VisAbility

Performance Report

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**Commission ID:** 500219

**Provider name:** VisAbility Limited

**Quality Audit date:** 2 September 2020 to 3 September 2020

**Date of Performance Report:** 9 December 2020

# 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 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 |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | 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 |

# 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 staff, and consumers.

# 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 overall sampled consumers interviewed confirmed they are treated with dignity, provided respect, can maintain their identity, make informed decisions about their care and live the life they choose. The following examples were provided by the Assessment Team:

* They feel staff treat them with respect.
* They have control over the planning and delivery of their support and services.
* Risks are acknowledged, discussed and consent documented.
* Satisfied their personal information is protected and consent is obtained where information is shared with others.

Consumer preferences and choices are collated through assessment and review processes. Staff demonstrated awareness of consumers’ needs and preferences which are recorded through consumer electronic care records.

The service has policy and processes to support staff to deliver services which is individual and culturally safe. Staff are provided education and training to meet the cultural preferences and diversity of consumers.

Consumers interviewed confirmed they are supported to exercise choice in the services delivered. The Assessment Team found consumer care plans detailed key decisions made about the support and delivery of services they will receive.

Care plans record goals agreed in consultation with consumers to promote the consumer living their best life. Where risk is identified in achieving the goal, risk is discussed with the consumer and strategies are developed and agreed through consultation with the consumer. Examples were provided through consumers being supported to go into the community and activities, including woodworking.

The service communicates with consumers using appropriate formats for the consumers’ preferences and needs, including Braille, electronic and audio formats. The service has responded to consumer feedback where telephone communication has not been effective and changed how telephone calls are processed to ensure consumers speak with the correct area of the service when they call.

The Assessment Team found the service 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 confirmed they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers during interviews with the Assessment Team:

* They participate in assessment process and development of care and services which is recorded in a care plan.
* They are consulted about their support and services frequently.
* Changes are made following consultation where preferences and needs have changed.

Initial and ongoing assessments assist the service to identify each consumer’s care needs and preferences. Care plans are developed with the information collected. Care plans sampled by the Assessment Team recorded goals, assessed need, preferences with care and services reflecting a wellness and reablement focus.

Consumers interviewed confirmed they are involved in the initial assessment and care planning process and are contacted to participate in review and reassessment where required or identified due to change in the consumer’s assessed needs and preferences.

Most consumers interviewed said they have access to their care plan. However, some consumers said they have not been provided a care plan and when followed up by the Assessment Team, management stated for the affected consumers the care plan would need to be printed in Braille which can be completed if the consumer requests this. The Assessment Team found the consumers interviewed who said they did not have access to their care plan were not dissatisfied and said staff who provide the services to them know what is required.

The Assessment Team confirmed through interviews with staff and sampling of care plans that consumers are reviewed and encouraged to provide feedback in relation to the care and services they receive. Reported changes in the consumer’s preferences or circumstances prompt review and where required sampled care plans are updated.

Staff confirmed they are informed of changes and have access to the consumer care plan at the consumer’s home or on the electronic care system.

Staff interviewed confirmed they report changes in the consumers to their supervisor and incidents are reported. While the service did not demonstrate a formal consumer incident reporting process, staff demonstrated where consumer incidents occurred, they were acted on and a review completed by appropriate staff, including allied health where required. A continuous improvement was viewed by the Assessment Team in progress to address incident reporting.

The Assessment Team found the service 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 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

Standard 3 Personal care and clinical care was not assessed as part of the Quality Review as the service does not provide personal and clinical care to consumers.

# 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 five of the five specific Requirements have been assessed as Compliant. Requirements 3(f) and 3(g) were not assessed as part of the Quality Audit.

The Assessment Team considered they get the services and supports for daily living that are important for their health and well-being and enables them to do the things they want to do. The following examples were provided by the Assessment Team:

* They are provided with programs of support that meet their interests and assessed needs.
* Staff prompt and encourage them to increase their confidence and independence.
* Are engaged and consulted to set goals for activities of daily living and staff work with them to achieve the goals set.
* Are provided with information and referral for assessment for equipment and services to increase and/or maintain their independence and connections in the community

Assessment processes includes consumers’ preferences to activities, interests and a personal profile which provides staff with an understanding of the consumer’s history, including cultural preferences, diversity and how they identify themselves. Staff interviewed said the information is added to as part of the ongoing relationships built.

Consumers confirmed goals for the support and services to be provided are discussed and how they will be achieved. Examples were provided to the Assessment Team which had a focus on the wellness approach and reablement. Consumers provided feedback they were satisfied the services and support meet their needs. Consumers provided examples where the support and services provided by the service have increased their overall well-being and independence.

Sampling of consumer care plans and interviews with staff confirmed appropriate information is shared and provided, including where there are changes.

The service demonstrated it acts on and makes referrals to others for consumers to be assessed for equipment and services to assist them to continue to live safely in their home and in the community. Staff demonstrated consumers are supported to external counselling and social work services as identified.

The Assessment Team found the service has policies, processes and monitoring in place 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)(f)

*Where meals are provided, they are varied and of suitable quality and quantity.*

Standard 4 Requirement (3)(f) was not assessed at the Quality Audit as the service does not provide meals to consumers.

### Requirement 4(3)(g)

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

Standard 4 Requirement (3)(g) was not assessed at the Quality Audit as the service does not provide equipment to consumers.

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong, and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

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

Overall, consumers interviewed confirmed they felt safe and comfortable in the organisation’s service environment and the organisation promotes independence, function and enjoyment. The Assessment Team were provided the following examples from consumers:

* The centres and gym they attend are clean, maintained and they feel safe there.
* Staff are always welcoming when they attend.
* They are able to move around the centres and gym freely.
* Fixtures and fittings are maintained and comfortable.

