**Performance**

**Report**

**1800 951 822**

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| Name of service: | Stirling Community Care |
| Service address: | 25 Cedric Street STIRLING WA 6021 |
| Commission ID: | 500229 |
| Home Service Provider: | City of Stirling |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 20 June 2023 |
| Performance report date: | 1 August 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 Stirling Community Care (**the service**) has been prepared by F.Nguyen, 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, 25 Cedric Street, STIRLING WA 6021

**CHSP:**

* Care Relationships and Carer Support, 27195, 25 Cedric Street, STIRLING WA 6021
* Community and Home Support, 27194, 25 Cedric Street, STIRLING WA 6021

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by a review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate that it has a clinical framework in place that ensures that consumers receive safe and quality clinical care. The framework includes processes for open disclosure, management of restrictive practices, and antimicrobial stewardship. A clinical governance committee meets quarterly to discuss and identify improvement opportunities.

The service has a clinical governance framework in place that sets out the roles and responsibilities of all staff. The framework clearly explains the core elements based around the organisation’s relationship focused home care model. The core elements include:

* Leadership and organisational culture
* Consumer and carer partnerships
* Organisational systems
* Monitoring and reporting
* Effective workforce
* Communication and relationships

The infection control policy includes antimicrobial stewardship and provides guidance to the staff in encouraging appropriate prescribing of antibiotics to all consumers. All consumers are provided a copy of the “Medications It’s Your Choice” pamphlet on admission to the service and additional copies are available at the social centres.

The service has developed a restrictive practices policy whereby the organisation outlines the service supporting a restraint free environment. The procedure provides guidance for staff to focus on preventing or minimising the emergence of behaviour of concern by eliminating restrictive practises and supporting consumers to enhance their quality of life. A decision-making tool supporting restraint free environment is available to all staff as part of the process

A check list for care workers has been developed to assist the staff to determine:

* whether a consumer is displaying behaviours that may be of concern.
* whether a consumer is at risk of being restrained.

Restraint-free options for the care worker to consider are included and may include review of timing of personal care activities mealtimes etc, avoiding sensory overload and trying to identify triggers that may result in behaviour changes.

A review of meeting minutes dated 7 February 2023 supports staff being provided the policy and decision-making tool at the day club team meeting.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)