**Performance**

**Report**

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| Name: | Toosey Community Aged Care Packages |
| Commission ID: | 300308 |
| Address: | 10 Archer Street, LONGFORD, Tasmania, 7301 |
| Activity type: | Quality Audit |
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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: 492 Toosey  
Service: 17195 Toosey Community Aged Care Packages

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9107 Toosey  
Service: 26767 Toosey - Care Relationships and Carer Support  
Service: 26766 Toosey - Community and Home Support

**This performance report**

This performance report for Toosey Community Aged Care Packages (**the service**) has been prepared by Nicola Eastwood, 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 and representatives confirmed they are treated with dignity and respected by staff. The Assessment Team noted there is access to the Charter of Aged Care Rights within HCP agreements, consumer folders provided by the service and the staff handbook. The service has a culturally and linguistically diverse policy which outlines its commitment to supporting and developing the cultural competence of staff.

Consumer and staff interviews demonstrated consumers are supported to make connections with others and to maintain important relationships. This was supported by a representative account reflecting active involvement with care provision and staff activities to maintain contact with family members as requested. Management advised when conducting assessments and developing support plans, they discuss needs, wishes, and goals with consumers. Budgetary consideration, along with the need to prioritise spending to meet care needs, is also discussed.

Several consumers were identified as individuals who take risks to live lives of their choosing. These risks include smoking, and the use of bed rails and bed poles to aid mobility and prevent falls from bed. Consumers reported discussions regarding the risks associated with their choices, and car files reflected discussions of risk and associated mitigating strategies.

Management explained they sometimes visit the same consumer several times to ensure they understand their budget and maintain telephone contact as needed. If a consumer faces challenges with communication, staff will involve a support person such as the designated representative.

Staff explained how they maintain confidentiality, acknowledging the challenges in a small community by emphasising their commitment to maintaining consumer privacy. The service has a confidentiality policy outlining the circumstances under which consumer information can be released.

# 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.

Consumers and representatives were satisfied the assessment conducted by the service includes assessment of risks. Support workers were aware of risks relevant to each consumer and explained how they assist in the management of these risks. Management described a nursing assessment is conducted at the time of admission which guides care planning. A review of documentation demonstrated the use of validated risk assessment tools and documented management strategies.

Advance care planning or end of life planning is routinely raised with HCP consumers at the time of admission to the service, as well as during the completion of relevant documentation.

Consumers and representatives confirmed being involved in assessment and planning at the service. While CHSP consumers reported minimal contact following initial assessment, they said they were well-supported by their families or confident in phoning the service if requiring additional assistance. Management described liaising with general practitioners on admission to the service and with other external providers as required. There was evidence of active family involvement in specific aspects of consumer care and the staff’s role in assisting.

Management explained consumers receive support and service delivery plans, and these are kept in folders located in consumers’ homes. Support workers indicated they rely on the information contained within the mobile application as this provides them with sufficient information to guide care.

Consumers and representatives were satisfied they receive adequate informal reviews to ensure consumer needs are met. A review of care files demonstrated informal review following incidents or health events, and/or referral for re-assessment by the Regional Assessment Service (RAS) for CHSP consumers. The Assessment Team noted that the service committed to undertake a review of polices to better reflect the formal assessment process in practice.

# 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 | Not Assessed |
| 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.

Clinical care required by Level 3 and Level 4 HCP consumers of the service is provided by 2 nursing staff employed within the community team. Management explained consumers of CHSP services and those receiving Level 1 and Level 2 HCPs requiring clinical care, access this through an external service. All consumers receiving personal care, or their representatives indicated their satisfaction with the care provided.

High-impact, high-prevalence risks are identified, and management strategies informed by allied health assessment, are in place. Consumers, representatives, and staff described how falls and other risks are managed as well as the use of a risk register to record consumers at risk of falls or other clinical risks. The Assessment Team reviewed a list containing information related to at-risk consumers, identifying risks associated with unplanned weight loss. The service has a plan to purchase a set of scales to assist with regular weight monitoring for identified consumers.

Support workers described care provided to palliative consumers, and a review of consumer files demonstrated changes to care and services to ensure comfort as they near the end of life. Representatives were satisfied that support workers recognise deterioration in consumer condition escalating appropriately. Recognition and appropriate response to deterioration was recorded within consumer files.

Consumers and representatives were satisfied staff know consumers and their needs. Support workers demonstrated an understanding of consumer medical issues, such as cognitive or mobility impairment, and associated risks. Staff confirmed they receive information directly from management and through the service’s mobile telephone application. A review of consumer files demonstrated information related to medical history, deterioration, changes to services, referrals, risks, and related risk management strategies. A home care referral process flowchart is in place, guiding the process for making referrals to external services.

The service has an antimicrobial stewardship policy in place which includes guidance on minimising the need for antimicrobial use through an effective infection prevention and control program, staff training, escalation of concerns and awareness of safe antimicrobial use.

At the time of the quality audit, clinical and personal care were not provided to consumers receiving CHSP funding.

# 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. | Compliant | Compliant |
| 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 and representatives indicated that services and supports optimise independence, well-being, and quality of life. This was confirmed by a consumer account explaining that without the services received, there would be significant limitation to the ability to attend to more enjoyable tasks. Management explained they ensure services optimise consumer independence and quality of life by identifying activities consumers enjoy and encouraging them to continue these. They also identify consumer goals and explore how the service can support them to achieve these.

