**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | The Salvation Army Riverview Gardens (Ccp) |
| Commission ID: | 700111 |
| Address: | 4 Moggill Ferry Road, RIVERVIEW, Queensland, 4303 |
| Activity type: | Quality Audit |
| Activity date: | 1 May 2024 to 2 May 2024 |
| Performance report date: | 4 June 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: 437 The Salvation Army (Queensland) Property Trust  
Service: 18420 The Salvation Army Riverview Gardens (Ccp)  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7993 The Salvation Army (Queensland) Property Trust  
Service: 23968 The Salvation Army (Queensland) Property Trust - Community and Home Support

**This performance report**

This performance report for The Salvation Army Riverview Gardens (Ccp) (**the service**) has been prepared by Jodie Earnshaw, 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.
* the provider’s response to the assessment team’s report received 24 May 2024
* other information known to the Commission.

# 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 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

Consumers and representatives described staff as kind and respectful. Consumers and representatives reported services are delivered in accordance with what is important to them and their cultural preferences.

The service demonstrated consumer’s cultural needs and preferences are supported when providing care and services. Staff demonstrated awareness of culturally safe care and described how services are delivered to meet the needs and preferences of individuals, to ensure inclusive care and support.

Consumers and representatives reported the service involves them in making decisions about the care and services consumers receive. Staff and management described how they support consumers and their representatives to exercise choice and make decisions about services through the assessment and planning process.

The service has policies relevant to this standard, accessible to staff, and staff demonstrated how consumers are supported to make choices and decisions about services that may place them at risk through consultation and providing strategies to manage those risks. Consumers and representatives reported the service supports and respects consumer choices.

Consumers and representatives considered information provided to be current and easy to understand. The service demonstrated information provided to each consumer is current, accurate and timely. Staff and management described how they provide information to consumers at the commencement of services and regularly provide a range of information including, a client handbook, verbally or in writing, in different languages or different fonts, based on consumer preferences.

Consumers and representatives are satisfied that consumer privacy is respected. The service demonstrated it has effective systems in place to protect consumers’ privacy and personal information.

In coming to my decision of compliance with this Standard, I have considered the information included in the assessment team report under this and other standards alongside the Approved Provider’s response. Based on the information summarised above I am satisfied the Standard is compliant.

# Standard 2

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

Consumers and representatives said consumers receive care and services that meet the consumers' needs, and they are involved in assessment and planning processes. Documentation demonstrated consumers participate in assessment and planning including the involvement of others as required and included consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

The service has a comprehensive suite of assessment and care planning policies and tools that are available to guide staff in assessment and care planning processes.

Care planning documentation including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. The service undertakes a range of assessments, and which are reviewed periodically and when changes occur. Risk assessments are conducted to identify health and well-being risks to consumers, including falls, medication, continence, and skin integrity.

The service has processes to support the identification of individual consumer goals and preferences. Staff advised, and consumers confirmed, consumers are provided an opportunity to discuss their end-of-life preferences and advance care directives.

Consumers and representatives said the service involves the consumer and other relevant individuals in the planning and delivery of care and services. Staff described and care documentation demonstrated other providers of care are involved in assessment and planning and include allied health professionals and medical officers.

Consumers and representatives said outcomes of assessment and planning were discussed with them and they have access to consumer’s care plans. The service demonstrated processes are in place to ensure care plans are regularly reviewed and meet the consumer’s current needs including when changes in the consumer’s health condition or personal preference occur. Consumers and representatives said management regularly contacts them to monitor their satisfaction with the care and services consumers receive and reported the service supports consumers when changes occur. Staff described how they identify, escalate and re-assess changes in consumer health condition or preferences.

In coming to my decision of compliance with this Standard, I have considered the information included in the assessment team report under this and other standards alongside the Approved Provider’s response. Based on the information summarised above I am satisfied the Standard is compliant.

# Standard 3

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

Consumers and representatives advised personal and clinical care consumers receive is safe and effective and optimises the health and well-being of consumers. The service demonstrated personal and clinical care is individually tailored based on assessment of the consumer’s needs, goals, and preferences.

The service was able to demonstrate effective management of high impact and high prevalence risk associated with the provision of care and services with systems and processes in place to assess and assist staff in managing identified risk.

Staff demonstrated knowledge of consumers who have high prevalence/high impact risks including but not limited to falls and wound care. Staff described how they access consumer information and how they manage identified risks.

Management and staff described how care and services are adjusted for consumers nearing the end of life. The service liaises with local palliative care teams for whom consumers are receiving services or refer consumers to appropriate services, as required. The service maintains regular contact with the consumer’s medical officer and their representatives.

