LiveBetter Services - North West

Performance Report

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**Commission ID:** 701060

**Provider name:** LiveBetter Services Limited

**Assessment Contact - Site date:** 9 September 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** |  |
| Requirement 1(3)(e) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(d) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(e) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(c) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(d) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# STANDARD 1 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 Assessment Team did not assess all requirements in this Standard and therefore a summary for this Quality Standard is not provided.

## Assessment of Standard 1 Requirements

### 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.*

The service demonstrated that information for consumers is current, accurate and communicated clearly in a timely manner which allows them to exercise choice.

Management advised they have reviewed their statement, budget and invoicing process and have developed new budget and statement templates which provide greater detail to the consumer about their service provision.

Consumers advised they are provided with statements and invoices that accurately reflected the services they received each month. Consumers advised the service had improved their statement and invoice process and that the statements and invoices were much easier to understand.

The Assessment Team noted annual budgets and monthly statements and invoices in consumer files. The documents appeared easy to understand and clearly identified roll-over balances, fees and charges, services provided and how much was spent for the month.

Service agreement templates had been reviewed and updated. The information was presented in an easy to understand format and advised the consumer of their rights and responsibilities and of complaints management.

Consumers advised at the end of each week they received a schedule of services for the following week. Consumers advised the schedules were accurate, care workers arrived on the day and time reflected on the schedule and if issues arose, consumers knew to contact their coordinator who was generally easy to contact.

Based on the Assessment Team’s findings summarised above, I consider that the service is Compliant in Requirement 1(3)(e).

# STANDARD 2 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 Assessment Team did not assess all requirements in this Standard and therefore a summary for this Quality Standard is not provided.

## Assessment of Standard 2 Requirements

### 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.*

The service demonstrated that assessment and planning identified and addressed the consumer’s current needs, goals and preferences, including advanced care planning and end of life planning.

Consumers advised they felt like partners in their assessment and care planning with the service and their goals, needs and preferences informed the care and services they received. Coordinators and Registered staff complete assessments of consumers using a checklist to ensure all assessments and processes were completed.

Management advised staff had received training in consumer-directed care.

The Assessment Team reviewed care plans of six consumers and noted consumers’ needs, preferences and goals were identified and reflected in the consumer service and consumer care plans. The Assessment Team also noted that end of life care planning was included in consumer care plans.

Based on the Assessment Team’s findings summarised above, I consider that the service is Compliant in Requirement 2(3)(b).

### 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.*

The service has reviewed assessment and planning processes and implemented consumer-directed care and service delivery plans which were effectively communicated to the consumer.

All consumers and representatives interviewed advised they have a copy of their customer profile, care plan, services schedule and daily services plan at their homes. The consumers stated these documents were easy to understand and reflected the care and services they requested. Consumers advised that when changes occurred, they received an updated copy of their plan.

Management advised Home Care Package (HCP) care plans and service delivery plans were reviewed in 2019 and consumer-directed care was implemented across the service. Care plans are reviewed six monthly or sooner if changes occur. Consumers accessing Commonwealth Home Support Programme (CHSP) services receive a ‘Customer support plan’ which is reviewed every 12 months or when changes occur.

Care workers confirmed each consumer had their own care plan and daily services plan in their home. The staff confirmed the plans contain current and relevant information that allows them to provide safe and effective care to the consumers.

The Assessment Team reviewed HCP consumer files and noted they contained copies of the consumer’s customer service delivery plan, confidential customer profiles, customer daily service plans and customer care plans. CHSP files contained a CHSP support plan that identified medical alerts, consumer profiles and goals and preferences.

Based on the Assessment Team’s findings summarised above, I consider that the service is Compliant in Requirement 2(3)(d).

# STANDARD 3 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 Assessment Team did not assess all requirements in this Standard and therefore a summary for this Quality Standard is not provided.

### Assessment of Standard 3 Requirements

### 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.*

The service demonstrated consumers’ conditions, needs and preferences are documented and communicated with those involved in the care of the consumer.

Consumers and representatives interviewed advised coordinators and care workers know their needs, goals and preferences.

