**Performance**

**Report**

**1800 951 822**

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| Name of service: | Stonnington City Council |
| Service address: | Cnr. Glenferrie Rd & High St MALVERN VIC 3181 |
| Commission ID: | 300695 |
| Home Service Provider: | Stonnington City Council |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 7 June 2023 |
| Performance report date: | 11 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 Stonnington City Council (**the service**) has been prepared by A.Grant, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**CHSP:**

* Care Relationships and Carer Support, 25850, Cnr. Glenferrie Rd & High St, MALVERN VIC 3181
* Community and Home Support, 25848, Cnr. Glenferrie Rd & High St, MALVERN VIC 3181

# Material relied on

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

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

# Assessment summary for 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 as not all requirements have been assessed** |
| **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 as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not Applicable** |
| **Standard 8** Organisational governance | **Not Applicable** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 2

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| Ongoing assessment and planning with consumers | | 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** |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | **Not applicable** |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | **Not applicable** |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | **Not applicable** |
| 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate that current 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. Consumers and/or representatives sampled said that consumer assessments were completed, their care and services needs were discussed and were planned to meet their health and well-being needs. Management advised the results of assessment and planning inform the development of the individual risk assessment and the service plan.

Management advised of a range of actions undertaken to address non-compliance at the Quality Audit in January 2023, including:

* The trial of updated individual risk assessment and care plan documents to better include assessed needs and risks to consumers.
* Care plans made available for staff to guide care workers in delivering safe and effective services.

Care planning documentation viewed for sampled consumers confirmed consideration of risks to consumers, which were documented in the consumer’s care plans to inform safe delivery of care.

* Assessment and care planning documentation for Consumer A demonstrated comprehensive assessments have been undertaken including mobility, cognition, communication, and nutrition.

The service was able to demonstrate care and services are reviewed regularly for effectiveness, including when circumstances changed or following incidents. Reviews are conducted as required, for example, following incidents or when risks are identified. Care planning documents showed that consumers’ reviews had been undertaken as per the service’s process. All consumers and or representatives interviewed advised that they would call the service if they required increased services and felt confident to do this. Consumers interviewed confirmed that they had been reassessed by the service after changes in their health or hospitalisation

Management described, and documentation confirmed, consumers are reviewed annually and when a change of circumstance occurs. The service has an effective system that is used to monitor upcoming annual reviews. In response to the non-compliance management advised that a Client Review Officer has commenced employment two days per week to improve client review and ‘change of circumstance’ processes. Staff interviewed advised that they would contact their supervisor if they noticed a change in the condition of a consumer.

Staff newsletter ‘Quality Matters Aged, Diversity and Community Planning’ April and May 2023 edition sighted by the Assessment Team, included a reminder to staff ‘See Something, Hear Something, Say Something’ which encouraged staff to report any change in client health, deterioration, mobility or living conditions, including safety issues immediately by phoning the team leader or via the Client Feedback Form.

# Standard 6

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| Feedback and complaints | | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | **Not applicable** |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | **Not applicable** |
| 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. | **Not applicable** |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate that investigated complaint outcomes are accurately documented in line with consumer feedback. The complaints register showed that between the previous Quality Audit and this Assessment Contact, a single complaint had been received and documents analysed by the Assessment Team showed an investigative outcome was documented.

Staff advised that they have not received any complaints however if there were a complaint, they would report back to the supervisor to start the resolution process.

Management advised that the complaints resolution process has not changed and that the need for improved education to staff was identified to ensure the complaints resolution process is documented which is evidenced in the service’s complaints register.

Staff newsletter ‘Quality Matters Aged, Diversity and Community Planning’ May 2023 edition sighted by the Assessment Team included the complaint made and the prompt resolution action taken by the service.

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)