**Performance**

**Report**

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| Name of service: | Abel Tasman Village Community Care Packages |
| Service address: | 222 Waldron Road CHESTER HILL NSW 2162 |
| Commission ID: | 200092 |
| Home Service Provider: | The Abel Tasman Village Association Ltd |
| Activity type: | Quality Audit |
| Activity date: | 20 February 2023 to 22 February 2023 |
| Performance report date: | 5 April 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 Abel Tasman Village Community Care Packages (**the service**) has been prepared by G. McNamara, 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:**

* Abel Tasman Village Community Care Packages, 17267, 222 Waldron Road, CHESTER HILL NSW 2162

# 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 5 April 2023.

# 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** |
| **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 |
| 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

Six of the six specific requirements were assessed and I have found all six to be Compliant.

The service is:

* Supporting consumers through the planning process and policies that are inclusive and cultural backgrounds acknowledged and respected.
* Providing care and services that are culturally safe through cross matching support workers and consumers backgrounds for the best cultural fit.
* Supporting consumers to take risks to live their best life.
* Providing information in a timely manner which is communicated in the consumer’s language of choice and format, so they can make decisions about their care.
* Protecting consumer privacy and confidentiality.
* Treating consumers and their representatives with dignity and respect.

Consumers/representatives all said they felt respected and valued by office and care staff. They described how their interactions with the service was always respectful and how they felt their cultural backgrounds were understood and respected. They said they appreciated support workers were matched to their cultural and linguistic backgrounds and preferences. They also stated office and care staff encourage them to make decisions about their services. They were aware of those they chose to be involved in their care and provided examples of how the service assists them to maintain relationships of choice.

Staff interviewed demonstrated they treat consumers with respect, maintain their dignity and are aware of their individual and cultural needs, and provided examples of services tailored to the individual consumer.

Assessment and care planning documentation sighted on consumer files included reference to consumer’s individual circumstances and involvement in decision making. The Assessment Team noted the consumers were informed of their rights and responsibilities through their Service Agreement (translated versions were able to be provided) and were provided a copy the Charter of Aged Care Rights, which was also provided in another language when needed.

Assessment and care planning documentation sighted on consumer files also included reference to consumer’s individual circumstances and involvement in decision making. The Assessment Team noted the consumers were informed of their rights and responsibilities through their Service Agreement (translated versions were able to be provided) and were provided a copy the Charter of Aged Care Rights, which was also provided in another language when needed.

Management interviewed outlined how they guide and monitor daily work practices through implementing policies and procedures, staff induction and ongoing training, providing a commitment to person centred support which values diversity and promotes respectful relationships.

The service identifies any potential individual risks to consumers and discusses with them how to minimise harm, including making referrals to other services and conducting relevant risk assessments. Care planning documentation outlined preferred care and services and any goals the consumer had identified. Individual strategies to support consumers to maintain their independence and mitigate identified risks were sighted, for example, use of a mobility aid. In addition the service has policies and procedures to manage risk, including dignity of risk.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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 |
| 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

Five of the five specific requirements were assessed and I have found all five to be Compliant.

The service is:

* Ensuring the assessment and planning including the consideration of risk, informs the delivery of safe and effective care and services.
* Ensuring that assessment and planning identifies consumer’s current needs.
* Ensuring that assessment and planning in based on on-going partnerships with consumers and consumers representatives and includes other organisations and individuals involved in the consumer’s care.
* Ensuring that the outcomes of assessment and planning are affectively communicated to the consumer and documented in a care plan available to the consumer and where care and services are provided.
* Ensuring that care and services are reviewed regularly for effectiveness and when circumstances change or incidents impact on consumer needs goals or preferences.

Interviews with 3 consumers and 2 representatives confirmed that assessment and planning by the service initially identified and addressed the consumer’s needs. Goals and preferences were discussed and incorporated into care plans. Observation of 9 consumer files demonstrated ongoing and detailed documented notes. These notes covered all aspects of care and contact with the consumers. Ongoing notes also highlighted effective involvement of other individuals and service providers and demonstrated an open and transparent approach by the service provider to the involvement of all individuals and services involved in consumer care.

Observation of the service’s policies and procedures governing assessment and care planning indicated a robust and effective process had been developed and agreed and was available to all staff who had contact with consumers. Supporting policies and procedures were in place across the service in relation to assessment and planning.

