**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Woden Community Service Incorporated |
| Service address: | 50 Easty Street PHILLIP ACT 2606 |
| Commission ID: | 200947 |
| Home Service Provider: | Woden Community Service Incorporated |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 4 April 2023 |
| Performance report date: | 1 May 2023 |

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 Woden Community Service Incorporated (**the service**) has been prepared by A. Grant, 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

**CHSP:**

* Personal Care, 4-7Y2RGEY, 50 Easty Street, PHILLIP ACT 2606
* Domestic Assistance, 4-7Y2RGKU, 50 Easty Street, PHILLIP ACT 2606
* Transport, 4-7Y2RGHR, 50 Easty Street, PHILLIP ACT 2606
* Social Support - Individual, 4-7Y2RGQG, 50 Easty Street, PHILLIP ACT 2606
* Social Support - Group, 4-7Y2RGNN, 50 Easty Street, PHILLIP ACT 2606

# Material relied on

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

* The assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others.
* The provider’s response to the assessment team’s report received 21 April 2023.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Not applicable |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Not applicable** |
| **Standard 4** Services and supports for daily living | **Not applicable** |
| **Standard 5** Organisation’s service environment | **Not applicable** |
| **Standard 6** Feedback and complaints | **Not applicable** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **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.

|  |  |  |
| --- | --- | --- |
| 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. | **Non-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. | **Non-compliant** |

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | 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. | **Not applicable** |
| 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. | **Not applicable** |
| 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. | **Not applicable** |
| 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. | **Not applicable** |
| 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. | **Non-compliant** |

Findings

In respect to Requirement 2(3)(e) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response on this occasion did not meet and/or exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”.

The service was not able to demonstrate that services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. Care planning documentation viewed for sampled consumers showed that these were not always effectively identifying risks or changes to consumers, including following incidents or when circumstances changed. Of the 8 sampled consumers interviewed, none of them could recall the service engaging them regarding a review of their care plan.

Management could not confidently indicate they had oversight of their current consumer cohort. The service could not demonstrate they are effectively monitoring care and services being provided or reviewing consumers after a change in circumstance. Confirmation of this statement was provided in email correspondence to the Assessment Team regarding identified inconsistencies with CHSP consumers.

The Assessment Team requested care plans and documentation for 8 consumers of those 8 consumers, only 4 were provided. In respect to Consumer A the service was unable to provide Consumer A’s care plan as it was stored in the previous computer system, they no longer have access to. Management provided supplementary ‘case notes’ snapshots which were screenshots extracted from a single screen, limiting Assessment Team investigation.

The service acknowledged it does not have an effective system to monitor upcoming reviews and have not implemented any strategies to remedy this since the Quality Audit, at this stage, citing the service is transitioning its consumer lists to a new system.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | | 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** |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | **Not applicable** |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | **Not applicable** |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | **Not applicable** |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | **Not applicable** |

Findings

The service was able to demonstrate that 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 services. Consumers said that their services are generally delivered as planned, and they receive continuity of services by regular staff. Staff interviewed confirmed they are providing continuity of care and services to consumers.

Three consumers confirmed that care and services are generally provided as planned by regular staff who know their needs and preferences, so they do not have to repeat information. Consumers interviewed confirmed that when a shift is cancelled the service reschedules the shift to a time that suits the consumers. Staff interviewed confirmed they have sufficient time to provide to provide quality care and services. Documentation provided to the Assessment Team indicated 8 shifts being cancelled due to the regular worker being sick, however the services were rescheduled for the following week.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | **Not applicable** |
| 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. | **Not applicable** |
| 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. | **Non-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. | **Not applicable** |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | **Not applicable** |

Findings

In respect to Requirement 8(3)(c) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response on this occasion did not meet and/or exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”.

*Information management:*

The services management acknowledged that it is transitioning its consumer lists from multiple systems to consolidate into one system. As of April 2023, this has not occurred. The Assessment Team identified information gaps in their consumer captured data, including:

* Deceased consumers still listed as current CHSP consumers.
* CHSP to HCP transitioned consumers still identified as receiving CHSP services.
* Multiple and inconsistent consumer lists, with acknowledgement by management they are unable to provide accurate CHSP consumer numbers and services being received due to the transition of information across systems, at the time of this audit.

*Continuous improvement:*

The organisation was not able to demonstrate an effective continuous improvement system and processes in place to assess, monitor and improve the quality and safety of care and services provided by the service.

Management did not demonstrate that a plan for continuous improvement was implemented to address identified non-compliance at the Quality Audit in November 2022. The CEO Board Reports -October 2022 to April 2023 documents the 3 areas that were identified as not met and lists these as ‘staff shortages, plans to combine our client management systems and ensuring client review processes are up to date’ it states that ‘all these areas were addressed prior to the audit and are in our continuous improvement plan. ‘The Assessment Team reviewed 2 continuous improvement plans and noted there is no documented strategies to address the reviews of consumers care and services or staffing issues within these plans.

*Workforce governance, including the assignment of clear responsibilities and accountabilities:*

The organisation has policies and procedures in place in relation to workforce governance, however management acknowledged impacting attrition rates adversely affecting retention of core staff in its aged care service delivery and additional responsibility accountability. The Aged Care Team Leader advised they are operating in an acting capacity, with limited oversight, with current recruitment drives to permanently fill positions currently vacated.

The Assessment Team viewed the Organisation Hub Document identifying areas of responsibility and status, with many areas overdue (in some instances over 4 years) for review and updating, including:

* Governance and Communication Overview
* Performance Management Policy and Procedures
* Legislative Compliance Register
* Policy Development Process
* Supporting Positive Behaviours and Reducing Restrictive Practices Policy and Procedures
* Fact Sheet on Restrictive Practices

The Assessment Team observed the services Aged Care Staff Training Matrix, and noted aged specific training not being provided to its service delivery staff in key areas including Serious Incident Response Scheme (SIRS) and dementia.

*Regulatory compliance:*

The organisation was not able to demonstrate effective systems and processes in place to support the services to meet regulatory requirements in respect of the CHSP and Aged Care Quality Standards.

Management advised they received information on program and legislative changes through emails from funding bodies and Australian Government websites, and these changes are communicated to staff via emails, staff meetings and education. However, the Aged Care Staff Training Matrix did not include training related to SIRS or the Code of Conduct. Staff interviewed did not recall education regarding SIRS. The Incident Report Register as of April 2023 did not include information regarding reportable incidents for SIRS. The service does not have policies or procedures relating to SIRS.

*Feedback and complaints:*

The organisation was not able to demonstrate that there are effective systems and processes in place to monitor, analyse and use feedback and complaint data to improve the quality of care and services, in alignment with the Quality Standards.

The organisation did not have processes in place to enable appropriate review of feedback received from consumers or identifying any improvements that can be made as a result of feedback and complaints.

The Board Complaints and Feedback Report documents between September 2022 to February 2023, three complaints. Two regarding cleaning services, and one regarding transport. While the document notes that all complaints were responded to and resolved within 20 days, there is no further information regarding trends or actions taken to drive continuous improvement.

The organisations Policy and Risk Officer acknowledged that shortfalls existed in information capture and action as a basis for continuous improvement.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)