Management advised they have contractual and brokerage arrangements with companies to provide services they are unable to supply. Communication is shared between the services to ensure continuity of care.

Staff advised when consumers are admitted to hospital the service monitors their stay to ensure the consumers’ services resume on their return home.

Care workers advised they have enough information through care plan documentation and communication from the service or consumer to provide safe and effective care.

Based on the Assessment Team’s findings summarised above, I consider that the service is Compliant in Requirement 3(3)(e).

# STANDARD 6 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 Assessment Team did not assess all requirements in this Standard and therefore a summary for this Quality Standard is not provided.

## Assessment of Standard 6 Requirements*.*

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

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

Consumers and representatives provided positive feedback about the way complaints raised were managed.

Documentation demonstrated feedback was recorded, actioned and evaluated. The service had policies and procedures describing complaint’s management processes, including open disclosure.

Staff demonstrated an awareness of the process of responding to and escalating a complaint. Staff were able to explain how they would assist a consumer to make a complaint by either using an online feedback form, in person or by using an advocacy service. Staff confirmed they received training on open disclosure and could explain what that meant in relation to complaints.

Based on the Assessment Team’s findings summarised above, I consider that the service is Compliant in Requirement 6 (3) (c)

# STANDARD 7 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 Assessment Team did not assess all requirements in this Standard and therefore a summary for this Quality Standard is not provided.

## 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.*

Consumers expressed satisfaction with the number of staff at the service and with the delivery of care and services. Consumers told the Assessment Team that if a regular staff member was unable to attend work, the service called the consumer and offered them a choice of another staff member or the opportunity to reschedule for another day.

Staff stated they were satisfied with rostering allocations and were able to complete their tasks in the time allocated. The service said they have a casual pool of staff who can also be used to fill shifts. Staff said they have buddy shifts when they first start and are matched to consumers based on their training and experience.

The service has policies and procedures that support workforce planning.

Based on the Assessment Team’s findings summarised above, I consider that the service is Compliant in Requirement 7 (3) (a)

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

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

Consumers and representatives said staff know what they are doing and are well trained.

Staff advised they have attended training in relation to the Aged Care Quality Standards and understand their mandatory reporting responsibilities.

Management advised new staff complete an orientation, mandatory training and are “buddied” with experienced staff.

A review of staff education records demonstrates all staff have completed mandatory training and undertaken training in relation to the Aged Care Quality Standards.

Staff have access to on-line, self-directed learning programs.

Staff are recruited to specific roles, requiring relevant qualifications and/or experience and are provided with position descriptions

Based on the Assessment Team’s findings summarised above, I consider that the service is Compliant in Requirement 7 (3) (d)

# STANDARD 8 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 Assessment Team did not assess all requirements in this Standard and therefore a summary for this Quality Standard is not provided.

## Assessment of Standard 8 Requirements

### 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.*

Consumers and consumer representatives were satisfied that they were provided with the information they needed to make decisions about care and services.

Meetings were held to convey information for all levels of staff with meeting minutes available to staff.

Management confirmed they were informed by the organisation of any changes to policies and procedures and that relevant information is provided to staff.

The service has formed a Quality and Clinical Assurance Management Committee to monitor the service’s compliance with standards and improvements. The service has a continuous improvement plan with input from consumers and their representatives. Continuous improvement opportunities are identified from consumer and staff surveys and meetings, audits and the feedback and complaints system. The service has established mechanisms to support consumers and consumer representatives to make a complaint or provide feedback. Complaints and feedback are recorded by the service manager and included in monthly reports to the Board and the Quality and Clinical Assurance Management Committee.

Management advised the service has brokerage agreements in place for contracted service providers, the service providers undergo induction and screening and provide regular updates on the services they provide to consumers.

The responsibilities and accountabilities of each role are set out in position descriptions.

The organisation monitors changes to various legislative requirements and communicates these changes to staff in emails, memorandums and staff meetings.

The service’s human resources policy includes Police Certificate Guidelines for Aged Care Providers. A review of personnel files identified all staff had current police certificates.

Based on the Assessment Team’s findings summarised above, I consider that the service is Compliant in Requirement 8 (3) (c)

# 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.