Staff described how they recognise deterioration of consumer health and care documentation identified how deterioration of consumers’ health was responded to, such as referrals to health professionals and adjusted care and services. Consumers and representatives reported that staff recognise deterioration in a consumer’s health or wellbeing and provide additional supports or referrals as necessary.

Consumers and representatives reported consumer needs, and preferences are met, by staff who work well together and know the consumer’s needs and required services and supports. The service has effective processes to share information relevant to the care and services being provided and staff said they receive the information they need.

The service demonstrated there are timely and appropriate referrals internally and to external health care providers to meet the needs of the consumer. Staff described processes to refer consumers for allied health services and additional services through the internal and/or external referral processes.

Consumers and representatives said staff follow standard infection control protocols, including hand hygiene and use of personal protective equipment. The service has documented policies and procedures to support the minimisation of infection related risks, through infection prevention and control practices. Staff have completed training on infection prevention and control measures.

In coming to my decision of compliance with this Standard, I have considered the information included in the assessment team report under this and other standards alongside the Approved Provider’s response. Based on the information summarised above I am satisfied the Standard is compliant.

# Standard 4

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

Consumers and representatives said the service supports consumers to optimise their independence and well-being while considering consumer preferences and needs. Staff described how they support consumers to maintain their independence and quality of life and engage with consumers to ensure their preferences are supported. Care documentation includes information relating to the service and supports which are identified through consumers’ preferences.

Consumers are provided safe and effective services and supports that meet consumers’ preferences and promotes consumers’ emotional, spiritual and psychological well-being. Consumers and representatives said staff display an interest in the consumers and spend time talking to them, and expressed confidence that the staff would identify deterioration or low mood and would escalate the information to management for referral to specialist services or allied health professionals, if required. The service has a process where consumers could be referred to the service’s chaplain for emotional/spiritual support.

Consumers reported they are satisfied the services and supports delivered for daily living meets their needs, goals and preferences and enables consumers to participate in the community and do things of interest to them.

The service has processes in place to ensure information about the consumer’s condition, needs and preferences are communicated within the organisation and with others who share care responsibilities. Staff advised and documentation confirmed that detailed, up to date information is available via the electronic care system.

The services have internal and external referral processes to facilitate access to additional services to supplement supports and services for daily living in a timely manner.

The service supports consumers to access and order from meal delivery services. Consumers and representatives are satisfied with the quality, quantity and variety of meals provided.

The service assists with sourcing and maintaining appropriate equipment for consumers, which when provided is safe, clean and well-maintained.

In coming to my decision of compliance with this Standard, I have considered the information included in the assessment team report under this and other standards alongside the Approved Provider’s response. Based on the information summarised above I am satisfied the Standard is compliant.

# 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

Consumers and representatives said they feel comfortable providing feedback and making complaints and could describe the various methods available for them to do so.

The service demonstrated there are various opportunities for consumers to provide feedback and raise a complaint. The service provides an information pack to consumers which includes information about how to provide feedback, raise complaints and how to access external agencies to support them with language services, advocacy and in raising feedback or complaints.

Whilst the assessment team report demonstrated instances where appropriate action may not have been taken in response to complaints, the service’s plan for continuous improvement evidenced entries related to the capturing and disseminating of annual survey and feedback. Information. The plan for continuous improvement, states a new complaints management system will be initiated to streamline the complaints process. The Approved Provider, in its response, provided documented evidence to demonstrate how the service is effectively managing feedback. Specifically in relation to ensuring effective systems are in place to ensure appropriate actions are taken when consumers provide feedback. The response described actions taken to communicate with and support consumers named in the assessment team report.

Management and staff demonstrated an understanding of open disclosure processes and provided examples of when this had been used.

Whilst the assessment team report brought forward areas where the service has not demonstrated effective systems for documenting all complaints to adequately trend and identify areas for improvement. The Approved Provider, in its response, acknowledged the Assessment Team report recommendations and provided documented evidence to demonstrate its commitment to capturing of feedback and complaints and reviewing to help improve the quality of care and services.

The response described how named consumers had been supported and services amended, or additional measures implemented on receipt of feedback, including for named consumers. The response described how survey results were used in determining the need for and subsequent employment of additional staff including a Care Coordinator, and that some feedback received directly and resolved promptly to the consumers' satisfaction had not been considered as a complaint and thus was not recorded in the complaints management program. The Approved Provider advised such feedback will in future be captured centrally to support the analysis and trending of feedback and evaluation of actions taken by the service.

The response described further details and measures implemented to support the remediation of issues identified in the assessment team report. I am satisfied the Service has demonstrated the ongoing embedding of improvements in these areas.

