**Performance**

**Report**

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| Name: | Violet Town Community Care Service |
| Commission ID: | 300080 |
| Address: | 46 Cowslip Avenue, VIOLET TOWN, Victoria, 3669 |
| Activity type: | Quality Audit |
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| Performance report date: | 8 February 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: 144 Violet Town Bush Nursing Centre Inc  
Service: 19040 Violet Town Community Care Service  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8623 Violet Town Bush Nursing Centre Inc  
Service: 25487 Violet Town Bush Nursing Centre Inc - Community and Home Support

**This performance report**

This performance report for Violet Town Community Care Service (**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 described how consumers are respected and valued as individuals. Consumers are informed about their rights and a code of conduct supports staff to maintain consumer dignity and respect. Staff were familiar with the cultural backgrounds of individual consumers and confirmed participation in cultural diversity training. The service has access to an interpreter service as well as strategic plans reflecting a commitment to inclusive services.

Consumer information packs provided on commencement with either a HCP or CHSP funded program, include information detailing the rights and choices of consumers in planning their services as well as the Charter of Aged Care rights. Consumer accounts reflected their ability to contribute to decision making and choices in care.

Staff described support and assistance measures to ensure consumers are as safe as possible while living their best life. Care documentation reflected individual consumer risks and vulnerabilities, as well as individualised strategies to mitigate identified risks. The service has established systems to enable a balanced approach to risk management. A ‘supporting client choices’ framework, wellness and reablement approach provides support for consumer to take risks.

Consumers confirmed timely and clear information from the service is received including hard copies of care plans, invoices for services and monthly statements detailing services provided. Information packs for HCP and CHSP programs are provided to consumers, regular newsletters are distributed and managers make monthly contact to confirm understanding of the information provided.

Information is provided to consumers in both HCP and CHSP information packs informing consumers and representatives about the service commitment to maintaining privacy and confidentiality. Consent to share information is obtained and the service has a health information privacy policy and guidelines and an information security policy.

# 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.

HCP assessment and planning occurs through an onsite home visit, while CHSP assessment and planning occurs predominately over the telephone and with input from staff following commencement of services. Care planning documentation demonstrated consumer needs, goals and preferences were captured and included records of advance care planning discussion.

Consumers and representatives confirmed their involvement in assessment and care planning. Where consumers had consented, strong partnerships between the service and family members were demonstrated. Representative accounts reflected communication and coordination of care, as well as collaboration with external brokered allied health professionals. Management described working in partnership with consumers and other organisations to ensure evolving needs and preferences are met.

Care workers explained when they receive a booking, case managers contact them to provide information related to the care required. This information is also communicated by email, along with a copy of the consumer care plan. Management described the structured schedule of consumer care review in circumstances such as post incidents, following a hospital admission, allied health input and on request by the consumer or representative.

# Standard 3

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

Findings

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

Consumers and representatives expressed satisfaction with the personal care they receive. Care workers interviewed discussed how they support consumer personal care needs which are reflective of consumer care plans. Case managers explained each consumer is assessed based on their needs and a suitably qualified support worker is assigned. Where clinical or complex care needs are required, there is a process to support consultation with the consumer and representative to collaborate with other specialised and/or brokered service providers. The Assessment Team reviewed care documentation and confirmed with consumers the individualised care needs and supports in place including where monitoring and treatment of wounds were required.

The service has a systematic process of escalation where high-impact, high-prevalence risk is identified. High risk consumers are monitored by the service through welfare checks and assessment reviews following hospital discharge and/or changes in health or function. Case managers explained that the service has an incident management process which includes the reporting, documentation and investigation of incidents that occur during service delivery. Care mangers are responsible for incident management and notification to the Serious Incident Response Scheme (SIRS) where appropriate.

The service assists consumers who wish to receive palliative care at home with palliative care supports and has an end-of-life policy to guide staff practice. This was confirmed by a consumer account reflecting the services assistance in accessing palliative care. Care workers described how changes in consumer clinical and personal care needs are reported to case managers immediately. The service has a ‘Stop and Watch’ policy which outlines early signs of clinical deterioration with step-by-step emergency responses. The office is also available to assist staff with any concerns they may have. Case managers described collaborating with consumer representatives, external health professionals, pharmacies, and various organisations. Evidence in care documentation reflects information is appropriately communicated to others involved in care. Where external brokered services are utilised, the schedule of service and all communication is entered into the consumer's care file to coordinate care effectively.

A service agreement is in place with a nursing agency to support consumers needing clinical care or medication oversight and can be implemented via a referral. Case managers explained how they diarise alerts to follow up with referrals sent on behalf of the consumer. There was evidence of referral to allied health services to assist with purchase of equipment and exercise sessions to maintain independence.

Care workers confirmed completion of infection prevention and control training and described the use of Personal Protective Equipment (PPE). Case managers explained consumers and care workers who are experiencing viral symptoms will notify the service to make other arrangements for scheduled services. Clinical staff also complete mandatory annual training in antimicrobial stewardship and general practitioners are aware of prescribing parameters.

# 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 confirmed they receive services to support daily living activities which enhance their well-being and quality of life. This was reflected in consumer accounts demonstrating the additional assistance provided to maintain independence through access to exercise programs and participation in preferred activities such as cooking and craft at home.

