**Performance**

**Report**

**1800 951 822**

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| Name of service: | Trinder Park Home Care |
| Service address: | 10 Laurel Street WOODRIDGE QLD 4114 |
| Commission ID: | 700850 |
| Home Service Provider: | Lutheran Church of Australia - Queensland District |
| Activity type: | Quality Audit |
| Activity date: | 24 October 2022 to 27 October 2022 |
| Performance report date: | 24 November 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 Trinder Park Home Care (**the service**) has been prepared by M Abjorensen, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* Trinder Park Home Care, 28102, 10 Laurel Street, WOODRIDGE QLD 4114

**CHSP:**

* CHSP - Allied Health and Therapy Services, 4-7ZFK0BN, 10 Laurel Street, WOODRIDGE QLD 4114

# Material relied on

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

* the assessment team’s report for the Quality Audit; 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 18 November 2022

# 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 | **Non-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 | **Non-compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-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 | **Non-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 | **Non-compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

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| 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. | Non-compliant | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant | Non-compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing and preventing incidents, including the use of an incident management system. | Non-compliant | Non-compliant |

# 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

The Assessment Team conducted interviews with consumers/representatives, staff and management and reported the service was able to demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

Consumers/representatives, interviewed by the Assessment Team, described staff as kind, caring and respectful, and staff were able to describe what was important to consumers they provide services. Staff interviewed spoke about consumers in a way that indicated respect and an understanding of their personal circumstances and life journey. Management described the importance of person-centred care. The Assessment Team reported how person-centred care is incorporated into training delivered. For example, staff receive training both online and face to face which relate to the importance of respecting consumers’ culture and diversity.

The service was able to demonstrate they consider and support cultural needs when planning and providing care in consultation with the consumer and representative. Staff are provided with an organisation specific culture pack which includes additional information relating to cultural awareness. The Assessment Team reported staff demonstrated an understanding of each consumer’s cultural identity, describing how they adapt the way care and services are delivered in a culturally safe way. Consumers/representatives interviewed reported staff understand their needs and preferences and that they feel comfortable and safe expressing themselves. For example:

A representative described how staff take into account their family member’s German heritage and their love of reading. The representative reported staff support this consumer to borrow German books and magazines from the local library.

The Assessment Team reported the service supports consumer choice and independence through consumer driven decision making processes. Consumers/representatives reported that they are supported to make their own decisions about the services the consumer receives. Consumers described how the service makes it easy for them to be involved and have whomever they want involved in decision-making relating to care and services. Management and staff demonstrated knowledge, awareness and understanding of consumer choices and preferences and described how each consumer is supported to make informed decisions about their care and services. They described how tasks are undertaken in accordance with individual consumer-identified priorities. Documentation evidenced consumer involvement in decisions about the service they receive, including details for those whom consumers would like involved in their care and services.

The Assessment Team reported the service was able to demonstrate each consumer is supported to take risks to enable them to live the best life they can. Consumers interviewed reported they felt supported to take risks, and staff could describe the process showing familiarity with choices consumers had made. Staff described how they allowed consumers to participate in their care as much as they wanted and provided support as needed. The service has a ‘duty of care vs dignity of risk’ training module for all staff as well as a dignity of risk procedure which supports the consumer’s right to choose activities that enables consumers to live the best life they can. An examples provided by the Assessment Team includes:

The Assessment Team interviewed a consumer who described how the service supported their preference to maintain their independence through continuing outings within the community outings during the height of the COVID-19 pandemic. Management explained how support workers reported this request to the coordinator who engaged the Occupational Therapist (OT) to discuss the potential risks with this consumer. Management advised the service provided this consumer with appropriate Personal Protective Equipment (PPE), hand sanitiser and discussed social distancing, resulting in this consumer choosing to continue shopping during this time to maintain her independence. Evidence of these discussions were sighted in the consumer’s care file.