In coming to my decision of compliance with this Standard, I have considered the information included in the assessment team report under this and other standards alongside the Approved Provider’s response. Based on the information summarised above I am satisfied the Standard is compliant.

# Standard 7

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

Consumers and representatives are satisfied that consumers receive quality care and services and expressed satisfaction with staffing. Staff said they have sufficient time to deliver quality care and services to consumers.

The service has workforce management processes, including workforce planning, recruitment and performance monitoring processes, to ensure there is a sufficient and competent workforce to deliver safe and quality care and services to consumers.

Consumers said staff are kind, caring and respectful, and staff described how they interact with consumers in a kind and caring way and knew consumer’s individual preferences.

The service ensures staff are recruited with the appropriate qualifications and are supported to improve their knowledge and skills through ongoing training.

The workforce is competent, and members of the workforce have the qualifications to perform their roles effectively. Staff were able to demonstrate they have the knowledge to effectively perform their roles and consumers expressed confidence in staff competency.

Systems are in place to regularly assess, monitor and review staff performance. Staff are required to undertake performance appraisals annually. Further support is provided to staff when there is a need for improvement.

Staff confirmed they are regularly engaged in their professional development including opportunities to request specific training relevant to their role.

In coming to my decision of compliance with this Standard, I have considered the information included in the assessment team report under this and other standards alongside the Approved Provider’s response. Based on the information summarised above I am satisfied the Standard is compliant.

# 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. | Compliant | Compliant |

Findings

Consumers and representatives said they have the opportunity to provide feedback and suggestions to management in a range of ways on care and services. Consumers and representatives expressed satisfaction with the quality of the service and said they have input into how the service is delivered to meet consumer needs. Management and executives engage with consumers and representatives in the development, delivery and evaluation of care and services.

Governance processes are in place to ensure the governing body is accountable for the delivery of safe and quality care and services. The service has a governing and executive structure that reports to the Board. The service reports and is accountable to the governing body for the delivery of care and services through the monitoring of key performance indicators including completion of consumer assessment and review, staffing, staff training and complaints.

The service has effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints. The service has policies and procedures in place to guide staff across the governance systems and staff confirmed they have access to information to guide how they deliver care and services.

Consumers and representatives said they were satisfied with the way information about care and services is managed and how the information is communicated to them.

Whilst the Assessment Team report brought forward deficits in the management of feedback and complaints and the recording of continuous improvement initiatives. The Approved Provider, in its response, acknowledged the Assessment Team report recommendations and provided comprehensive documented evidence to demonstrate its commitment to continuous improvement and how the service is effectively managing feedback and complaints.

The response described continuous improvement initiatives from an organisational and service level. Continuous improvements are identified through various mechanisms including feedback, complaints, and changes in compliance requirements. The plan for continuous improvement, included in the response; identified various planned and completed improvement actions in relation to various areas of care and service delivery.

The organisation has frameworks and policies to manage risk and respond to incidents. The service was able to demonstrate the effective management of high impact or high prevalence risks and the identification of abuse and neglect of consumers.

The Assessment Team report described the tools used to monitor risk however reported that the service has not demonstrated effective systems to monitor consumers’ changing risk profile in a timely manner as effective strategies were not consistently in place to manage high impact, high prevalence risks. Specifically, clinical incidents that occur outside of the provision of care were not recorded, evaluated or managed to prevent further incidents for each consumer. The service has systems to monitor incidents to report abuse and neglect of consumers and staff demonstrated an understanding of their responsibilities. The Approved Provider, in its response, acknowledged the Assessment Team report recommendations and provided comprehensive documented evidence to demonstrate its commitment to sufficient documentation of evaluation or prevention strategies to prevent future incidents and mitigate consumer risks. The response described actions implemented to ensure the reporting and recording of clinical incidents that occur outside of the provision of care. Actions and evidence provided include communications of new processes to staff and the provision of staff training.

Management and staff were able to describe, and the incident management system demonstrated, how incidents are managed and documented and how the service identifies, responds to and reports incidents.

The organisation’s clinical governance framework guides staff, sets out responsibilities, accountabilities, and processes for antimicrobial stewardship, minimising the use of restrictive practices and open disclosure.

The response described further details and measures implemented to support the remediation of issues identified in the assessment team report. I am satisfied the Service has demonstrated the ongoing embedding of improvements in these areas.

In coming to my decision of compliance with this Standard, I have considered the information included in the assessment team report under this and other standards alongside the Approved Provider’s response. Based on the information summarised above I am satisfied the Standard is compliant.

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)