**Performance**

**Report**

**1800 951 822**

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| Name of service: | Yarra City Council |
| Service address: | 140 Hoddle Street ABBOTSFORD VIC 3067 |
| Commission ID: | 300727 |
| Home Service Provider: | Yarra City Council |
| Activity type: | Quality Audit |
| Activity date: | 18 October 2022 to 20 October 2022 |
| Performance report date: | 10 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 Yarra City Council (**the service**) has been prepared M Balukovska, 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:**

* CHSP Transport, 4-FOI0157, 140 Hoddle Street, ABBOTSFORD VIC 3067
* Domestic Assistance, 4-B8IR64D, 140 Hoddle Street, ABBOTSFORD VIC 3067
* Flexible Respite - Care Relationships and Carer Support, 4-B8IR680, 140 Hoddle Street, ABBOTSFORD VIC 3067
* Home Maintenance, 4-B8IR6BC, 140 Hoddle Street, ABBOTSFORD VIC 3067
* Home Modifications, 4-B8IR6F1, 140 Hoddle Street, ABBOTSFORD VIC 3067
* Meals, 4-B8IR6IC, 140 Hoddle Street, ABBOTSFORD VIC 3067
* Personal Care, 4-B8IR60W, 140 Hoddle Street, ABBOTSFORD VIC 3067
* Social Support Group, 4-B8JK932, 140 Hoddle Street, ABBOTSFORD VIC 3067
* Specialised Support Services, 4-B8JK96J, 140 Hoddle Street, ABBOTSFORD VIC 3067
* Social Support Individual, 4-B8YA2I9, 140 Hoddle Street, ABBOTSFORD VIC 3067
* Social Support Group, 4-B8JK932, 2 Eddy Court, ABBOTSFORD VIC 3067

# 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 on 11 November 2022 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 | **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

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. |

# Standard 1

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| Consumer dignity and choice | | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | 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 |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | 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 |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

At the time of the performance report decision, the service was:

* treating consumers with dignity and respect and values them as individuals
* aware of consumers cultural needs, provides culturally specific programs such as Greek and Italian social support groups
* provides information to consumers that is current, accurate and timely via a range of communication options including phone calls, emails, regular mail and website.

# Standard 2

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| 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. | 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 |
| 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 |
| 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 |
| 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 |

Findings

At the time of the performance report decision, the service was:

* identifying and addressing the consumers’ current needs, goals and preferences in assessment and planning processes
* undertaking assessment and planning in partnership with the consumer and other individuals and services or organisations as appropriate
* developing support plan agreements (care plans) that are provided to consumers and are available in various formats where care and services are delivered

• reviewing care and services regularly and when circumstances change.

At the time of the performance report decision, the service was not:

* demonstrating the implementation of assessment and planning processes always include the consideration and assessment of risks to the consumer’s health and wellbeing to inform safe and effective service delivery

Consumers and representatives were satisfied with the assessment and care planning processes. The service implements an occupational health and safety pre-screen an audit process that considers and addresses environmental risk. However, assessment and care planning for personal care, individual social support and respite services does not always effectively include consideration of risk to the consumer, including consumers living with vulnerabilities. While the service has assessments for personal care, these assessments do not always occur. The service uses the My Aged Care assessments and post-acute care summaries to inform service delivery however, these records do not always identify current risks or mitigation strategies. Consideration of risks such as falls, swallowing and skin integrity issues does not always occur. Strategies to reduce risk are not always incorporated into service plan agreements (care plans) to inform safe and effective care and services. Staff responsible for personal care assessment and planning described inconsistent implementation processes. The service social support groups, transport and home maintenance/modification programs have effective assessment and planning processes and this information is used to inform safe care and services for consumers in these programs. While service management said they are not funded to undertake assessments, assessment and planning requires consideration of risk. This is not always evident in care documentation for the sampled group of consumers receiving personal care, including those living with vulnerabilities. For example:

* Care documentation shows that service level assessments are undertaken for personal care except in instances where a post-acute hospital discharge summary is available.
* Assessment and planning processes for personal care are inconsistent, with some staff recording summary notes for individual consumers as part of assessment processes and other staff not recording these notes.
* New service plan agreements (care plans) with more space to record strategies have been developed for a trial

Management said they planned to review consumer care plans to ensure risk and risk management strategies are identified and documented consistently. New service plan agreements (care plans) have been developed capturing more specific strategies and are being trialled.