The service was able to demonstrate that information provided is current, accurate, communicated clearly and in a timely manner, enabling consumers to exercise choice. Consumers/representatives said they consistently received information that was easy to understand and always felt they could contact their coordinator or speak with their support staff if they ever had any questions. For example:

One consumer described how the occupational therapist proactively called them to check whether they had any questions or needed more information relating to their minor home modifications. Another consumer described the service communication during the pandemic was frequent and easy to understand how their services would be provided while ensuring their safety.

The Assessment Team reported the service demonstrated how systems and processes are effective to ensure each consumer’s privacy is respected and personal information kept confidential. Consumers and representatives interviewed by the Assessment Team reported their privacy and personal information is respected and provided examples of how staff practices reassure them of this. Through interviews with the Assessment Team, staff demonstrated an understanding of their responsibilities in relation to maintaining confidentiality and have completed training in privacy and dignity. Observations made by the Assessment Team evidenced how consumer documentation is stored in a locked room and all electronic data is stored on databases which are password protected. The service has also provided staff new backpacks with locks to ensure that any consumer information they carry is secure whilst travelling between clients. The Assessment Team reported consumers are provided with information about the collection, use and disclosure of their personal information in their client pack and are asked to sign a privacy collection statement

# 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. | Non-compliant | Non-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

The service did not demonstrate that assessment and planning consistently inform the delivery of safe and effective care and services.

The Assessment Team reviewed reported consumer care plans reviewed contained insufficient information to inform the delivery of safe and effective care and services.

The Assessment Team provided feedback to the service that several consumer ‘Personal Independence Plans’ were not sufficiently detailed enough to guide staff on how to deliver care and services effectively. Management and staff responded that staff learn to know the needs of the consumers, and they can contact the coordinators if they have any questions about aspects of their care. While, consumers/representatives confirmed that staff know the needs of the consumers well, the Assessment Team reported the current system relies on staff consistency and sampled consumers with known risks did not demonstrate how these inform care and service delivery.

The service provided a list of at-risk consumers to the Assessment Team, including those who present a serious fall risk, are experiencing cognitive decline, or are living with depression. The care plans of these consumers did not always reflect their individual circumstances. For example:

Consumer A was identified by the service as a consumer experiencing cognitive decline. However, care documentation did not reflect cognitive decline nor include further instruction to staff to assist Consumer A. The care documentation included a note ‘nil concerns’ from January 2022 regarding cognitive decline.

Consumer B was identified by the service as a consumer living with depression. Consumer B care documentation does not make reference to depression or how care and services are delivered in relation to the known depression.

In response to the feedback provided by Assessment Team, the service acknowledged this as an area that had previously been identified as an area for improvement.

The Decision Maker noted the service responded proactively to the Assessment Teams’ findings and planned and/or already implemented corrective actions. Additional details and evidence provided by the service in their response, while detailed, on this occasion did not meet and or exceed the threshold required for the Decision Maker to overturn the Assessment Teams’ recommendation. The Decision Maker is confident if the corrective action is followed through with and completed, the service should return to compliance in the near future.

The Assessment Team reported assessment and planning identifies, and addresses, the consumer’s current needs, goals and preferences. While the Assessment team identified inconsistencies in how advanced care planning is recorded in care documentation, the service demonstrated discussions occur as part of care planning and assessment. Consumers and representatives, interviewed by the Assessment Team, confirmed that services generally meet their current needs, goals and preferences. Interviews with staff demonstrated they know the consumers well and can discuss their needs and preferences based on memory. The Assessment Team observed care planning documents that captured the consumer’s current goals and needs. Consumers/representatives reported they have day-to-day control over the services they receive and can openly discuss changes with the service.

The Assessment Team found the service demonstrated assessment and planning occurs in partnership with consumers and includes other organisations or individuals involved in consumer care. The Assessment Team conducted interviews with consumers and representatives who confirmed they participate in the planning and review of services that consumers receive. Consumers and representatives described how the service enables them to exercise choice in line with their needs and preferences. The Assessment Team received feedback from consumers and representatives that assessment and planning makes it easy for consumers to include other individuals involved in their care. Through interviews conducted by the Assessment Team, staff and management demonstrated an appreciation for the consumer’s right to make decisions about their own life. The Assessment Team reviewed consumer care files which evidenced consumers are encouraged to make decisions about their care and services.