Interviews with the service’s registered nurse (RN) and coordinator confirmed that initial care planning was guided fully by these noted polices and that initial interviews and the subsequent formation of care plans and agreed service delivery ensured that assessment and planning fully informed the delivery of safe and effective care and services.

The Assessment team found that a file review of 9 consumers’ care plans indicated that information on advanced care planning/end of life care had not been recorded, in spite of there being a field in the care plan to record this information. The Assessment team also found limited evidence of advance care planning having been discussed with consumers.

Management advised as the service historically dealt with level 1 and 2 packages mainly, this had resulted in more able consumers being the main recipients of services. These consumers often did not want to discuss advance care planning due to the nature of the conversation and they believe that it was not a topic such consumers needed to discuss, therefore undertaking these conversations was difficult. However senior management confirmed the service was in the process of developing their higher needs services and that level 3 and 4 packaged clients would become more prevalent. The service’s continuous improvement plan noted that this was an area for improvement.

Based on this information and the approved provider’s response, I am satisfied this was an area which had been recognised by the approved provider prior to the Quality Audit, and that steps were taken and continue to be taken such that this matter has now been addressed.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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

Seven of the seven specific requirements were assessed and I have found all seven to be Compliant.

The service is:

* Ensuring there are systems in place for the delivery of safe and effective personal and clinical care through assessing clinical needs by a qualified registered nurse. Observation of the service training logs in addition to interviews with senior management confirmed the service ensures care staff, coordinator, RNs and management are kept up to date with all relevant training. Relevant staff are also members of peak bodies and associations that provide regular and ongoing information and feedback regarding best practices to ensure the same is fed through to consumer care promptly. Documentation observed by the assessment team confirmed that policies and procedures were in place to ensure that staff remained up to date with best practices and that service delivery was informed by best practice as much as possible. 9 Care plans observed demonstrated that personal care was tailored to meet individual needs and optimise health and wellbeing.
* Identifying and managing high impact or high prevalence risks. Observation of policies and procedures governing service delivery of clinical and personal care demonstrated service-wide commitment to best practice and to ensuring the management of high prevalence and high impact risks associated with care delivery is as effective as possible. Training logs supported the service’s commitment to ensuring care staff had the necessary skills to identify and manage risk at the point of care, and those risks associated with higher level care. Discussions with consumers/representatives indicated the service is identifying and managing the individual risks of consumers.
* Training staff to provide safe personal care that considers consumer needs and preferences. Consumers/representatives interviewed were satisfied overall with the care and services they are currently receiving and the care staff providing them. They said care staff provide services safely and confirmed current processes are in place to manage the risks around COVID.
* Monitoring service provision through coordination and nursing staff. Support workers report any changes in the consumer’s overall health and wellbeing and these are noted in the consumer’s file and followed up as appropriate.
* Ensuring timely and appropriate referrals are made, supported by robust procedures and policies to ensure timely and appropriate referrals to individuals and other organisations.
* Practising minimisations of infection related risks, through robust and well considered policies and procedures. Observation of training logs for care staff confirmed that all staff had extensive training on the use of PPE during the recent COVID outbreak and also extensive training on practices to reduce transmission based infections.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Six of the six applicable requirements were assessed and I have found all six to be Compliant. The service does not provide meals and that requirement is Not Applicable and was not assessed.

The service is:

* Ensuring each consumer gets safe and effective services that meet their needs, goals, and preferences
* Demonstrating that services and supports for daily living promote each consumer’s emotional, spiritual, and psychological well-being
* Supporting consumers to participate in their community, have social and personal relationships, and do the things of interest to them
* Communicating information about the consumer’s condition, needs and preferences within the organisation and with others where required
* Making timely and appropriate referrals to individuals and other organisations
* Providing equipment that is safe, suitable, clean, and well maintained.

Consumer/representative feedback was positive with regards to services being tailored to the needs, goals and preferences and to optimising consumer independence.

Interviews with care staff confirmed that service delivery was designed and delivered to support the consumers goals, needs and preferences and to optimise the consumers health and wellbeing.

Observation of 9 care plans confirmed that the services includes comprehensive information regarding the consumer’s psychological, spiritual and emotional wellbeing and that staff regularly feedback to coordinator regarding any changes or concerns in these areas if identified. These care plans also confirmed that consumers were supported to maintain community participation and that care workers ensure consumers had access to community groups where possible.

Supporting policies and procedures were in place across the service in relation to services and support for daily living.

