**Performance**

**Report**

**1800 951 822**

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| Name: | Adelaide Day Centre For Homeless Persons |
| Commission ID: | 600143 |
| Address: | 32 Moore Street, ADELAIDE, South Australia, 5000 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 31 July 2024 |
| Performance report date: | 21 August 2024 |

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.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7397 Adelaide Day Centre For Homeless Persons Incorporated  
Service: 23877 Adelaide Day Centre For Homeless Persons Incorporated - Community and Home Support

**This performance report**

This performance report for Adelaide Day Centre For Homeless Persons (**the service**) has been prepared by M Glenn, 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.

# Material relied on

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

* the assessment team’s report for the assessment contact (performance assessment) – site report, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers, staff and management;
* the provider’s response to the assessment team’s report received 19 August 2024 which includes commentary relating to the deficits identified by the assessment team and supporting documentation; and
* a performance report dated 10 May 2024 for an assessment contact undertaken 4 April 2024.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 2 Ongoing assessment and planning with consumers | Not fully assessed |
| **Standard 8** Organisational governance | **Not fully 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)(d) | 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. | 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

**Requirements (3)(d) and (3)(e)** were found non-compliant following an assessment contact undertaken in April 2024 as care and services plans were not consistently accurate or reflected outcomes of the most up to date assessments and reviews of consumers’ needs, goals or preferences; and care and services were not reviewed regularly for effectiveness, or when circumstances changed or when incidents impacted on consumers’ needs, goals or preferences. In response to the non-compliance, the provider has implemented a range of improvements, including, but not limited to, updating the assessment form and associated client care and service plan, and reviewing care plans using the forms; and updating the assessment procedure.

At the assessment contact in July 2024, outcomes of assessment and planning were found to be communicated to consumers in an initial assessment which is documented in a care plan and the service’s paper based and electronic systems to guide staff in delivery of care and services. Care plans are discussed with consumers and offered at each care plan review. Staff said they have access to support plans and are informed of changes to consumers’ needs and services following review through phone calls, meeting forums and communication books. Consumers confirm services are explained to them, and some recall being provided a copy of their care plan.

Care files show some consumers have been regularly assessed and care plans updated when circumstances change. While assessments are reviewed annually, the service does not have a consistent process for tracking and determining when scheduled care plan review dates are to occur. This was acknowledged by management who said they would review how this can be best achieved. Staff said they have input into consumer reviews by informing the coordinator of how the consumer is going and whether they have noticed any changes. All consumers interviewed are satisfied with care and services, confirming staff are knowledgeable about their needs and preferences. Consumers said if their circumstances change through an incident or changes to their living environment, the service will review their care plan in consultation with them.

Based on the assessment team’s report, I find requirements (3)(d) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(d) | 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 4. managing and preventing incidents, including the use of an incident management system. | Compliant |

Findings

**Requirement (3)(d)** was found non-compliant following an assessment contact undertaken in April 2024 as risk management systems and practices relating to high impact or high prevalence risks associated with consumers’ care were not effective. In response to the non-compliance, the provider has implemented a range of improvements, including, but not limited to, updating assessment and planning documentation to include consideration for risk, triggers and interventions; and providing staff training on a range of topics, including malnutrition, infection control and the serious incident response scheme.

However, at the assessment contact in July 2024, the assessment team found risk management systems and processes in relation to high impact or high prevalence risks are not effective. There are inconsistencies in consumer care plans relating to assessment of risk based on individual health/conditions and participation. Staff are not aware of specific processes to assess or capture this information, nor for reporting or recording incidents. While the risk management policy outlines generalised risk management protocols, there is no inclusion for identification, assessment, and management of consumer risks.

Only three incidents are recorded on the incident register from February 2023, with the last entry dated December 2023. A day book from June 2024 to July 2024 did not record any specific consumer events/incidents, however, did include recent handwritten entries completed at the time of the assessment contact which were not recorded in the incident register. A folder for incident/hazard forms is not maintained, with management stating once they have been entered they are not retained. This is not in line with the organisation’s policy. There is no identifiable consistency across the organisation for identifying, reporting and recording of incidents. Board meeting minutes for November 2023 record a standing agenda item for continuous improvement and to review reporting on risk, feedback, the continuous improvement register, and to review incidents and hazards identified since the previous meeting. However, no comments are recorded at this meeting.

The provider does not agree with the assessment team’s recommendation, and references improvements implemented in response to the previous non-compliance. The provider also highlights evidence brought forward by the assessment team which they feel demonstrates understanding of risk management systems and processes.

I acknowledge the provider’s response and evidence brought forward by the assessment team. However, I have come to a different finding to the assessment team’s recommendation of not met and find this requirement compliant. In coming to my finding, I have also considered evidence highlighted in Standard 2 requirements (3)(d) and (3)(e).

I consider there are processes to identify, assess and manage consumer risks as highlighted in Standard 2 requirements (3)(d) and (3)(e). Updated assessment forms and associated care and service plans capture risks identified and mitigation strategies. Most consumers have had their care plans reviewed using the updated assessment and care and service plan forms. Staff said care and service plans identify issues they may encounter, including mental health issues and adverse behaviours. There is also evidence to show risks relating to falls, and emotional and social well-being have been identified and related mitigation strategies implemented.

While the assessment team note there is no consistent approach for identifying, reporting and recording of incidents, evidence shows incidents are reported and recorded, with an incident register maintained. While I acknowledge staff could not provide specific detail for reporting or recording incidents, staff did state they would inform office staff if something occurred or raise concerns verbally at staff meetings. Evidence in Standard 2 indicates consumers’ care and services are regularly reviewed, including following incidents. I do note incident/hazard forms are not retained and would encourage the provider to review related processes to ensure they align with the organisation’s policy and processes. I would also encourage the provider to review how discussions at board meetings relating to standing agenda items are captured to enable effective tracking of data and related actions.

For the reasons detailed above, I find requirement (3)(d) in Standard 8 Organisational governance compliant.

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)