There was evidence of consideration for emotional well-being, with contact made with representatives when consumer experienced distress or confusion. Consumers and representatives were satisfied that, if required, consumers receive support to remain engaged with the community, maintain relationships, and do things of interest to them. Consumer support plans included information regarding consumer social supports, activities of interest, and community participation.

Staff confirmed they have access to information necessary to guide the care and support of consumers. Management advised support workers can access complete consumer care plans in the folders kept in consumer’s homes or in the office. There was evidence of ability to refer to external agencies such as Dementia Australia, a local men’s shed and men’s group, Community Transport Service Tasmania and the Red Cross for social outings.

An annual survey is conducted to confirm consumer satisfaction with the quality of the food delivery service and overall experience with the meals and their delivery. Consumers and representatives confirmed their satisfaction with the meal service and ability to request alternatives when required.

Consumers were satisfied with equipment obtained through the service, although the Assessment Team noted that some consumers had experience a delay in approval process. In response to feedback, management developed a new workflow for approval of purchases, and outstanding approvals were addressed at the time of the quality audit.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| 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. | Compliant | Compliant |
| 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. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for 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.

Consumers and representatives were satisfied with the service environment and how it supports independence and interaction. The Assessment Team observed the day centre to be accessible with wide and levelled access. Maintenance staff demonstrated the service’s preventative and responsive maintenance and cleaning schedules. The service has access to vehicles to transport consumers to activities and appointments. The vehicles are inspected three times a week and staff are responsible for escalating any malfunctions.

The day centre was observed to be clean and suitable for activity purposes with access to kitchen facilities.

# 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.

Management explained consumers are provided a handbook with complaints and feedback information and a complaints and feedback form during intake or initial assessment. There is a yearly survey to HCP and CHSP consumers requesting feedback on their services. The welcome pack and home care contract included aged care rights, the service’s complaints procedure, and advocacy resource contact information. The service utilises language and advocacy resources for consumers as required, and staff confirmed the recent attendance of a representative from an advocacy to provide information to consumers at the day centre.

The service has a feedback and complaints policy and procedure. A review of documentation demonstrated the service takes appropriate action in response to complaints and utilises an open disclosure approach. Management explained consumer issues, and required improvements occur through discussions with managers. The feedback register and continuous improvement plan show improvements have been made based on service complaint data. Formal feedback data is collated, and trends are reviewed monthly by management and quarterly by the Board.

# 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.

Support workers confirmed they have adequate time to complete required tasks during their shifts and have regularly allocated visits. The Assessment Team reviewed the shift planner for both CHSP and HCP consumers and noted staff are allocated to consumer care on set days and with allocated time blocks. Where changes to allocated carers occur, notification takes place by telephone, and alternative arrangements are offered.

Consumers and representatives said the staff are kind, caring and respectful, and management described examples of where they have matched staff to consumer requests and cultural backgrounds. The organisation has training processes in place to ensure the workforce is competent and has the qualifications and knowledge to effectively perform their roles. The service monitors staff training, qualifications, and professional registrations, while also confirming consumer satisfaction with the care provided.

Management advised training for all staff takes place through face-to-face training and an online training platform, with both mandatory and self-directed learning packages. Management also confirmed staff are required to have qualifications to effectively perform their roles, and this is monitored through the recruitment and compliance processes.

The Assessment Team noted a formal performance review process had not been commenced by the service. Staff confirmed they receive informal feedback from management, including in response to consumer feedback. In response to feedback from the Assessment Team, management added an action to the Plan for Continuous Improvement, and created a rolling performance review schedule and updated supporting policies to reflect the new schedule.

# 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 annual consumer surveys and regularly seeks feedback from consumers less formally. Staff described how they support consumers to be involved in the development and evaluation of their own care to the extent they wish. Management described several methods for consumers to provide feedback, including yearly consumer satisfaction surveys, and informal methods, including the case manager's regular contact with consumers. Consumers are assessed for relevant risks with screening questions as well as a risk matrix. The service has policies, procedures and work instructions to support and guide management and staff to provide a safe and inclusive culture for consumers.

Support workers confirmed information is available to them to provide effective care, with care plans available through the consumer management system. Care managers update support workers following change to consumer condition or needs. Home Care Package budgets are explained to consumers initially to support their understanding, and statements include a simple breakdown followed by more detailed information.

Opportunities for continuous improvement are identified through review of incidents, feedback and complaints, and legislative changes. The service’s continuous improvement plan demonstrated such improvement actions. Monthly reports are provided to the Board concerning financial status.

Workforce governance systems ensure sufficient and competent staff are employed to provide services for CHSP and HCP consumers. All staff have a position description, are supplied with policies and procedures and complete annual mandatory training. The service directly employs support workers to allow for closer oversight of care and service delivery. Regulatory and legislative changes are monitored through membership in the peak provider body and attendance at regular meetings. There was evidence of consideration to feedback and complaints in ongoing quality improvement activities and the services Plan for Continuous Improvement (PCI).

There are effective risk management systems and practices, as evidenced by assessment of the clinical care provided, staff interviews, and documentation review. 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 policy which outlines antimicrobial stewardship, restraint, and open disclosure. The framework outlines the open disclosure process, and there was supporting antimicrobial stewardship, restrictive practices prevention and management policy and procedures to guide staff practice.

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