Milang and Clayton Community Care

Performance Report

24 Daranda Terrace   
MILANG SA 5256  
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**Commission ID:** 600034

**Provider name:** Milang and District Community Association

**Assessment Contact - Site date:** 28 April 2021

**Date of Performance Report:** 1 June 2021

# Publication of report

This Performance Report **will 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(c) | Non-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
* the provider’s response to the Assessment Contact - Site report received 21 May 2021

# STANDARD 2 NON-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 Requirements

### Requirement 2(3)(a) Non-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.*

The Assessment Team found the service was unable to demonstrate that assessment and planning considers risks to the consumer and informs the delivery of safe and effective care and services. The service does not have assessment documentation that can be used to inform the care planning process and no assessments have been completed for consumers. The Assessment Team observed care plans that listed a number of risks based on consumers’ medical diagnoses and past medical history, however, there were no assessments associated with those risks.

The service was unable to demonstrate that care planning is reviewed and completed on a regular basis, in line with the service’s policy and guidelines for care, with a number of consumer care plans having not been reviewed within a 12-month period.

Consumers expressed they were satisfied with the care and services provided to them and confirmed they have been involved in the care planning process.   
  
Staff interviewed indicated they had adequate information to undertake their roles, however, said they knew the consumers well and were guided by how they would like things done on the day.

The approved submitted further information in response to the Assessment Teams report. The approved provider has commenced the review and introduction of specific client assessments, policies and procedures since the assessment contact.

I find the approved provider is non-compliant with this requirement at the time of the assessment contact visit.

# STANDARD 8 NON-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 Requirements

### Requirement 8(3)(c) Non-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.*

The Assessment Team found the service was unable to demonstrate compliance in relation to regulatory compliance. The service was unable to demonstrate they comply with all aspects of the Commonwealth requirements for their funding agreement and the provider obligations outlined in the Department of Health’s Home Care Packages Program Operations manual and Commonwealth Home Support Program manual.

The approved submitted further information in response to the Assessment Teams report. The approved provider has added further and additional information to their continuous improvement plan. At a meeting conducted on 26 May 2021, the importance of governance and understanding of the Quality Standards was discussed. An external training provider has also been contracted to deliver training to staff.

I find the approved provider is non-compliant with this requirement at the time of the assessment contact visit.

# 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.

### Requirement 2(3)(a)

Ensure there is a system where 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 8(3)(c)

Ensure effective organisation wide governance systems relating regulatory compliance.