clients’ backgrounds, interests and cultural needs.

Clients feel staff are competent and have the knowledge to assist them in their care, service and support needs. On commencement, staff complete an induction and orientation process, including face-to-face training and buddy shifts with experienced staff. Staff are required to complete ongoing mandatory competency assessments, relevant to their roles following recruitment and on an ongoing basis. The organisation provides staff access to comprehensive training opportunities to build on core competencies. Training completion is monitored, with non-attendance reminders provided to staff where they do not complete the training within the specified timeframe. Coordinators conduct regular home visits to review client care plans and check in with the clients about the care and services provided by staff and contractors. Staff competency is also monitored ongoing through observation and feedback. A register is maintained to monitor currency of driver licences, national police checks, first aid training and cardiopulmonary resuscitation updates for staff and volunteers.

Regular assessment, monitoring and review of staff performance is undertaken through annual appraisal processes, surveys, observations and feedback and complaints data. Performance management processes are undertaken where poor staff performance is identified. Staff said performance reviews are conducted on a regular basis giving them the option of further training to support their developmental needs.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources compliant.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | 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 |
| 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 |
| 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 |
| 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 |

Findings

Clients are engaged and supported in the development, delivery and evaluation of services through various avenues, including feedback processes, surveys and client advisory meetings. Clients sampled said the service is well run and they are actively engaged in improving the delivery of care and services.

The governing body promotes respectful, caring, kind, compassionate and high quality care and clinical service. Strategic and cultural and linguistic diversity action plans are in place and describe the priorities and strategic directions for inclusive care which are endorsed by the governing body. The Board satisfies itself that the Aged Care Quality Standards are being met through use of internal audits, feedback and complaints mechanisms, client surveys, clinical indicators and quality reports. There are a range of reporting mechanisms to ensure the Board and sub-committees are aware of and accountable for the delivery of care and services.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and the governing body is aware and accountable for the delivery of services. The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of clients; supporting clients to live the best life they can and managing and preventing incidents, including use of an incident management system. An effective clinical governance framework, supported by policies and procedures to guide staff practice, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure was demonstrated.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant.

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)