Care planning documentation and the service’s risk assessment form contains details of the emotional needs of consumers, as well as support goals for consumers experiencing low mood or depression. Care workers demonstrated awareness of individual consumer lifestyle and preferences which focus on capability and engagement and inform the basis of the care plan. There was evidence of consumer collaboration to establish meaningful activities consistent with former routines and hobbies.

Case managers explained they discuss reports from external service providers with the consumers and care plans are updated accordingly. Consumers and representatives confirmed they actively participate in discussions about necessary referrals and can specifically request services when required. Case managers identify the need for consumers to receive care and services from other organisations, maintenance personnel, and/or health practitioners as part of the ongoing review and assessment process.

Consumers and representatives provided positive feedback about the meals provided at the centre-based day therapy service. Consumers and representatives were also satisfied with the food provided from the service kitchen, and when prepared in the home by care workers. Care workers said they check the care plan and confirm preferences and risks with food preparation. Care planning reflects the allergies, serving size and any other food risks of consumers.

Care planning documentation demonstrated processes for the appropriate and timely referrals of consumers related to equipment support for daily living. Clinical and care staff said they perform safety checks on consumer equipment regularly and report any issues.

# 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 spoke positively about the day therapy service environment including the service’s gym, physiotherapy clinic and social group. The Assessment Team observed the service environment and noted consumers attending the day social group, enjoying activities, having meals and using gym equipment.

There was evidence of a weekly cleaning schedule for the home care allocated areas of the service. The service runs a minibus with room for storage of assistive equipment such as four-wheeled walkers and a motorised wheelchair lift to assist consumers in transfers. Management provided certificates reflecting roadworthiness and mechanical body works inspections that occur annually. Consumers confirmed the environment and minibus was always clean and comfortable.

# 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 described providing the consumer handbook with complaints and feedback information to consumers receiving the HCP and CHSP funding. A complaints and feedback form is also provided during the intake or initial assessment process and, at least monthly, welfare checks are carried out to allow consumers and representatives to provide feedback. HCP consumers receive an annual survey requesting feedback on their services and CHSP consumers are asked for feedback following activities and during monthly consumer meetings.

The welcome pack and home care contract include the aged care rights, complaints procedure and advocacy resource contact information. The service has an interpreter service process that refers staff to language resources.

Consumers and representatives were satisfied with how complaints were managed at the service. A review of documentation demonstrated the service is taking appropriate action in response to complaints and has an open disclosure process. There was evidence of improvements related to consumer feedback and actions taken by the service to improve the recording and trending of all feedback related material through modifications to the electronic system.

# 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.

Care workers confirmed adequate time was allocated to complete required tasks and attend regular consumers. Management advised that there was 1 unfilled shift for HCP consumers within the last month, and notification is provided to consumers where there are staffing changes. 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 frames.

Consumers and representatives were satisfied staff were competent and skilled to effectively perform their roles. Management described examples where they have provided staff according to consumer request and cultural background. Care staff have their own Australian Business Number (ABN) and are subcontracted via the case management team. Case managers regularly communicate with consumers seeking feedback on the care provided by subcontractors, particularly following their first shift and during care plan reviews.

Recruitment for staff takes place via local agencies. Individual key personnel, initial suitability and annual suitability checklists had been completed and reviewed annually for permanent staff. There was evidence of mandatory training and monitoring of the online platform to ensure brokered services have completed education requirements. The Assessment Team reviewed an appraisal flowchart and completed staff appraisals. Brokered staff confirmed they have regular check-ins and mini-performance reviews with case managers for ongoing training, competency checks and support.

# 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 demonstrated it has effective systems to engage consumers and representatives in the planning, delivery and evaluation of care, lifestyle and services. Consumers and representatives said they are engaged in care planning and service provision, are kept informed of any changes at the service, and confirmed they are invited to provide feedback through surveys, consumer meetings and telephone reviews.

There is a suite of policies, procedures and work instructions to support and guide management and staff to provide a safe and inclusive culture for consumers and stakeholders. The Board is informed of vulnerable consumer concerns, funding and care needs to ensure accountability in the delivery of quality care and services. The service has implemented emergency plans including fire and flood risk emergency responses. Consumers are assessed with screening questions through a risk matrix tool and included on the service register if vulnerable. Individual emergency plans are implemented during emergencies and alerts are added to consumer files where a risk has been identified.

The service demonstrated effective governance systems related to information management, continuous improvement, financial and workforce governance and regulatory compliance. Staff demonstrated understanding of the policies and processes that supported each of the governance systems. Regulatory compliance is maintained through monthly updates and contact with service industry advisory groups. Changes are communicated to staff through meetings, emails, and newsletters. The services quality improvement register demonstrated improvement activities are identified from various sources, actions are taken and evaluated following completion.

Risks are reported, escalated, and reviewed by management at the service and organisation levels. Staff demonstrated understanding of the service’s reportable incident system and described their responsibilities based on their position. Staff have completed training in SIRS. Management is aware of its reporting responsibilities in relation to reportable and non-reportable events and appropriate registers are maintained. The Assessment team reviewed service provider agreements outlining the responsibilities of brokers, reportable incidents obligations and how to report concerns to both the service and the Aged Care Quality and Safety Commission.

There is an effective clinical governance framework including antimicrobial stewardship, minimising the use of restraint and open disclosure policies and procedures. Management described their understanding of clinical governance responsibilities and sub-contracted care workers stated they are aware of the service’s policies, including the use of restrictive practices.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)