# Standard 5

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| Organisation’s service environment | HCP |

Not Applicable

The organisation does not provide a service environment therefore this Standard is Not Applicable and was not assessed.

# Standard 6

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| Feedback and complaints | | HCP |
| 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

Four of the four specific requirements were assessed and I have found all four to be Compliant.

The service is:

* Providing access, support and information to consumers to encourage feedback and complaints.
* Promoting and providing information of relevant external agencies and advocates.
* Practising open disclosure where required.
* Responding to consumers feedback with service improvements.

Consumers/representatives confirmed they are encouraged to raise any issues but those interviewed advised they do not have any concerns at present as they are satisfied with the services.

Coordination staff and management advised consumers are provided with information on how to make a complaint, including external agencies and how to access advocacy services when they enter the service. Additionally, information brochures can also be provided to consumers regarding advocacy services and the Commission. Management advice whilst their information is available in English, they can be provided in other languages when needed and they are aware of how to access these.

The service has a complaints policy/procedure that outlines feedback processes, including the use of external mechanisms. Staff also receive training on the aged care standards, including complaints mechanisms.

Policies regarding feedback and continuous improvement guide staff practice. Complaints and suggestions are discussed in meetings within the organisation and feeds into continuous improvement mechanisms, as evidenced on the service’s continuous improvement plan. Management has oversight of the complaints management system, which they review on a regular basis and report to the board as needed. The Assessment Team sighted the regular meeting minutes and the continuous improvement register.

# Standard 7

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| Human resources | | HCP |
| 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

Five of the five specific requirements were assessed and I have found all five to be Compliant.

The service is:

* Able to demonstrate workforce is planned to enable delivery of safe and quality care.
* Providing training and support to the staff to increase staff competency and skill.
* Able to demonstrate it has systems to review performance based on assessment and consumer feedback.

Consumers/representatives confirmed care staff deliver the support and assistance when they expect them to and at a time suitable for them. They also said office and care staff treat them with kindness and respect them as individuals. Several consumers said staff are always friendly and cheerful when providing services and knew them well. Several said the care workers respect the things that are important to them. They confirmed care staff deliver the support and assistance when they expect them to and at a time suitable for them.

Care and coordination staff confirmed they underwent induction on joining the service and were required to complete mandatory training, which was monitored. They were buddied with an experienced care worker when possible. Management confirmed the service runs internal training for the professional development of staff and the staff training calendar and register were sighted as evidence of this. Management receives regular emails from the Department of Health and Aged Care and the Commission and passes this information onto staff on a regular basis through meetings and emails. Updates to policies are accessed through the organisation’s intranet.

Management advised any issues regarding are identified through coordination staff through feedback from consumers/representatives. If this occurs the staff member is provided with support and supervision and their progress is monitored. Formal appraisals of staff are conducted annually and several examples of completed appraisal documentation was sighted by the Assessment Team.

# Standard 8

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| Organisational governance | | HCP |
| 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

Five of the five specific requirements were assessed and I have found all five to be Compliant.

The service is:

* promoting consumers access and engagement with them through their care planning and consumer surveys.
* able to demonstrate it promotes care and support delivery in culturally safe, inclusive manner.
* able to demonstrate its governance framework provides for effective engagement of the consumers and workforce through information and feedback to achieve continuous improvement.
* supporting consumers to live their best life by identifying risk and having policies to manage these.

Consumers/representatives provided examples of where they have provided feedback to the service, including through consumer satisfaction surveys. They expressed satisfaction with the quality of their services and said they can also provide input as to how their services are delivered through their care planning reviews.

Coordination and care staff advised management is always careful about the safety of consumers and staff and conduct environmental assessments of consumers’ homes. Care workers must submit a valid driver’s licence and registration and insurance papers for their motor vehicle they use to transport consumers and these were evidenced on documentation sighted. Care worker interviews confirmed staff were aware of the incident and hazard reporting processes at the service and the need to report when observing any hazards, incidents or concerns regarding consumers.

Appropriate and effective governance and risk management systems are in place. Management outlined risk management processes, including a range of policies and procedures and supporting documentation for use when needed. Risks are identified in a timely manner through numerous channels

The service has a clinical framework in place that underpins service delivery. This includes a range of clinical policies and procedures, the availability of clinical staff, training available in clinical care and assessment and risk documentation that captures clinical needs. There are also regular clinical meetings and information around clinical care is also reported to the board on a regular basis.

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)