**Performance**

**Report**

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| --- | --- |
| Name of service: | Stirling Community Care |
| Service address: | 2 Samuel Way NORTH BEACH WA 6020 |
| Commission ID: | 500229 |
| Home Service Provider: | City of Stirling |
| Activity type: | Quality Audit |
| Activity date: | 30 November 2022 to 2 December 2022 |
| Performance report date: | 19 December 2022 |

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

**This performance report**

This performance report for Stirling Community Care (**the service**) has been prepared by S Bickerton, 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:**

* Stirling Community Care, 26337, 2 Samuel Way, NORTH BEACH WA 6020

**CHSP:**

* Care Relationships and Carer Support, 27195, 2 Samuel Way, NORTH BEACH WA 6020
* Community and Home Support, 27194, 2 Samuel Way, NORTH BEACH WA 6020

# 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 16 December 2022

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| 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 | **Non-compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **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.

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| 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 | Non-compliant |

# Standard 1

|  |  |  |  |
| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

At the time of performance report decision, the service was:

* Demonstrating that consumers are treated with dignity and respect, with their diversity valued
* Demonstrating an understanding of consumer individuality through assessment and care planning processes
* Evidencing consumers are provided with choice in how they prefer their services to be delivered and in maintaining contact with others
* Evidencing that consumer risks are identified and were consumers chose to take risks, they are supported in living the best life they can

# Standard 2

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

Findings

At the time of performance report decision, the service was:

* Evidencing assessment and care planning processes identify, record, and action information to inform the delivery of safe and effective consumer services
* Demonstrating that consumer assessments and care planning involves consumers and others, and outcomes are documented and communicated widely
* Evidencing consumer goals are captured to guide care and services, including advanced care planning were applicable
* Evidencing regular consumer reviews identify changes in circumstances and subsequently inform updated consumer care agreements

# Standard 3

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| --- | --- | --- | --- |
| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Compliant |

Findings

At the time of performance report decision, the service was:

* Demonstrating consumers are supported in receiving personal care and clinical care that is safe and tailored
* Evidencing management of high impact, high prevalence risks through assessment and incident reporting processes
* Evidencing that individualised consumer service requirements are documented and communicated, including when changes in these requirements arise
* Demonstrating that consumers are protected against infection related risks

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

At the time of performance report decision, the service was:

* Evidencing that consumers are supported to maintain and increase their health and wellbeing through care and services
* Demonstrating that consumers emotional, spiritual and psychological needs are identified and supported
* Evidencing the provision of services to enable activities in line with consumer preferences, including access to the wider community through social and transport services
* Evidencing meal services provide options for consumers and are of suitable quantity and quality

# Standard 5

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| --- | --- | --- | --- |
| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

At the time of performance report decision, the service was:

* Demonstrating welcoming service environments that optimise consumers independence and interaction with others
* Evidencing an environment where consumers can move around freely and safely
* Evidencing furniture and fittings are safe, clean, well maintained and suitable for consumers

# Standard 6

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

At the time of performance report decision, the service was:

* Demonstrating provision of information to consumers that enables and encourages feedback and complaints
* Evidencing information on advocacy, translation, and contacting external organisations is provided to consumers and their representatives
* Evidencing that consumer feedback is recorded and complaints are actioned in a timely manner to consumers satisfaction using open disclosure processes
* Evidencing that service feedback is reviewed and used to improve services provided to consumers

# Standard 7

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| Human resources | | HCP | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

At the time of performance report decision, the service was:

* Demonstrating its workforce is planned and deployed to enable delivery of safe and quality services to consumers
* Evidencing engagement of a sufficiently competent and skilled workforce
* Evidencing that induction, training, and education supports its workforce both at induction and ongoing
* Demonstrating that the performance of service staff is monitored and reviewed

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Non-compliant | Non-compliant |

Findings

At the time of performance report decision, the service was:

* Demonstrating consultation with consumers in developing services
* Demonstrating the promotion of a culture of safe, inclusive, quality care
* Evidencing effective organisational wide governance systems are embedded to inform and guide consumer service delivery
* Evidencing effective risk management systems and practices manage high prevalence, high impact risks and support consumers to live their best lives

At the time of performance report decision, the service was not:

* Evidencing effective clinical governance frameworks through policies and process, specifically in relation to antimicrobial stewardship and minimising the use of restrictive practices

The aged care commission acknowledges that at the time of performance report decision, the service intends to transition from provision of HCP services in December 2022 and CHSP personal care services in July 2023.

The service evidenced an embedded clinical governance framework identifying roles and responsibilities and some policies and processes including open disclosure. However, at the time of quality audit the service did not evidence or demonstrate policies and processes embedded to guide staff in antimicrobial stewardship and minimising the use of restrictive practices.

*Antimicrobial stewardship*

* Service management explained to the assessment team the service does not have a policy or process in relation to antimicrobial stewardship, and did not demonstrate knowledge of this as part of compliance with the Aged Care Quality Standards
* The service evidenced supporting consumers to reduce prevalence of infections, and subsequent antibiotic use. However, the service did not evidence that the service delivers support and advocacy for consumers to make informed choices in relation to their medication including how they can discuss options to reduce prescription antibiotics with their medical professional

*Minimising the use of restrictive practices*

* Service management explained to the assessment team the service does not have policy or processes to inform and guide staff in supporting consumers in minimising the use of restrictive practices.
* The service demonstrated that restrictive practise education material is displayed in service environments. However, service staff did not demonstrate knowledge in minimising the use of restrictive practices and explained in different ways they had not received training related to this by the service.

In response to the assessment teams report, the service evidenced a responsive intention to make prompt improvements to the service including providing information to consumers, implementing policy, updating service documentation, and training service staff by January 2023. While this response instils trust in the service, evidence of effective embedded improvements after January 2023 will be required to measure the services compliance against this standard, specifically requirement 8(3)(e).

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)