James Brown Memorial Trust Kalyra Community Services

Performance Report

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**Commission ID:** 600104

**Provider name:** James Brown Memorial Trust

**Quality Audit date:** 28 May 2020 to 2 June 2020

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# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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 consumers, representatives, staff and others.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

The Assessment Team found that overall consumers and representatives confirmed consumers are treated with dignity and respect. They confirmed consumers’ care and services are provided in a culturally safe manner, have choice and independence and are supported to take risks. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they had been asked about consumers’ lifestyle preferences and staff respected their choices.
* they telephone Coordinators to alter the time of their services “it is just a matter of picking up the phone”.
* they could state the number and names of Home support workers who provided care to consumers and one consumer said, “knowing who is coming makes me feel safe”.
* one consumer said staff “are well trained and they would not disclose our private information”.

Consumer files viewed by the Assessment Team included consumers’ personal histories and staff training records viewed demonstrated training provided is consumer centred. The service has monitoring processes to ensure consumers are treated with respect and dignity, are supported to make important decisions and take risks.

Consumers interviewed said they feel the organisation respects their privacy and information provided to them is timely, current and accurate. Staff interviewed described how the organisation matches Home support workers with consumers who have similar interests.

The Assessment Team found the organisation has monitoring processes in relation to Standard 1 to ensure a culture of inclusion and respect for consumers; supports for consumers to exercise choice and independence and consumers’ privacy is respected.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected, and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found that overall consumers and representatives confirmed they are involved in assessment and planning processes which assists to identify consumers’ needs, risks, preferences and goals. Consumers confirmed they have a copy of their support plan in their home folders and the plan is regularly reviewed to ensure it remains effective. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* staff take time to listen and assist consumers to participate in making decisions about their care and services.
* participate in their assessments and with developing goals that inform their support plans.
* they understand the information provided to them and have home folders which include a copy of the support plan and service schedule.
* updates to support plans and service schedules are updated in consultation with them.

The organisation demonstrated processes for assessment, planning and consultation for consumers in relation to their needs, goals and preferences, and risks to consumers’ health and well-being. The organisation’s assessment and planning processes identify each consumer’s care and service needs and what is important to them. Information gathered is used to develop a support plan and service schedule which assist staff to deliver care and services in line with consumers’ needs and preferences.

Consumer files viewed by the Assessment Team reflected best practice information and assessments demonstrated partnering occurs with consumers and/or representatives. Assessments included advanced care planning and end of life planning. Review of consumers’ care and services occurs on a scheduled and as required basis in consultation with consumers and/or representatives.

The Assessment Team found the organisation has monitoring processes in relation to Standard 2 to ensure initial and ongoing assessment and planning is conducted in partnership with consumers and has a focus on optimising health and well-being in accordance with consumers’ needs, goals and preferences.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Quality Standard is assessed as Compliant as seven of the seven specific Requirements have been assessed as Compliant.

The Assessment Team found that overall consumers and representatives confirmed consumers get personal and clinical care that is safe and right for them. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* consumers are provided care that reflects their individual needs.
* consumers feel safe with the care provided.
* are confident staff would know how to provide care should a consumer’s condition deteriorate.

Consumers confirmed staff know about their care and service needs and these are regularly reviewed. Consumers and representatives said they have been provided infection related information, including in relation to maintaining safety for COVID-19.

The organisation and staff have access to a range of mechanisms to ensure care and services provided to consumers is best-practice. Validated risk assessment tools are used by the service with information gathered used to develop strategies and support plans in line with each individual consumer’s needs.

Consumer files viewed by the Assessment Team reflected individualised care for consumers that is safe, effective and tailored to their needs and preferences. Non-response plans are documented, consumer risks are identified, and support plans viewed included interventions to mitigate risks.

Staff interviewed, and documentation viewed by the Assessment Team demonstrated there are processes to report incidents, manage and monitor changes to consumers’ health and well-being and referral processes to internal staff members or other specialist providers. Staff have access to clinical staff and other allied health professionals where additional support or expertise is required.

