Performance

Report

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| Name of service: | Performance report date: |
| Sunny Care Home Services | 7 September 2022 |
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| Approved provider: | Activity date: |
| Eddison and Clare Pty Ltd | 19 July 2022 – 21 July 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 Gatton Meals on Wheels (**the service**) has been considered by J Zhou, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

* 418 HCP, 213 CHSP - Sunny Care, 26503, WOTSO Chermside, Level 2 Westfield Chermside, CHERMSIDE QLD 4032

# Material relied on

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

* The Assessment Team’s report which was informed by observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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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 | **Not applicable as not all requirements have been assessed** |
| **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 | | Compliant |
| 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

According to the Assessment Team’s findings from their site audit, consumers/representatives sampled advised they are treated with dignity and respect. Consumers/representatives described staff as kind, caring and respectful, and staff were able to describe what was important to their consumers and their care needs.

The workforce provided examples of how services are delivered to meet the needs and preferences of individuals. The service has a policy on the provision of the cultural safety of consumers and care planning documents consistently describe consumer’s specific cultural needs, goals, and preferences to inform culturally safe care.

The service demonstrated they were flexible to the needs of consumers, particularly those who are culturally and linguistically diverse to maintain relationships specific to each consumer.

Management said they encourage consumers to take risks to enable them to live the best life they can. Consumers said they felt supported to take risks, and staff could describe the process and showed familiarity with choices consumers had made. Staff described how they allowed consumers to participate in their cares as much as they wanted and provided support as needed. For instance, the Assessment Team identified that one consumer does not wish to use her mobility aides and staff have completed a consumer choice risk assessment form and have identified her as a high-risk client from a safety perspective while respecting her choice.

Consumers/representatives said they consistently received information that was easy to understand, often in their own language, and in a timely manner. Consumers and their representatives advised they would contact their case manager if they ever received information that was not clear adding that their case manager was very responsive and helpful.

On the basis of the evidence before me (summarised), I find this service compliant with this standard.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Overall sampled consumers/representatives considered they are happy with the service they receive; participate in the planning of service and it meets their current needs, goals and preferences. For instance, care planning documentation reviewed evidenced comprehensive assessments and planning, including the use of validated assessment tools, risk assessment tools are used to identify risks to consumers health and well-being including nutrition and hydration, mobility, swallowing, catheter management and medication management, continence, and behaviour management.

Assessment and planning documents reflect the consumers’ current goals, needs and preferences. Advance care and end of life wishes are discussed with the consumer at the initial assessment when care planning information is reviewed or when there has been a significant change in the consumers’ condition. Staff were able to describe individual consumers and what was important to them in how their care and services are delivered. For instance, one consumer’s representative spoke of the service continually discussing extra services and supports for both her and her husband as his health declines.

Consumers/representatives sampled confirmed they participate in the planning and review of the service they receive. There are policies and procedures to guide staff in referral processes for consumers and ongoing communication with other providers involved in the consumers’ care.

Consumers/representatives said they are satisfied with the information that they receive from the service, have received a copy of the care plan, are comfortable following up with the service if they have any queries and staff at the service always respond promptly. Consumer care planning information including dated notes demonstrated the service consults with consumers/representatives. This includes an initial assessment and care planning on entry into the service, reviews or when there is an identified change in the consumer’s health and well-being.

The service maintains annual reviews of client information and when consumer needs change. Annual reviews are undertaken for CHSP, HCP L1 and L2, for HCP L3 and L4 consumers 6 monthly reviews are undertaken. Care plan information is reviewed for effectiveness, when circumstances change or when incidents impact on the needs, goals, and preferences of consumers. A review of care planning documentation identified that reviews are completed within the service’s policy and procedure guidelines. The service has processes in place to monitor reviews are completed within the prescribed timeframe.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

Overall, the consumers/representatives said that staff know what they are doing and that consumers feel safe and supported. Care plans for consumers sampled consistently document detailed information and strategies to guide staff practice. Clinical staff are aware of consumers individual, personal, and clinical care needs and described specific strategies they used to deliver care. Reviewed care documentation for consumers including assessments, care plans, dated notes, treatment regimes, monitoring records and relevant correspondence and communications; reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. The service has policies, procedures, and assessment tools to guide staff practice in delivery personal and clinical care.

Consumer care documentation identified key risks including falls, diabetes, weight loss, swallowing difficulties, skin integrity concerns including chronic wounds and pressure injuries and responsive behaviours. Care managers and RNs described the high impact and high prevalence risks such as falls, medication management, pain management and infections.

Individual risks are reflected in care documentation for the consumers. Care staff described how they would report consumer incidents and management described how incidents are documented, reviewed, and how outcomes of any actions that require follow up are initiated. Policies and procedures on high impact or high prevalence risks are available to all staff. Consumers/representatives said they have Advanced Care Directives (ACD) and End of Life Plans (EOL) plans in place and are happy with their current arrangements.