The Assessment Team observed the service environment, furnishings and equipment, including gym equipment to be clean and well maintained. The environment was easy to navigate with signage available in different formats to include consumers who are vision impaired. Flooring included raised indicators for vision impaired consumers for ease of way-finding. Consumers were observed to be able to come and go from the service’s centres freely. The Assessment Team observed consumers to be warmly welcomed and supported to be comfortable throughout delivery of the service provided.

Staff demonstrated how they identify and report maintenance tasks, incidents and hazards. There is preventative and reactive maintenance completed through regular environmental reviews and staff reporting.

The service has work, health and safety representatives who complete hazard and safety inspections which are reported through the occupational health and safety committee.

The Assessment Team found the service has monitoring processes in place in relation to Standard 5 to ensure a safe and comfortable service environment is provided that promotes consumers’ independence, function and enjoyment.

## Assessment of Standard 5

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# 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 interviewed confirmed they are supported to provide feedback and complaints. Consumers said they were confident the service acts appropriately and promptly when responding to feedback and complaints. The following examples were provided by consumers during interviews with the Assessment Team:

* They are confident their feedback and complaints are listened to and acted on.
* Information has been provided to them on how to raise feedback and complaints. Consumers confirmed feedback and complaints can be accessed in different formats to take into consideration vision impairment.
* They are involved in resolving feedback and complaints raised and the service is honest and open when things have gone wrong.

The Assessment Team found consumers are provided information in relation to internal and external complaints avenues, language services, communication formats, including Braille and, advocacy services. Information is included in the service’s welcome pack, through newsletters and the service’s Client and Carer Reference group.

The service has processes for managing complaints which consumers confirmed they have been advised of. Staff demonstrated awareness of the process should they be provided feedback or a complaint from consumers, including documentation to complete and who to report the complaint to.

Management demonstrated feedback and complaints are registered and reports are provided to the organisational Executive team and the Board for discussion. Where identified, information from feedback and complaints is used by the service for improvements. An example was evidenced through complaints from consumers where they raised issues with communication not passed to the correct person in the service which have been rectified.

While the service’s policies do not refer directly to open disclosure, the service demonstrated through complaints documentation open disclosure has been practised. Consumers interviewed said the service is honest and open when things have gone wrong.

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

## 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 consumers considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The following examples were provided by consumers during interviews with the Assessment Team:

* Care and services, they receive are planned, safe and not rushed.
* Staff treat them with kindness and respect their identity and culture and, choices they may make about their care and services.
* Staff support their social, psychological and specialist needs, including vision impairment.

The Assessment Team found the service has processes for planning and uses a skilled workforce to deliver and manage safe, respectful and, quality care and services. There is a process to ensure the right number of workforce are available with the skills required to deliver care and services. The service has access to staff with a range of skills, including allied health and for specialist activities at the community centres.

Management demonstrated there are processes for recruitment, onboarding and training programs provided. The Assessment Team found the service has predominantly consumers assessed through the National Disability Insurance Scheme. Staff are completing training attached to this funding. Management said they will follow up education opportunities to include training related to the Aged Care Quality Standards.

Staff interviewed said they participate in performance appraisals, including an employment development meeting which records professional development activities being completed.

Staff performance is monitored through quarterly meetings with staff to discuss workload, development, training opportunities and measurement of key performance indicators.

The Assessment Team found the organisation has monitoring processes in place 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 four of the four specific Requirements have been assessed as Compliant. Requirement (3)(e) was not assessed as part of the Quality Audit.

The service receives funding through predominantly disability funding streams and the Commonwealth Home Support Program for consumers assessed as eligible for the aged care program.

The Assessment Team found that overall consumers considered that the organisation is well run, and they can partner in improving the delivery of services and supports.

Management described, and documentation viewed by the Assessment Team demonstrated consumers have input about their experience and quality of care and services. The service consults through a variety of ways, including individually with consumers through feedback and care planning processes. The service uses surveys and targeted individual consumer consultation on the development of new policies and events. The service has Client and Carer Reference groups which meet bi-monthly; the Chair of each group is a member of the Consumer Advisory Committee which is chaired by a Board member. Recommendations on initiatives, contribution of information, improvements and topics of importance are discussed and provided to the Executive team and the Board. Consumers can become members of the service and have voting rights at meetings. Consumers who have a Guide dog are eligible to have input to the Guide Dog Users group.

The service has organisational strategic and diversity action plans which guide the Board. Compliance in meeting the Aged Care Quality Standards and Safeguarding Standards through disability funding has been added to the strategic plan for the current year which will be measured by the Board through audits, a register of policy and processes and regular scheduling of the item on the Board agenda.

The service has governance structures in place to support all aspects of the service, including information management, continuous improvement, financial and workplace governance, compliance and feedback and complaints. There are processes to ensure these areas are monitored and reports provided to the Executive team and the Board which enables the Board to promote and ensure a culture of safe, inclusive and, quality care and services.

The service demonstrated effective risk management systems and practices in relation to identifying and managing consumer risk. Staff complete training to understand the rights of consumers and where there may be abuse which is reported. Assessment and care planning processes ensure consumers are engaged, consulted and supported to live their best life through the care and services delivered by the service.

The Assessment Team found the organisation has monitoring processes in place 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)

*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.*

Standard 8 Requirement (3)(e) was not assessed as part of the Quality Audit as the service does not provide clinical care and does not require a clinical governance framework.

# 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.