**Performance**

**Report**

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| Name: | Sundale In-Home Care Sunshine Coast |
| Commission ID: | 700247 |
| Address: | 4 Wembley Road, COOLUM BEACH, Queensland, 4573 |
| Activity type: | Quality Audit |
| Activity date: | 11 April 2024 to 12 April 2024 |
| Performance report date: | 28 May 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: 461 Sundale Ltd  
Service: 18410 Sundale In-Home Care Sunshine Coast  
Service: 18411 Sundale In-Home Care Sunshine Coast

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7514 Sundale Ltd  
Service: 24431 Sundale Rehabilitation Centre

**This performance report**

This performance report for Sundale In-Home Care Sunshine Coast (**the service**) has been prepared by H Fawns, 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.

# 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 staff, consumers/representatives and others.

# 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** |

# 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 | **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 | 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers described that staff and management treat them with dignity and respect and staff understand their cultural background, personal history and preferences. The service has policies in place to support consumer dignity and choice. Consumer care plans detailed consumer’s individual identifies and cultural background and preferences.

Consumers report they are informed about the care and service options available to them, and are encouraged to make their own decisions, including who they want involved in their care. Care documentation demonstrated consumers are supported to exercise choice and service delivery is aligned to consumer preferences.

Polices and processes governing risk management are in place. Staff and management described the importance of discussing potential risks with consumers, allowing them the freedom to decide how to manage any risks. Consumer care files included non-response and emergency plans as well as demonstrated processes to support consumers who choose to take risks.

Consumers and representatives advised they receive information in formats that are clear and easy to understand, enabling them to make informed choices. Consumers are provided with information packs on commencement with the service which includes the Charter of Aged Care Rights and a service agreement. Staff described strategies to help communicate with consumers who experience communication barriers, noting they discuss information preferences with consumers during initial assessment.

Consumer consent is sought before their information is shared with others involved in their care. Consumer information is stored electronically by the service with appropriate access controls in place in line with policies to support consumer privacy.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

The service undertakes a range of assessments during the intake process using validated risk assessment tools. Management and staff described how the process of assessment and planning occurs in consultation with the consumer, representative(s) and other health professional or services. Care planning documentation reviewed by the Assessment Team included consumer needs, goals and preferences and sufficient detail about assessed needs and risks to guide staff.

Care Coordinators described how advance care directives and end of life planning is discussed when a consumer commences with the service and during care plan reviews, or if there is a change to the consumer’s care needs. There was evidence to support that care plans identified and addressed current needs and were updated when consumer needs changed.

Consumers and representatives described how they are supported to be involved in assessment and care planning. Care documentation provided evidence that communication with other health professional involved in consumer care is documented and incorporated into care plan.

Consumers confirmed the outcomes of assessment and planning had been communicated to them. Management explained that care plans are developed in conjunction with consumers and are stored in a folder within each consumer’s home. Care planning documents viewed by the Assessment Team confirmed that services are discussed and planned with the consumers and documented within the care plan. Consumer and representatives said they receive regular check-ins via the phone to ensure their satisfaction and that their needs are being met. There was evidence that care plan reviews are conducted every 3 months or if changes occur in line with the service’s policy.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives described how personal care is provided in a safe manner and they consider the clinical care consumers receive is right for them. Staff demonstrated knowledge of each consumer’s personal and clinical care needs and the degree to which they wish to manage their care themselves. Clinical care is provided by clinical staff with support and oversight by a nurse manager and weekly clinical care meetings. Management explained how they monitor consumer conditions, receive feedback from consumers and care staff about their care, review care documentation and analyse incidents to identify any emerging trends or care needs.

Consumers and representatives advised that staff at the service explain risks about their well-being and involve them in creating strategies to manage those risks. Clinical and care staff demonstrated an understanding of high-impact and high-prevalence risks. The Assessment Team reviewed care plans which documented individualised planning to manage consumer risks.

The service has an Advance Care Planning and End of Life policy and procedure to guide staff when providing support to consumers and their families. The was evidence of the service working effectively with palliative care services to provide kind and respectful care for consumers nearing the end of their life.

Consumers and representatives expressed confidence in the staff's ability to promptly identify and respond to any deterioration in the consumer’s health. Staff demonstrated clear understanding of their responsibilities including identifying and reporting signs of deterioration. Evidence was observed of appropriate actions taken in response to a change or deterioration in a consumer’s health.

Consumers and representatives confirmed that staff know them, and they do not need to repeat information about their needs and preferences. Care planning documentation viewed by the Assessment Team confirmed comprehensive care plans, including individualised care and services instructions, and progress notes are shared daily. Care planning documents demonstrated referrals to allied health professionals and other service providers occur when appropriate and in a timely manner.

Staff described how they implement appropriate infection control strategies. Training records demonstrate staff are trained in infection control practices. The service has policies and procedures related to antimicrobial stewardship, infection prevention and control, including COVID-19 guidelines to guide staff practice.

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers confirmed they are supported with safe and effective services and supports for daily living that meet their needs, goals, and preferences. Staff demonstrated an understanding of what is important to consumers and how they assist each consumer to be as independent as they choose. Documented care plans demonstrate a consumer focus and include each consumer’s individual needs, preferences and personal goals.