The service demonstrated that outcomes of planning and assessment are communicated and shared with consumers, evidenced through file reviews conducted by the Assessment Team and interviewed conducted with consumers, representatives and staff. Consumers and representatives confirmed consumers are provided with a copy of their care plan to keep in the home. Staff confirmed that copies of the consumer’s care plan are available in the home for them to reference. Care workers stated if they are unsure about an aspect of the consumer’s care, they will contact the relevant coordinator to obtain further information. Care plans for sampled consumers document details relevant to sampled consumers, such as their background, medical conditions and requirements, social connections, services, and general preferences.

A review of care planning documentation confirmed that consumer care and services are reviewed regularly, including when circumstances change, or incidents impact the needs and preferences of the consumer. The Assessment Team interviewed staff conducting the reviews and reported staff could describe the process in detail. Review processes include a standardised list of questions to ask the consumer. Consumers/representatives confirmed the service regularly communicates with them about the services they receive and conduct reviews when appropriate. For example:

Consumer B described how they contacted their coordinator to notify them that their husband could no longer administer their medications. Consumer B reported the service responded promptly and arranged additional services, including a registered nurse to administer the medication.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Compliant |

Findings

The Assessment Team collected evidence through interviews and file reviews and reported the service demonstrated personal and clinical care is safe and effective, tailored to each consumers’ needs and optimises consumer health and wellbeing. The Assessment Team received feedback from consumers and representatives describing care delivery as respectful, professional and in line with consumer preferences. Care workers interviewed by the Assessment Team demonstrated they had sufficient knowledge of each consumer’s needs, goals and preferences and could describe how the service ensures care is best practice and tailored to the consumer’s needs. The Assessment Team noted, while care documentation does not always contain detailed care directives to inform the service deliver, evidence collected through consumers, representatives and staff evidence consumers receive safe and effective personal and clinical care that is tailored to their needs.

The service demonstrated how they manage high prevalence and high impact risks through risk assessment processes and communication with staff. The Assessment Team reported the service conducts risk assessments for high prevalence or high impact risks to inform management strategies to minimise risks. Risks identified through these assessments include cognitive decline, pressure injuries and falls. Staff interviewed by the Assessment Team demonstrated knowledge of what risks related to individual consumers and the strategies had been adopted to manage those risks. Whilst care planning documents did not always reflect each consumer’s individual needs and preferences; evidence indicated the service considers risks to the consumers’ well-being and creates strategies to avoid their occurrence.

Consumers/representatives sampled did not discuss palliative care specifically; however, they described how care and services provided to consumers preserve their dignity and maximise their quality of life. Management and staff demonstrated how care and services are adjusted for consumers nearing the end of life. Staff can refer to the service’s ‘End of Life Care Manual’ for guidance. Consumers who are nearing the end of life are encouraged also to seek the advice of their General Practitioner (GP). The service’s RNs confirmed they liaise with the Coordinator during these processes to ensure the consumer’s needs and preferences are met.

The service demonstrated that a deterioration in a consumer’s capacity or condition is recognised and responded to in a timely manner. Management and staff advised that because Care Workers are the ‘eyes and ears’ of the organisation, they are strongly encouraged to report any changes in the condition of consumers. Evidence demonstrated that appropriate action is taken in response to cases where deterioration is identified. For example:

Consumer C had been identified by the service as needing additional assistance with her medication and welfare. Support workers observed Consumer C was becoming confused and struggling to remember to take her medication. In response to this, Support workers were assigned to attend Consumer C’s home for a welfare check every day in addition to their regular care and services. Consumer C’s services have increased and now receives domestic assistance, cleaning, showering, and assistance with her medication. The Assessment Team reviewed progress notes in Consumer C’s care file, demonstrating effective communication about her condition and providing detailed information regarding her welfare.

