**Performance**

**Report**

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| Name of service: | Wongaburra Society |
| Service address: | 210 Brisbane Street BEAUDESERT QLD 4285 |
| Commission ID: | 700096 |
| Home Service Provider: | Wongaburra Society |
| Activity type: | Quality Audit |
| Activity date: | 26 June 2023 to 28 June 2023 |
| Performance report date: | 31 August 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 Wongaburra Society (**the service**) has been prepared by M Cooper, 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:**

* Wongaburra Society, 18445, 210 Brisbane Street, BEAUDESERT QLD 4285

**CHSP:**

* Community and Home Support, 23862, 210 Brisbane Street, BEAUDESERT QLD 4285

# 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

# 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 | **Not applicable as not all requirements have been assessed** |
| **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

The Assessment Team reports that when interviewed consumers or their representative said that staff treated them with dignity and respect. The Provider has implemented training for its staff and has policies in place to guide them in treating consumers in a dignified and respectful manner. The Provider said that consumers who have specific needs are identified so that care can be designed to ensure their needs are met. A review of care planning documentation reflected the diversity of consumers at the service and it was noted that staff consistently speak about consumers in a way that indicated interactions are respectful and an understanding of the consumers personal circumstances.

Care and services are provided in a culturally safe manner as the Provider records consumer’s preferences during the initial meetings at which time culturally significant celebrations noted and celebrated when appropriate.

Consumers or their representatives said they were supported to make their own decisions in relation to the services they receive. Staff also provided examples of how services are delivered to meet the needs and preferences of individuals. The Provider also demonstrated knowledge, awareness and understanding consumer choice and preferences with a review of documentation evidencing consumer involvement in decisions about the services they are to receive.

The Provider’s assessment and planning processes includes identification of risks and in discussions with consumers an explanation of the risks and possible consequences is included. When a consumer chooses to be involved in an exercise that has an element of risk staff will discuss this with the consumer with the view of minimising that risk.

The Provider is supplying information that is current, accurate, timely, clear and easy to understand. Consumers or their representatives said with the information supplied they can make decisions as to what activities they can do and what options are available to them. Clinical staff provide a verbal explanation of care and services available, assessment and care planning process, feedback and complaints and advocacy about their rights and responsibilities.

The Provider maintains consumers privacy and confidentiality by limiting information in relation to the consumers to those staff who needed to know. Staff are aware of their surroundings and do not discuss consumer information outside the relevant work environment. Consumer records are secured electronically and password protected. The records include informed consent from the consumers to share information with relevant parties.

Based on the information summarised above, I find the Provider, in relation to the Service, compliant with all Requirements in Standard 1.

# 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

The Provider undertakes a range of assessments when consumers enter the service and these are reviewed periodically or when changes occur. Consumers or their representatives said they received the care and services they need and are involved in and have a say in the care planning process. Case managers are Registered or Enrolled Nurses and described the comprehensive initial assessment process including a checklist which outlines the required assessments and tasks to be completed.

Consumers or their representatives said that they have day-to-day control over the services they receive. Staff stated that they understand what is important to consumers through regular conversation, interaction with consumers or their representatives and care plan reviews. Care plans are reviewed and individualised so that there is sufficient detail to facilitate the consumer needs. There is evidence that advanced care planning has been raised with consumers.

Clinical staff described how they work in partnership with consumers, their representatives or other organisations including general practitioners and allied health professionals. When interviewed consumers or their representatives said that they participate in the planning and review of services. Documentation evidenced that consumers or their representatives have been involved in the planning of services and annual reviews.

The Provider utilises electronic customer service plans that are accessible to staff with consumers or their representatives being provided with a copy of the plan that is kept in their home. Consumers or their representatives said staff regularly communicate with them about services they receive and make changes to meet their current needs. A review of care planning documentation showed that plan reviews were conducted on a regular basis or when circumstances changed. Management confirm that care plans are reviewed at least annually but more often for consumers with complex care needs.

Based on the information summarised above, I find the Provider, in relation to the Service, compliant with all Requirements in Standard 2.

# 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 Provider is tailoring the clinical care that consumers are receiving to their needs through the use of a flexible service delivery model. Consumers or their representatives said that staff know what they're doing and they feel safe and supported. When interviewed staff provided examples to indicate they have a good understanding of each consumer's needs, goals and preferences in relation to the care that they are receiving. The Provider said staff work within their scope of practise with new care staff being required to complete 5 days of work experience prior to completing buddy training with clinical staff. Consumer files include care plans, progress notes and other documentation to reflect the individualised nature of the plan and that is has been tailored to the specific needs and preferences of the consumer. Support is also provided to the staff in the form of policies, procedures and best practise resources.