Consumers advised they felt safe receiving care and the services provided enable them to remain in their own home and continue to participate in activities of their choice. Consumers provided examples of staff being caring and offering psychological support when needed. The service’s lifestyle package provides guidance to staff on consumer wellbeing from a range of backgrounds and cultures. Care documentation demonstrated active consumer involvement in planning the services they needed and the support provided for consumers to participate in the community and do things of interest to them.

The service utilises electronic databases and hard copy care plans in consumer homes to store, manage and communicate information about consumer condition, needs, preferences and changes. Staff outlined how they update and share information within the service and other providers involved in consumers’ care when needed. Care documentation reviewed demonstrated effective communication of consumer needs occurs.

Consumers confirmed referrals are made where required and their consent is obtained prior to the referral. Consumer files reviewed included referrals and assistance to access other services such as allied health, social support and other services through My Aged Care. Policies and procedures are in place to guide staff practice with regards to referrals.

Staff and management described equipment purchasing and servicing processes, explaining the service uses My Aged Care and OT referrals to assess and plan how they provide products and modifications to ensure consumers have safe and suitable equipment. Care documentation provided examples of actions the service takes to maintain consumer’s equipment on request. The service has home modification, consumer equipment and maintenance policies and procedures in place to guide staff practice.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed they were aware of how to provide feedback or make complaints and would feel comfortable doing so. They confirmed they had received written information through an information pack and the service agreement and were aware of internal and external complaints processes.

A review of the complaints register demonstrated representatives were involved in raising complaints on behalf of consumers and the resolution process. There was evidence of consideration to the vulnerability of consumers and resources related to advocacy services where limited supports were available.

Staff explained if there was a problem they would apologise to the consumer or representative attempt to resolve the problem to the best of their ability as well as documenting and ensuring follow up. A review of documentation confirmed complaints are appropriately actioned, including open disclosure and appropriate outcomes.

Consumers and representatives confirmed the service regularly seeks feedback and suggestions for improvement. They are invited to provide feedback through satisfaction surveys, verbally, through staff or directly to coordinators over the phone, email or in person.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

The service demonstrated an effective system to support the quantity of staff required including sufficiently skilled and qualified staff, particularly in the event of unplanned or planned leave. Regular rosters ensure consumers have preferred staff scheduled according to their preference and notice is provided where a scheduled staff member is unable to attend. The service has a combination of permanently employed staff including clinical staff, care workers and coordinators and engages a brokered service where required to supplement staffing.

Consumers and representatives confirmed staff treat them with kindness, respect, and dignity and preferences were respected regarding the choice of care worker and timing for services. Management described the recruitment process and noted an initial onboarding process to ensure that the workforce hired is competent to perform their roles. Staff are required to have relevant role specific qualifications or be willing to undertake the necessary training. Management explained they oversee the delivery of services by subcontracted agencies, and all subcontracted staff have relevant qualifications and knowledge to perform their roles.

The service regularly seeks feedback from consumers about the performance of both internal and external staff and services and record this as a complaint if any issues arise. Management explained all staff complete mandatory training during onboarding and induction, and every 12 months thereafter. Staff provided feedback on training received and noted they can also provide suggestions for future training through staff meetings or their appraisal process. Training was noted to be aligned with the aged care quality standards.

Staff confirmed they are supported in the performance appraisal process and have regular support in team meetings and one on one reviews. Feedback is regularly sought regarding subcontracted staff from consumers and representatives related to performance with any issues addressed through ongoing discussions with the relevant agencies.

# 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. | 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. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

The service conducts consumer surveys and regularly seeks feedback from consumers less formally. The organisation has a consumer advisory group open to residents, home care clients and board members. This group provides an additional opportunity for consumers and representatives to be involved in reviewing and commenting on overall practices in the organisation and provide feedback and suggestions that can inform continuous improvement at the service. The governing body remains accountable for the delivery of quality care and services by remaining informed of delivered services and key risk areas and reviewing systems and processes as needed based on their consumer cohort.

Staff confirmed information is available through the electronic system with information accessible to perform day-to-day duties. Ongoing review of consumer funds occurs at the Board level with information easily produced identifying consumers with excess fund balances, as well as strategies to reduce these where possible.

Opportunities for continuous improvement are identified through review of incidents, feedback and complaints, and legislative changes. There was evidence of consideration to feedback and complaints in ongoing quality improvement activities and the services Plan for Continuous Improvement (PCI).

The service maintains information regarding the currency of staff and brokered provider certifications. The Assessment Team reviewed position descriptions which contained clear information regarding necessary qualifications and required tasks. Regulatory and legislative changes are monitored through membership of the peak provider body and attendance at regular meetings.

There is an effective risk management system including detailed information on the incident identified, reporting processes, and risk mitigation strategies. The service assesses and manages consumer risks, trains its staff in relation to abuse and neglect, and maintains an effective incident management system.

The service has a clinical governance framework which outlines antimicrobial stewardship, restraint, and open disclosure. Staff demonstrated an understanding of risks faced by vulnerable consumers and restrictive practices as well as an awareness of the services related policies.

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)