The service demonstrated, through interviews conducted by the Assessment Team and relevant file reviews, that information about consumer’s conditions, needs and preferences is documented and communicated within the organisation and others where responsibility for care is shared. The Assessment Team received feedback from sampled consumers and representatives, including, that staff know consumer needs, and they do not have to provide direction often which is supported through having consistent support workers. Sampled consumer care files, reviewed by the Assessment Team, evidenced information relating to consumer care and service delivery is recorded in an electronic file. Additionally, the Assessment Team reported staff and consumers both have access to consumer care plans within the consumer’s home. The Assessment Team noted, while detailed information about the consumer’s needs and preferences is not consistently documented, evidence in consumer files demonstrated that information about consumer needs and preferences is clearly communicated throughout the organisation, including internal communication through progress notes and email.

The service demonstrated an effective processes to support consumers with timely and appropriate referrals relevant to their care needs. The Assessment Team reported feedback from sampled consumers and representatives, including, satisfaction with the services provided by organisations they have been referred to. Staff and management interviews with the Assessment Team confirmed that where a need is identified, the service refers consumers to other organisations that may be involved in their care and services. Care planning documents, reviewed by the Assessment Team, demonstrated consultation and referrals occur, in a timely manner, to other service providers, as well as the service’s internal specialists, such as allied health clinicians. Staff reported that if a change to the consumer’s condition is related to personal or clinical needs, the service registered nurse is notified, who will then make appropriate referrals based on relevant assessments.

The service demonstrated how the minimisation of infection related risks is supported through organisational policies, processes, staff practices and relevant training. Consumers representatives provided feedback to the Assessment Team, describing how staff adhere to infection mitigation measures concerning COVID-19, such as wearing Personal Protective Equipment (PPE). The Assessment Team reported staff and management described measures taken by the service to ensure the risk of consumers or staff contracting COVID-19 is minimised. Actions taken by the service to minimise infection related risks, include:

All staff received training on the minimisation of infection-related risks; care workers are provided with sufficient PPE to deliver care and services; consumers are contacted prior to attending their appointments to ensure they do not have symptoms of COVID-19 or flu-like symptoms; staff have been fit-tested to ensure masks fit appropriately; routine cleaning of the service environment and vehicles used; within service centres, PPE is available for both staff and consumers; the service monitors and reports each staff member’s COVID-19 vaccination status; visitors to the service environment must sign in and undergo a temperature check before entering the premises. The service maintains awareness of all state-based health guidelines applicable to community Aged Care services.

# 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

The Assessment Team conducted interviews with consumers, staff and reviewed relevant care documentation which evidenced services delivered support consumers to maintain their quality of life and independence. Feedback from consumers and representatives described the ways their services support their independence and function. Consumers representatives reported the services and support consumers receive help them to maintain their quality of life and independence, examples included, describing cleaning services as contribute to their peace of mind by being able to maintain a clean house. Through interviews conducted by Assessment, staff demonstrated an understanding of what is important to individual consumers and could describe how they help consumers to do as much as they can for themselves if this is their preference. Care planning documents reflected the involvement of the consumer and staff demonstrated an appreciation for the consumer’s right to have control over their care and services.

The Assessment Team reported the service supports consumer emotional and psychological wellbeing. Consumers and representatives provided feedback to the Assessment Team describing how the services consumers receive support their emotional and psychological well-being. Through Assessment Team interviews staff demonstrated an understanding of what is important to the consumer and provided examples of how the service supports the well-being of consumers when they may be feeling low. Examples of how staff provide emotional support included offering consumers a cup of tea, asking how they are feeling, sitting down for a chat and suggesting outings to places a consumer enjoys like eating fish and chips near the water. Consumer care documentation evidences emotional support strategies for one sampled consumer, interventions included taking them for outings and sitting down for a cup of tea and a chat.

