**Performance**

**Report**

**1800 951 822**

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| Name of service: | Access Health and Community |
| Service address: | 283 Church Street RICHMOND VIC 3121 |
| Commission ID: | 300235 |
| Home Service Provider: | Inner East Community Health Service |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 20 December 2022 |
| Performance report date: | 23 January 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 Access Health and Community (**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

**CHSP:**

* Care Relationships and Carer Support, 24794, 283 Church Street, RICHMOND VIC 3121
* Community and Home Support, 25263, 283 Church Street, RICHMOND VIC 3121

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | Not applicable as not all requirements have been assessed |
| **Standard 5** Organisation’s service environment | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | Not applicable as not all requirements have been assessed |

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 2

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| Ongoing assessment and planning with consumers | | CHSP |
| 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)(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

The service was able to demonstrate assessment and planning for centre-based respite and in-home respite includes the consideration of risk to the consumers’ medical condition, cognition level, mobility issues and consumers goals, and that support plans inform the delivery of safe and effective services. Most care plans have been reviewed and the others were in progress at the date of the desk contact. Consumers sampled confirmed the services they receive are well planned and meet their current needs. Care planning documentation evidenced assessment and planning is undertaken for all consumers and relevant risks to consumers’ safety, health and wellbeing are identified and considered when planning services.

Consumers and/or representatives interviewed described, in various ways, their satisfaction with the service provision, and stated how office staff took the time to listen and understand how to support their health and wellbeing to ensure their risks were minimised.

The Assessment Team viewed care planning documentation and confirmed assessment and planning is completed with the consumer and/or their representatives to inform the delivery of safe and effective services.

Management and the team leader demonstrated a detailed knowledge of individual consumers and their needs and described their involvement in initial and ongoing assessment and planning to mitigate risks for consumers. They stated they have an internal referral system if needed and also have a multidisciplinary team available including nurses.

Management informed, and documentation confirmed, the implementation and use of face to face initial assessment, care plan and home visit risk assessment that are used to inform the delivery of safe and effective care for consumers.

The Assessment Team found that procedures guide staff in relation to review and reassessment. Managers said they review individual care plans with each consumer after four weeks of initial assessment, every year or as needed. Support workers said they tend to see the same consumers and are able to identify deterioration in their physical and mental wellbeing, and relay this to the team leader who follows-up and keeps them informed of any changes. Consumers confirmed their services are reviewed, for example:

* Sampled care plans sighted were current, with reviews, conducted at least yearly, and as circumstances changed.

# Standard 4

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| Services and supports for daily living | | CHSP |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

Meals are provided for those attend the group based social support venues. Food and dietary preferences of consumers are identified at assessment and information is provided to ensure food is appropriate for consumers and is satisfactory to them.

All consumers interviewed were satisfied with the food provided and said their individual needs and preferences were considered regarding food choices. They said that the meals were prepared in accordance with their cultural background and that they have no issues. Consumers confirmed that there is always plenty of food to accommodate their individual preferences. The service conducts surveys with the consumers and responds to their requests.

# Standard 5

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| Organisation’s service environment | | CHSP |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |

Findings

A virtual tour of the Day Centre confirmed that consumers can enter from either the front of the building or taxi drop off area at the back, through an unlocked entrance/exit door which is always left open during operating hours from 9.30-3.30pm.

Consumers said they are able to move around freely within the Day Centre to formal dining, activities table and toilet facilities. It was noted by the Assessment Team that there was no dedicated functional outdoor area for consumer use.

Management advised they have conducted a comprehensive review of consumers with a diagnosis of dementia, to establish which consumers require more dementia specific care that cannot be provided in a Day Centre setting with an open entrance/exit door.

Management and staff demonstrated a strong understanding of restrictive practices, and the application of risk based strategies at an individual level was evidenced in Care Plans to allow consumers to move about freely.

# Standard 8

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| Organisational governance | | CHSP |
| 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 |

Findings

Previous identified areas of non-compliance in relation to this requirement were considered.

**Information Management**

Information was readily available throughout the assessment contact for the CHSP respite (day centre and in-home) consumer cohort. Assessment and care planning documentation was comprehensive and effective, and included goals, needs, preferences, risk identification, changes in condition/hospitalisation, referrals, care strategies, plus communication and behavioural strategies for those cognitively impaired. Staff said that all documentation is now up to date post COVID. All consent forms were signed, however Care Plans won’t be signed by consumers until February 2023, at the start of the new term as outlined in the continuous improvement plan.

Staff had ready access to information either via an electronic system, Teams or hard copy consumer files to help them in their roles, and consumers/ and or their representatives had access to information about their care and services. Consumers with mobility issues had detailed instructions for staff to deliver safe and quality care.

**Workforce Governance**

Staff training gaps have been addressed in the areas of restrictive practices, dementia and the Quality Standards via online modules with a 100% completion rate in August 2022.

Ongoing and future training needs for CHSP staff are yet to be identified as evidenced in the training record and continuous improvement plan, however management advised that a capability review is planned for 2023.

Formal subcontractor agreement is in place with a dedicated system for the provision of hot meals for lunch including desert on a daily basis for Day Centre respite consumers expiring on 30 June 2023. Management confirmed that oversight is provided by the Day Centre Team Leader with escalation pathways to management or corporate depending on the issue.

**Regulatory Compliance**

A Food Safety Audit 9 December 2022 compliance certificate was sighted.

Legislative and compliance notifications are monitored through subscriptions, with a specific focus on the Commission’s website/ resources/ webinars and CHSP national/state email distribution lists and grants portals.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)