The Provider has processes in place to identify and monitor risks and adjust practises accordingly. Risk assessments are undertaken for high impact or high prevalence risks such as falls, infection, pressure injuries and medication management. Staff could describe the risks to individual consumers with this information being reflected in care planning documentation.

When interviewed consumers or the representatives did not specifically speak in relation to palliative care. However clinical staff could describe the way care and services are adjusted for consumers nearing end of life, including conversations with representatives, Doctors and relevant medical professionals. Care planning documentation demonstrated the Provider has appropriate processes in place to identify support consumers nearing end of life.

Care planning documentation identified that the Provider has processes in place to support staff in identifying and notifying others of changes in a consumers condition. Consumers said that when they had experienced deterioration or a change in their condition this information was identified, reported and followed up with appropriate referrals being arranged as required.

A review of care planning documentation demonstrated that notes, focused assessments and care plans provide adequate information to support effective and safe care. Consumers or their representatives stated that staff know the consumers’ needs as they generally have the same staff member providing services to them.

Clinical staff provided examples of how allied health professionals are engaged in response to changes in consumer needs. Care planning documentation demonstrated referrals to allied health professionals and other service providers occurred when appropriate and in a timely manner.

When interviewed staff could demonstrate they have an understanding of the practical ways to minimise the transmission of infections and understand what signs may indicate infection. Consumers or their representatives reported that they have been kept up to date by the Provider in relation to COVID-19 and any impact upon the services that they are receiving. The Provider has developed an infection control policy and screening processes for staff to undertake prior to providing services to a consumer.

Based on the information summarised above, I find the Provider, in relation to the Service, compliant with all Requirements in Standard 3.

# 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 Provider encourages consumers to stay active to maintain their physical independence. If additional services are required the consumer is referred back to the My Aged Care portal where allied health and therapy professionals can provide exercise routine and recommend equipment or home modifications. Staff could describe what is important to individual consumers and how they help the consumer to do it as much as they can for themselves. Planning documentation has recorded individualised services an includes these supports to be provided and details the way in which they are to be provided.

Staff were able to describe how they have supported the emotional, psychological and spiritual well-being of consumers with care planning documentation identifying information about each consumers’ needs. Consumers or their representatives agree that their well-being is being looked after.

Consumers or their representative said that they have had opportunities to build and maintain relationships and pursue activities of interest to them with care workers willing to take them wherever they wish to go for their social support services. Care staff could demonstrate that they know which relationships are important to their consumers, such as family and friends or the social activities they enjoy.

Consumers said that they are satisfied that information about their care and services are share within the service and with others who are involved in their care. The Provider produced information in relation to consumer’s conditions, care needs and preferences that can be communicated both within the service and with others where responsibility is shared. This is supported by policies that the Provider has developed on information sharing.

Consumers or their representatives recalled that referrals had been made to occupational therapists, podiatrists and physiotherapy and that the referrals were made in accordance with their needs and always with their permission. Care staff said they have frequently contacted the clinical team regarding consumers’ increasing needs. The consumers files included information such as referrals and assistance to access other services.

The Provider cooks fresh meals that can be delivered daily or frozen and options are also available. Consumer assessments include discussions on the consumer's nutritional needs and capacity to maintain overall health and well-being. This information is recorded in the consumer’s care plan in addition to recording if the consumer requires assistance from staff with managing their meals. The chef has knowledge of the requirements for each consumer and uses this information to customise meals based on gluten free, diabetes and vegetarian options.

Consumers or their representative stated that they have received equipment through their care package to assist with my with their mobility and they are satisfied with the quality of equipment and range to choose from.

Based on the information summarised above, I find the Provider, in relation to the Service, compliant with all Requirements in Standard 4.

# 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. | Not applicable | 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. | Not applicable | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Compliant |

Findings

The Provider offers a ‘men’s shed’ service as a social support for their consumers. The Assessment Team opined that the ‘men's shed’ environment had a welcoming and inviting appearance and it was easy to navigate. The service environment was of open plan design, free from clutter with clear pathways and well placed signage. Consumers said they were satisfied with the safety, cleanliness and maintenance of the furniture, fittings and equipment. When in attendance at the men's shed assessment team noted the furniture and equipment in the shed and there was sufficient seating and table space available for consumers to work and dine.

Based on the information summarised above, I find the Provider, in relation to the Service, compliant with all applicable Requirements in Standard 5.

# 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

Consumers are provided with information on the organisation’s feedback and complaints policies and procedures. In addition to this, information is given on the range of pathways for providing feedback and what they can expect from the process. Consumers or their representatives said that they feel comfortable to raise issues if they are not satisfied with the service they receive.