The service demonstrated services provided support consumers to maintain social relationships, and participate in activities of interest to them. The Assessment Team reported consumers representatives provided feedback describing how the organisation is flexible in the delivery of services, enabling consumers to participate in the community and do things of interest to them. Care planning documents provide information about each consumer’s background and current interests. For example, a sampled consumer attends a church group each Tuesday. The service provides transport to support the consumer attending this group each week, afterwards the consumer enjoys going for a drive or lunch with their care worker. Care documentation reviewed by The Assessment Team reflects these details.

Whilst consumers and representatives were confident that staff knew their needs well, care planning documents did not consistently capture the needs and preferences of the consumer. However, the Assessment Team reported consumers and representatives confirmed they are satisfied that information about their needs and preferences is shared within the service and with others involved in their care. Consumers and representatives reported that consumers get the same staff most of the time and that those staff have a good knowledge of their needs and preferences. Staff interviewed by the Assessment Team advised that information about the consumer’s care and services is available in the consumer’s home, and if necessary, staff can access this document. Additionally, staff can review all relevant documentation and speak to the coordinator before presenting at the consumer’s home to ensure they are aware of their needs.

The Assessment Team reported consumers and representatives said they are satisfied with the services provided by organisations the consumer has been referred to. Through interviews with the Assessment Team, staff and management could describe the process for referrals to other organisations and individuals involved in the consumer’s care. Staff advised the Assessment Team that if they identify an additional need for a consumer, they will contact the coordinator, who, depending on the nature of the need, conducts a review of the consumer’s care and services. Following the review, referrals are made to other services where required. Staff also described the process for referring those involved in the consumer’s care to other organisations. For example, a consumer raised concerns relating to the functioning of their security door in their home, the service referred to the consumer to an organisation to have this repaired.

Through interviews with consumers, representatives, staff and observations conducted by the Assessment Team, the service demonstrated meals provided are of suitable quality, quantity and variety. Consumers and representatives described they were satisfied with the meals provided by the service. Staff advised the Assessment Team that consumers who receive meals in their homes have choice over what they receive. Consumers who live outside of Trinder Park’s grounds can request meals to be delivered by external services. Consumers who live on the grounds of Trinder Park have the option to receive meals from the kitchen that services the Residential Aged Care Facility. A monthly menu is provided, with each day offering more than one main meal option. If a consumer would not like to receive any of the main meals listed, they have the option to request a sandwich, salad, dessert, or snack food such as a biscuit. The Assessment Team reported meals are transported in a purpose-built transportation buggy containing a hot and cold section.

Where equipment has been provided for consumers to use in their homes, the Assessment Team interviewed consumers and representatives and received feedback that the equipment is suitable and meets their needs. Staff reported they ensure that servicing of the equipment is in line with recommendations in the manufacturer’s guidance booklet. The service engages an occupational therapist to asses consumers for suitable equipment recommendations, based on consumer needs. Occupational recommendations inform the service to arrange consumer equipment. Additionally, during each consumer’s annual care plan review, staff inspect any equipment to ensure it is safe, clean and well-maintained, this includes equipment consumers have purchased independently of their package.

# 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

The Assessment Team visited the service’s allied health centre located below the Trinder Park residential aged care facility, which had consumers present on-site at the time of the Quality Audit. The service environment is welcoming and easy to understand, with access for consumers who experience physical limitations. The service has a space that is sufficient to host the activities conducted on-site. Consumers reported that they are made to feel welcome and comfortable when they are present in the service environment.

The Assessment Team observed the environment consumers are present in. All environments observed were clean and well-maintained. Consumers had free movement throughout the service environment and were observed by the Assessment Team moving freely both indoors and outdoors.

Consumers sampled reported that management and staff maintain the service environment well and that it is always clean. Staff described the process for reporting maintenance issues, which includes contacting the maintenance team at the residential aged care facility.

The Assessment Team observed safe, clean, and well-maintained furniture, fittings and equipment in the service environment. Staff described the process for cleaning equipment and maintaining the service environment. Consumers sampled stated that the service maintains furniture, fittings and equipment well and that it meets their needs. Management described how staff utilise an organisation wide reporting system for any maintenance issues observed on site. Staff were familiar with the system when questioned what they would do if furniture, fittings or equipment required a form of maintenance.