The service has a suite of policies and procedures and related documents to support staff in recognising and responding in a timely manner to a decline or deterioration in a consumer’s health and/or well-being. For example, a level 4 consumer was classified as a high falls risk, with low vision and experienced falls within a two-month period. This consumer was referred to his medical officer for a review and a registered nurse undertook a falls risk assessment. An Occupational therapist assessment was completed and recommendations for home modifications completed.

Information about a consumer’s condition, needs and preferences is documented and communicated. For instance, regular communication around a consumer’s specific needs were sighted by the Assessment Team. This consumer had specific changing care needs and specific instructions were available to guide staff when delivering her personal and clinical care and to monitor her skin integrity. This consumer has regular admissions to hospital for pain and continence concerns and discharge information is reviewed by her case manager and any changes to care needs are communicated to staff and updated in the care plan.

Review of consumer care documentation demonstrated input from others is sought such as medical officers, personal trainers, dieticians and podiatrists and their recommendations are incorporated into their care plans. Staff said if the service could not provide suitable support to meet consumer’s personal and clinical care needs, consumers are supported to access brokered support services through another provider such as allied health and modified meal services.

Consumers/representatives interviewed described staff practices to prevent the spread of infection including hand washing, the use of hand sanitiser and the use of Personal Protection Equipment (PPE). The Assessment Team viewed the consumer and staff COVID-19 log. All consumers and staff with symptoms of COVID-19 or tested positive are documented and monitored daily. This continues until consumers or staff return a negative COVID-19 test result, and/or symptoms have resolved. A consumer’s representative corroborated that these practices were commonplace at the service

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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. | Not applicable |

## Findings

Consumers and representatives interviewed were satisfied that they receive safe and effective services and supports for daily living that meets their needs, goals and preferences and optimises their independence, well-being and quality of life. The service has processes in place to identify and record those consumer needs, goals and preferences.

Consumers provided examples including how they are supported to maintain their social networks, and being supported to do things that are of interest to them.

Staff are able to access information about consumer’s needs and preferences through care plans that specify transport requirements for each consumer to access their social outings of choice. for example one care plan documents that the consumer requires a sedan. The provider’s policies on social support groups are inclusive and focusses on the consumer being consulted in the type of activity and outing preferences through assessment, 1:1 discussion, and group discussions.

Consumers/representatives say they are satisfied with the services and supports delivered, by those the consumer has been referred to. The service has an active network of other individuals, organisations, and providers they can refer to, or collaborate with, to meet the lifestyle needs of consumers.

The service provides in-home meal preparation assistance for consumers. The service has demonstrated that meals provided for consumers are varied and of suitable quality and quantity. Consumers said they are satisfied with the meals provided and they meet their cultural, nutrition, hydration needs and preferences. Staff demonstrated they know consumer’s dietary needs, preferences and identified risks relating to consumer’s nutritional and hydration status. Care planning documentation reviewed identifies allergies, notes any swallowing difficulties or if modified diet or fluid requirements are needed.

The service demonstrated where equipment is provided, it is safe and suitable and meets consumer’s needs. Where consumers own the equipment, they need in the delivery of services and supports, the service demonstrated effective systems and processes in place to ensure it is clean, safe, and suitable for the consumer to use. Care staff were able to explain the process should they identify risk, unsafe or ineffective equipment. The provider has policies and procedures for the monitoring and maintenance of equipment.

# Standard 5

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| Organisation’s service environment | | Not-applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

## Findings

The service does not provide a physical service environment where consumers receive services, so this standard is not applicable to the quality review.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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

The service demonstrated they encourage and support consumers and their representatives to provide feedback and make a complaint. Consumers and representatives were able to provide examples of how they do this. Staff were able to demonstrate how feedback or raising a complaint can be made. The service has policy and process to guide staff in supporting feedback and complaints. Staff are provided education on the process. The service has policies, procedures, and information for consumers about feedback and complaints, including external complaints agencies. The information is provided in multiple languages including English, Mandarin and Vietnamese.

The service demonstrated that information is provided for consumers and representatives to have awareness of external complaints organisations, advocacy and language services, and other support services for raising and resolving complaints. Consumers were provided with a ‘Client Information Booklet’ at the commencement of their service which is they say is easy to read and understand, there is a description of how an advocate can assist a consumer and if necessary, with the consent from the consumer the service can refer to one of the agency’s available.

The service demonstrated appropriate action is taken in response to complaints and described an open disclosure process being used when things go wrong. Feedback from consumers/representatives who had provided feedback to the service or made a complaint, demonstrated complaints are promptly responded to and consumers and representatives are informed of the outcome.