In response to the Assessment team report the provider has submitted a response outlining actions the organisation has taken to address the not met findings since the quality review. The service has advised it has reviewed the guidance resource as per standard 2 (3)(a), the guidance will be used as part of the services approach to review documents, forms and how risk is described within the service. The service has identified all high care consumers for priority review based on information held in their client management system.

The service has undertaken an initial review of the Service Agreement Plan and has included a section that will capture risks identified and management of the risk. In addition the service has reviewed key policies where the consideration of risks to clients should be expanded upon, inducing the Dignity of Risk policy and has introduced a form where clients informed choice may state their consent of a level of risk.

In response to the Assessment team report the service has provided a plan for continuous improvement that outlines the actions taken as listed above and in addition the service has undertaken a review of their personal care assessment and service plan agreement to capture and identify documentation of medical, social, environmental risks and mitigation strategies. The service intends to seek additional training for Service Facilitators on risk identification on risks identification and mitigation.

To ensure clear communication between the service and their contracted providers a discussion has been held to identify improvements that can be made to the existing transfer of information guidance and how this is communicated to care workers and ensure feedback is provided.

Based on the information provided in the Assessment Report and acknowledging the work commenced by the service, it will take time for the proposed actions identified in the Continuous Improvement Plan to become embedded. I therefore find this Standard to be Non-compliant as at the time of the audit.

**Standard 3**

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| Personal care and clinical care | | 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |
| 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 |
| 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 |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | 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 |

Findings

At the time of the performance report decision, the service was:

* demonstrating overall consumers are receiving safe and effective personal and clinical care to optimise their health and wellbeing, including effectively managing high impact or high prevalence risks for each consumer.
* making appropriate referrals, generally documenting and sharing consumer information with others who share responsibility and recognising and responding to deterioration.
* able to meet the personal care needs of consumers nearing the end of life, if appropriate.
* demonstrating that infection related risks and the need for antimicrobials are minimised through a range of processes.

# Standard 4

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| Services and supports for daily living | | 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 |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | 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 |
| 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 |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

At the time of the performance report decision, the service was:

* providing services and supports for daily living that optimise consumers independence, health, wellbeing and quality of life.
* supporting consumers’ emotional, spiritual and psychological wellbeing and assisting consumers to have social relationships and interests
* referring consumers to other organisations and providers as appropriate for services and supports for daily living.
* providing consumers as appropriate with meals of suitable quality and quantity.

# Standard 5

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

Findings

At the time of the performance report decision, the service was:

* providing a welcoming and functional service environment to the satisfaction of consumers.
* providing a safe, clean and well-maintained environment that enables consumers to freely access indoor and outdoor spaces.
* ensuring furniture and fittings are clean and safe, well maintained and suitable for consumers

# Standard 6

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| Feedback and complaints | | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | 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 |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

At the time of the performance report decision, the service was:

* informing consumers about feedback and complaint options, including the use of advocates
* encouraging and supporting consumers to give feedback or make complaints
* documenting feedback and complaints and actioning complaints to the satisfaction of complainants using an open disclosure approach.

# Standard 7

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| 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. | 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 |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

At the time of the performance report decision, the service was:

* planning and advertising for staff with the right skill mix to deliver quality care and services to CHSP funded consumers
* ensuring workforce interaction with consumers are kind, caring and respectful through the recruitment, selection and retention of staff

providing staff with training and support

* monitoring and reviewing staff performance as appropriate.

# Standard 8

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| 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. | 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 |
| 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 |
| 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 |
| 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 |

Findings

At the time of the performance report decision, the service was:

* supporting consumer engagement in the development, delivery and evaluation of care and services
* promoting a culture of safe, inclusive and quality care and demonstrating accountability for service delivery
* demonstrating effective organisation wide governance systems in key areas including risk management systems.

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)