# 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. | Non-compliant | Non-compliant |

Findings

Evidence collected by the Assessment Team through interviews and documentation reviews demonstrated the service supports and encourages consumers and representatives to provide feedback and make complaints. Consumers and representatives provided feedback to the Assessment Team which evidenced an understanding of how to provide feedback or make a complaint within the service. Consumers and representatives advised the Assessment Team they would generally provide feedback by speaking directly to staff and felt very comfortable to do this. Interviews with management and staff described the ways they support consumers and representatives to provide feedback, including ensuring staff carry feedback forms to record feedback, and through consumer and representative participation in annual consumer engagement surveys. The Assessment Team reported an information pack is provided to consumers and representatives which contains details on feedback systems and the different ways to provide feedback. Within consumer service environments, feedback posters and forms are accessible for consumers with a locked box accessible for feedback forms.

The Assessment Team reported the service has not demonstrated that all consumers and representatives are aware of and have access information relating to advocacy, translation services and external complaints. Additionally, consumers interviewed could not describe how to contact the Aged Care Quality and Safety Commission, information shared with consumers through newsletters does not contain information on external avenues for complaints and newsletters are not received by consumers living in the organisation’s retirement village.

However, the Decision Maker noted the service responded proactively to the Assessment Teams’ findings and evidenced already implemented corrective actions, including, sending a letter to all consumers with information on advocacy, translation services, internal and external complaints. Additional planned corrective actions include review of existing documents to improve how this information is shared with consumers and representatives. The Decision Maker is confident the current completed corrective action, in addition to those scheduled, is sufficient to overturn the Assessment Team recommendation to make a decision for compliance for this Requirement.

The Assessment Team reported consumers and representatives who have raised concerns reported the service responded appropriately, in a timely manner, and changes were made to their individual service. Through interviews with the Assessment Team, management and coordinators were able to provide examples of where open disclosure was exercised in relation to the complaints and feedback process. For example, following an error on consumer financial statements, the service called each consumer to explain what went wrong, offer an apology and described the steps the service would take to amend the error. Additionally, a letter was posted to consumers reiterating the information provided over the phone.

The service did not demonstrate that all complaints and feedback are documented. As a result, the service’s ability to review and analyse this information and identify trends to improve the quality and care of services is limited. The Assessment Team reported inconsistencies in how complaints are recorded, coordinators advised that if a complaint is received in writing it will be documented on the complaints register, however if a consumer phones the service and the issue is resolved immediately it is less likely to be documented on a form or register. The Assessment Team reviewed the complaints register and reported broad statements referring to multiple complaints without further information on the impact on the consumer. These complaints do not identify the names or number of consumers impacted, the frequency this has occurred or period of these complaints have been received.

Additionally, the improvement register does not identify if these improvements have been informed through feedback and complaints. The Assessment Team reviewed a range of meeting agendas and minutes including team meetings, organisational meetings, and quality of care committee reports which did not demonstrate analysis of complaint trends to inform continuous improvements to the care and service delivered to consumers.

The Decision Maker noted the service responded proactively to the Assessment Teams’ findings and evidenced already implemented corrective actions, including, meeting with staff to communicate complaints processes and expectations on capturing feedback to inform improvements. On this occasion, additional time is required to demonstrate whether the corrective actions translate to consumer feedback being used to inform care and service improvements. As such, the response does not exceed the threshold required for the Decision Maker to overturn the Assessment Team recommendation. However, the Decision Maker is confident if the corrective action is followed through with and completed, the service should return to compliance in the near future.

# 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

The service demonstrated the workforce is adequately planned and equipped with numbers and skillset to deliver care and services. Management reported there are sufficient staff to cover any periods of staff leave and there have been no unfilled shifts in the last month, confirmed by rostering staff. Consumers and representatives reported to the Assessment Team that their services occur as scheduled, and they are satisfied the workforce is sufficient to ensure they receive their services in accordance with their individual needs and preferences. Consumers reported staff generally arrived when expected and if they are going to be late, they are notified. Management and staff described having sufficient time and information to deliver safe and quality care and services.