Consumers said they know they can contact the Provider if they are not satisfied with their current services and would feel comfortable to do so. Consumers have been informed of their right to contact the Age Care Quality and Safety Commission to make a complaint if they choose to do so. The home care agreement supplied by the Provider includes details for advocacy, language and communication supports to assist consumers in making a complaint or giving feedback

The Provider has an established feedback and complaints handling process that supports staff and management in capturing and responding to the feedback and complaints. The Provider’s complaint documentation demonstrated that open disclosure is used as part of the complaint management process and where the Provider has not met the consumer’s expectations an apology is offered and work is undertaken to resolve the issues promptly.

The Provider’s feedback register records both positive and negative feedback which is then actioned, analysed and reviewed to improve services. Feedback and complaints are discussed at management level and is included in the monitoring and reporting performance for the Provider. Feedback and complaints are reviewed and used to improve the quality of care and services with consumers or their representatives who made a complaint saying the Provider made efforts or had been able to make changes to improve care services.

Based on the information summarised above, I find the Provider, in relation to the Service, compliant with all Requirements in Standard 6.

# 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

Consumers or their representatives stated that there were sufficient staff to ensure the delivery of safe and quality services. They said that they generally have the same care and clinical staff to cater to their specific needs, goals and preferences. The Provider stated that they review any unfilled shifts for personal or clinical care services as a priority. For those low care services such as domestic assistance where scheduling cannot be provided, consumers have informed and the service rescheduled accordingly.

Staff are described as being kind, caring and respectful towards consumers with staff demonstrating that they know about the consumers individual, culture and diversity needs. This information is recorded in the in-home care plans and consumer profiles that staff can assess through their mobile phones.

Consumers and their representatives noted how effective staff are in providing quality care and services and expressed confidence in the competence of the workforce. The Provider ensures that staff undergo appropriate background checks and that they possess the necessary qualifications and experience for their roles. Compliance documentation includes police checks, vaccination records and drivers licences.

Staff stated that they receive training specifically tailored to their roles. They expressed a strong sense of support and confidence in their ability to provide services, citing the comprehensive information they receive about each consumer prior to that service. The Provider stated that ongoing training needs of staff are monitored and attended to through informal means which are then incorporated into the annual performance appraisal process. When the training needs defied the Provider stated that a training session organised as soon as feasible.

Based on the information summarised above, I find the Provider, in relation to the Service, compliant with all Requirements in Standard 7.

# 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

The provider demonstrated the active involvement of consumers in the development of their care planning and the assessment of services. The Provider conducts annual surveys to gauge consumer satisfaction and actively encourages consumers involvement in this process.

Through a formal governance framework, leadership structures, reporting pathways and feedback mechanism the governing body has demonstrated a commitment to cultivating a culture of safe, inclusive and high quality care and services.

Information management

The Provider’s workforce has access to consumer information, clinical medical records and incident reports as needed. All consumer information is securely stored on the Provider’s information management system and is password protected. Consumers said they received relevant details about the services being offered including costs and how much funding remains in their home care package.

Continuous Improvement

The provider actively seeks suggestions, feedback and complaints from consumers and staff. A monthly improvement meeting is held by the Provider amongst management where current and outstanding concerns are reviewed.

Financial Governance

Financial governance is undertaken through a transparent reporting procedure and board structures. At its board meetings the Provider monitors unspent funds and strategies are implemented to manage reduced services and encourage the utilisation of available funds with respect to consumers.

Workforce Governance

The Provider has produced adequate information to ensure that its workforce understands their respective roles and accountabilities including contractors. Staff in need of additional support participate in routine meetings with their supervisors to address workload and ongoing cases. Staff also undergo annual performance reviews.

Regulatory Compliance

The Provider stated that its management team overseas the receipt and interpretation of pertinent regulatory changes including updates from the Age Care Quality Safety Commission, Age and Community Care Providers Association and the Department of Health. Any changes that impact the business are communicated to the respective teams. The Provider has current and up to date police checks, first aid certificates and Australian Health Practitioner Regulations Agency registrations for clinical staff on file.

Feedback and complaints

Feedback and complaints are dealt with promptly and confidentially without retribution. The Provider has a well-established system in place to log, escalate and track feedback and complaints.

The organisation has a well-established risk maintenance framework in place through the use of various protocols for identifying, evaluating and mitigating risk to consumers. This protocol is supported by policies, procedures and staff training. Vulnerable consumers are identified and monitored with weekly clinical case reviews addressing issues for high risk consumers. Emergency response plans are in place for each consumer.

Through its clinical practise and service oversight the Provider has demonstrated that it has an effective clinical governance framework in place. Regular discussions are held through monthly meetings involving clinical staff where complex care topics are discussed. The Provider’s Training Coordinator has been designated to ensure all staff adhere to and complete the mandatory training requirements in relation to their role as well as infection control related topics.

Based on the information summarised above, I find the Provider, in relation to the Service, compliant with all Requirements in Standard 8.

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