Feedback and complaints are reviewed and used to improve the quality of care and services. The Continuous Improvement Panel meets annually to discuss feedback the service has received through formal and informal avenues and identifies the priority for improvement activities. The Chief Executive Officer then reviews the feedback and recommendations identifies any required resources, approves, and appoints a responsible officer to implement the improvement within set timeframes. The Continuous Improvement Panel involves case managers, clinical care staff and members of the governing body.

**Standard 7**

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| Human resources | | Compliant |
| 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

The Assessment Team interviewed consumers/representatives, staff, and management, reviewed unfilled shift reports and relevant documentation, and found the service could demonstrate it had the number and mix of members of the workforce to ensure the delivery and management of safe quality care and services for aged care consumers.

All consumers/representatives interviewed advised that the workforce’s interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. Staff advised they are always mindful of each individual consumer’s care needs and preferences when they deliver services. The service demonstrated the consumer is the focus of the service through review of documentation, training and a consumer centred ethos is demonstrated at the service.

The service demonstrated the workforce is competent and have the qualifications and knowledge to effectively perform their roles. Consumers/representatives say they have confidence in the workforce and feel the workforce is competent and skilled. For instance, a consumer told the Assessment Team that the staff member supporting him from the service is providing an excellent quality of care and support and his gardening subcontractor is also doing a very good job.

The service demonstrated that the workforce is recruited, trained, equipped and supported to meet the needs of aged care consumers and deliver the outcomes required by the Standards

The service demonstrates that regular assessment, monitoring and review of the performance of the permanent workforce is undertaken.

Consumers/representatives annually are asked to complete the Client Feedback Form Support Worker’s Performance Review seeking both qualitative and quantitative feedback, which is used to provide feedback by the case manager to the individual worker during their performance appraisal.

**Standard 8**

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| Organisational governance | | Compliant |
| 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. | Not applicable |

## Findings

Consumers said they are involved in the development, review and evaluation of their services such as through the completion of the ‘Client Feedback and Questionnaire Survey’. In particular, the 2022 Client Feedback and Questionnaire annual survey provided to consumers in either English, Mandarin or Vietnamese, allows consumers to provide feedback on staff communication, skills, and capabilities, suggested training needs of staff, if they are satisfied with their current care staff, case managers performance in supporting them with the delivery of their care and services and any suggestions for additional services including outings.

The service demonstrated the governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. Reporting processes are in place through the organisation’s meeting structure and risk management systems to provide information and advice to the Board to meet responsibilities as the governing body and to maintain oversight of care and services delivered.

The service has effective governance systems within its organisation. Information is provided to a diverse consumer cohort in their preferred language including English, Mandarin and Vietnamese. Staff who deliver care and services are provided information in English and Mandarin.

Opportunities for continuous improvement are identified through audits, feedback and complaints, incidents, and meetings, which are documented in the service’s plan for continuous improvement (PCI). Any critical incidents are reported through the Incident Management System (IMS) and are analysed, recommendations are made, and improvements are identified and detailed in the PCI. The governing body monitors the service’s performance under the Quality Standards through consumer feedback, incident reporting systems and audits.

Financial governance systems and processes are in place to manage the finances and resources that the organisation needs to deliver safe and quality care and services. Management advised that budgets and monthly statements are provided to consumers that include unspent funds and consumers/representatives provided feedback regarding they understand statements and invoices. The case managers monitor the consumer’s budget and funds, and they review all consumers invoices for accuracy prior to approving payment. The governing body discusses financial reporting at board meetings.

With respect to workforce governance, the service demonstrated effective workforce governance to ensure staff have clear responsibilities and accountabilities in position descriptions and receive ongoing support, training, professional development, and feedback they need to meet the needs preferences of aged care consumers.

The service has good regulatory compliance measures in place. It was able to demonstrate effective governance of police checks and vaccinations through monitoring the currency of those requirements.

The service was able to demonstrate it has continuous improvement mechanisms in place. For instance, the risk-based system monitoring consumers commences with the initial admission of the consumer to the service. Several assessments are conducted such as Falls Risk and Mobility and Transfer Assessments by clinical staff and referrals to other providers are completed if required. When consumers are wanting to take a risk, for example not using mobility devices, the service completes a Consumer Choice Risk Assessment to identify and support the consumer choice including service delivery strategies to minimise the risk.

Last but not least, the Assessment Team sighted evidence that the service demonstrated an effective clinical governance framework to maintain and improve safe and quality clinical care consumers receive in line with best practice. Management and staff have a shared understanding of clinical governance including antimicrobial stewardship. Staff have received training on the clinical governance framework including relevant policies and procedures to guide clinical staff practice.

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-2)