Through interviews conducted by the Assessment Team with consumers and representatives and received provided positive feedback in relation to their interactions with the workforce. Feedback from sampled consumers described staff as kind, caring, friendly and patient. Through interviews with management and staff the Assessment Team observed consumers were discussed with familiarity, kindness and care.

Consumers and representatives expressed confidence in management and staff. Whilst not all information was captured during the assessment phase, consumers stated they felt the staff knew what they were doing and said the consumer’s care and services are delivered in accordance with their individual needs and preferences. For example, management reported qualifications and knowledge requirements for each role guides the recruitment process. The Assessment Team reported the service monitors qualifications and competencies to ensure staff remain up to date. Processes to monitor Australian Health Practitioner Regulation Agency (AHPRA) registrations, criminal history checks, vaccination records, driver’s licences, infection control competencies and medication competencies.

The service demonstrated how recruitment and orientation processes support staff and mandatory training equip staff with the knowledge required to deliver safe and effective care and services. Consumers and representatives interviewed by the Assessment Team reported staff knew what to do when providing care. The service identifies training needs through consumer feedback, staff meetings, observations and performance reviews. The Assessment Team reported management and staff described the recruitment and orientation process include buddy shifts for staff when they first commence. Staff reported they have received training and guidance and felt supported to undertake their duties safely and efficiently. Management described how the service supports clinical staff to attend educational sessions to ensure their knowledge is current and they are providing care in line with best practice. The Assessment Team reported management and staff complete mandatory core training which has a focal topic each month for example medications, behaviours, person-centred care and reporting; and also have access to online training. The Assessment Team reviewed evidence of training delivered and reported staff receive training on the Aged Care Quality and Safety Standards, mandatory incident reporting, infection control, open disclosure, privacy and dignity and spiritual care of consumers. The service delivers training online and competencies. Competencies, including manual handling, donning and doffing of PPE, are delivered face to face.

The performance of staff is monitored annually through a performance appraisal process. Performance appraisals for allied health, support workers and coordinators were completed within 12 months. The Assessment Team conducted interviews with management where they described how performance concerns with individuals are managed in accordance with the severity of the concern. Management described how they monitor the performance of brokered staff through regular reviews and from consumer feedback. For example, management provided an example of receiving negative feedback from one of their contracted yard maintenance companies. With further review, and based on feedback from other consumers, this company’s contract was terminated.

# 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. | Non-compliant | Non-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 expressed satisfaction with the quality of the service and said they have input as to how the service is delivered to meet their diverse needs. The Assessment Team conducted interviews with consumers and representatives and provided examples of where they have provided feedback to the service, including through surveys and speaking to staff and management directly. Consumers receiving care through the allied health centre discussed their opportunity to provide feedback through feedback boxes in the reception area or via the receptionist. Management advised that support staff carry feedback forms for when informal feedback is offered, and the service seeks formal feedback from consumers and representatives through annual surveys.

The Assessment Team collected evidence through management interviews and document reviews and found the governing body is accountable for the delivery of a culture of safe, inclusive and quality care and services and remains informed through formal governance, leadership and reporting pathways at the service level. The chairperson for the Lutheran Services Council (the Council) described how they engage in an ‘immersion program’ where members of the Council tour each of the services to get ‘first-hand information’. As part of the immersion program, which commenced started prior to the COVID-19 pandemic, the Chairperson stayed overnight in the co-located residential aged care service and has now expanded this to include immersion with home care and allied health services.

Management advised they are actively identifying potentially vulnerable consumers, utilising coordinator assessment processes, ensuring support workers are aware of their reporting responsibilities and encouraging staff to report changes as soon as they are identified. The governing body satisfies itself that the Quality Standards are being met through feedback and complaints mechanisms and consumer surveys. The HCP and CHSP coordinators, and the quality officer, provide a monthly report to the service manager who reports to the general managers, which is progressed through to the executive lead, chief executive officer and the Council. Reports include information on incidents, feedback and complaints, and policies and procedures.