The Assessment Team found the organisation has monitoring processes in relation to Standard 3 to ensure delivery of safe and effective personal and clinical care, in accordance with consumers’ needs, goals and preferences to optimise health and well-being.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Quality Standard is assessed as Compliant as six of the seven specific Requirements have been assessed as Compliant. Requirement (3)(f) was not assessed as the organisation does not provide meals to consumers as part of their program.

The Assessment Team found that overall consumers confirmed they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers during interviews with the Assessment Team:

* they have the flexibility to choose how they spend their allocated social time with the Home support workers and they are free to alter visit days and times to fit in with other lifestyle activities.
* are happy with the services provided and enjoy the company of staff.
* are satisfied referrals to allied health specialists, including equipment specialists provide the required outcomes.

Consumers’ spiritual and cultural preferences are identified through assessment processes with information gathered incorporated into service plans. The organisation has processes to guide staff and ensure consumers get safe and effective services and supports for daily living.

Management demonstrated how the organisation’s focus on consumer enablement and reablement provides to staff with the tools to work in partnership with consumers to develop goals and co-design support plans which meet their care and service needs.

The Assessment Team found the organisation has monitoring processes in relation to Standard 4 to ensure safe and effective services and supports for daily living are provided that optimise consumers’ independence, health, well-being and quality of life.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Quality Standard is assessed as Compliant as four of the four specific Requirements have been assessed as Compliant.

The Assessment Team found that overall consumers and representatives consider they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers during interviews with the Assessment Team:

* they are comfortable raising concerns with management, Coordinators or staff and concerns are responded to in a timely manner.
* they are able to raise concerns with their Coordinator and concerns are followed up by management and actions and outcomes are discussed with them.
* they had raised a concern with management which had been investigated and management had apologised to them for the matters occurring.
* if they request a staff member not to attend their home, such as not liking how they clean, the Coordinator doesn’t have that person come, with no questions asked.

The organisation is supported by an overarching feedback and complaints framework which includes an open disclosure approach to resolving complaints. Where complaints are received, documentation viewed by the Assessment Team demonstrated they are actioned, acknowledged with feedback provided to complainants. Feedback and complaints are reviewed by management and result in continuous improvement activities.

The Assessment Team found the organisation has monitoring processes in relation to Standard 6 to ensure input and feedback from consumers, carers, the workforce and others is sought and used to inform continuous improvements for individual consumers and the organisation.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found that overall consumers and representatives indicated consumers get quality care and services when they need them and from staff who are knowledgeable, capable and caring. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* staff are kind and caring and engage with them in a respectful manner.
* felt there were sufficient staff to support care and services.
* they are confident staff know what they are doing and are trained to deliver care to meet consumers’ needs.
* spoke positively about staffing

Home support workers interviewed by the Assessment Team provided examples of how they provide kind, caring and respectful care to consumers. They described how they get to know consumers and their needs, preferences and personalities.

Staff said they have enough time to complete the tasks required of them and said they can speak to management where additional support is required.

Staff interviewed said, and documentation viewed by the Assessment Team demonstrated there is a training program in place, including a range of mandatory topics, to support staff in their roles. There are processes to monitor staff attendance and completion of the mandatory training program.

The organisation has processes to monitor staff qualifications, influenza vaccinations and police certificates. There is an annual staff performance review process in place which identifies areas for improvement, training requirements and requests.

The Assessment Team found the organisation has monitoring processes in relation to Standard 7 to ensure the workforce is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found that overall consumers and representatives indicated the organisation is well run and they can partner in improving the delivery of care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* the service is well run and when they raise issues, management responds quickly and effectively.
* they are involved in the development, delivery and evaluation of care and services.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and reported.

The organisation has policies and procedures to guide staff practice, including in relation to antimicrobial stewardship and open disclosure and staff interviewed by the Assessment Team understood the principles of these. Additionally, staff interviewed said they have access to sufficient and up-to-date information to undertake their role.

The Assessment Team found the organisation has monitoring processes in relation to Standard 8 to ensure the organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.