Through evidence collected by the Assessment Team, the service demonstrated effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, feedback systems and regulatory compliance. For example:

The workforce has access to information to help them in their roles and the consumers and representatives can access information about their care and services; continuous improvement systems and processes in place to improve the quality and safety of services delivered to consumers.

The service has a continuous improvement plan that documents issues identified for improvement, planned actions and planned completion dates. The Assessment Team provided examples of continuous improvement activities relating to staff access to policies and procedures and medication assistance training delivered for staff.

The service has financial governance systems and processes to manage the finances and resources required to deliver a safe and quality service. This includes providing consumers with individual monthly statements and having processes to manage unspent funds.

Management and staff are provided with a job description and have a clear understanding of their roles and responsibilities. The service supports and develops its staff to deliver safe and quality care and services.

Management receives updates from relevant regulatory bodies through the support centre (head office). Information is distributed to staff, and consumers as appropriate. Policies and procedures are updated on the intranet to reflect legislative or regulatory change, as necessary and staff are emailed notification of the update.

The service has demonstrated effective systems and processes to utilise the feedback provided and use it to improve outcomes for consumers. With improved documentation of complaints, this system will become more robust.

The service demonstrated adequate risk management systems for high impact/high prevalent risks including preventing the abuse and neglect of consumers and supporting consumers to live the best life they can. The Assessment Team reported subcommittees meet regularly to review financial and risk management issues and the organisation has a risk management framework and policies and procedures to guide staff and management practices in identifying and responding to risk. Additionally, management could describe the high impact or high prevalence risks associated with the consumer cohort and maintains an emergency priority register for HCP and CHSP consumers who may need to be evacuated in the event of an emergency. The Assessment Team reported changes in consumer well-being or identified deterioration is recorded and responded to with the relevant coordinator and consumer and/or representative. The service has a policy for responding to abuse, neglect, harm and exploitation. Staff have received training in their duty of care and also have information relating to duty of care, abuse and neglect in their staff manual.

However, the service did not demonstrate how incident management systems function to record and respond to incidents, or specifically the incident management system effectiveness in preventing and managing incidents due to inconsistencies in documenting incidents. The Assessment Team reviewed the incident register and reported one incident recorded over the 2022 period. Additionally, the Assessment Team identified an incident which occurred on 14 September 2022 which was not recorded. Interviews with staff evidenced inconsistent practice on whether an incident is recorded. The Assessment Team reported management acknowledged that this is an area of improvement and have provided an improvement report to conduct training sessions with all staff to ensure appropriate understanding of hazard and incident reporting requirements.

The Decision Maker noted the service responded proactively to the Assessment Teams’ findings and evidenced already implemented, and planned, corrective actions, including, training delivered to staff and incident monitoring procedures. On this occasion, additional time is required to demonstrate whether the corrective actions translate to an effective incident management system, as such the response does not exceed the threshold required for the Decision Maker to overturn the Assessment Team recommendation. However, the Decision Maker is confident if the corrective action is followed through with and completed, the service should return to compliance in the near future.

The service provides clinical care and has a documented quality of care framework which includes policies and procedures relating to antimicrobial stewardship and a framework and training modules for open disclosure.

The quality-of-care committee reviews clinical incidents, community service medication incidents, restrictive practices and quality improvements. Consumers who may be at high risk are identified through this process and strategies for the care and delivery of services is discussed with the service management.

Through interviews conducted by the Assessment Team staff described strategies to minimise infection risks including adherence to hand hygiene practices, appropriate donning and doffing of PPE, and prompt identification of infection-related symptoms. The Assessment Team reviewed training records relating to open disclosure and the open communication policy which details the principles of open disclosure. Interviews with staff and management evidenced their understanding of open disclosure principles.

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)