**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | All About Living Inc. |
| Service address: | 28A Lagoon Street Sandgate QLD 4017 |
| Commission ID: | 700319 |
| Home Service Provider: | All About Living Inc |
| Activity type: | Quality Audit |
| Activity date: | 3 February 2023 to 7 February 2023 |
| Performance report date: | 10 March 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 All About Living Inc. (**the service**) has been prepared by J ZHOU, 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

**Home Care:**

* All About Living Inc, 26825, 28A Lagoon Street, Sandgate QLD 4017

**CHSP:**

* CHSP - Domestic Assistance, 4-7Z1ZP2X, 28A Lagoon Street, Sandgate QLD 4017
* CHSP - Flexible Respite, 4-7Z1ZP5Q, 28A Lagoon Street, Sandgate QLD 4017
* CHSP - Goods Equipment and Assistive Technology, 4-7Z1ZP8J, 28A Lagoon Street, Sandgate QLD 4017
* CHSP - Home Maintenance, 4-7Z1ZPB9, 28A Lagoon Street, Sandgate QLD 4017
* CHSP - Meals, 4-7Z1ZPE2, 28A Lagoon Street, Sandgate QLD 4017
* CHSP Personal Care, 4-7Z1ZPGV, 28A Lagoon Street, Sandgate QLD 4017
* CHSP Transport, 4-7Z25GP0, 28A Lagoon Street, Sandgate QLD 4017
* CHSP - Specialised Support Services, 4-7Z25GM7, 28A Lagoon Street, Sandgate QLD 4017
* CHSP - Social Support - Individual, 4-7Z25GIJ, 28A Lagoon Street, Sandgate QLD 4017
* CHSP - Social Support - Group, 4-7Z1ZPJO, 28A Lagoon Street, Sandgate QLD 4017

# Material relied on

The following information has been considered in preparing the 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, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 22 February 2023.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 1

|  |  |  |  |
| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP/STRC | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | Compliant |
| Requirement 1(3)(c) | 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. | Compliant | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | Compliant |
| Requirement 1(3)(e) | 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. | Compliant | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Based on the Assessment Team’s evidence gathered during this quality review, I am satisfied that the provider is demonstrating compliance by:

* ensuring though its range of services and personnel that its consumers are treated with dignity and respect with their cultural diversity and identity recognised and valued;
* supporting consumers make their own decisions about their independence and remain involved in their own care and receipt of services;
* allowing the consumers to take risks to live the best life they can;
* providing information to consumers in an accurate and timely way and any changes to their care or financials are properly communicated; and
* maintaining the consumers privacy and keeping their personal information secured and confidential.

# Standard 2

|  |  |  |  |
| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP/STRC | 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 | Compliant |
| Requirement 2(3)(b) | 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. | Compliant | Compliant |
| Requirement 2(3)(c) | 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. | Compliant | Compliant |
| 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 | 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 | Compliant |

Findings

Based on the Assessment Team’s evidence gathered during this quality review, I am satisfied that the provider is demonstrating compliance by:

* ensuring that adequate assessment and planning occur which informs the delivery of ongoing safe and effective care to its consumer cohort;
* that assessment and planning is tailored for each individual consumer and takes into account their specific care management needs including advance health directives and end of life wishes where appropriate;
* partnering with other community organisations or other agencies who are also involved in their consumers care and involve those stakeholders in the assessment and planning and review of the consumers care and services; and
* communicate outcomes to their consumers and ensure regularly reviews occur for effectiveness and are properly documented.

# Standard 3

|  |  |  |  |
| --- | --- | --- | --- |
| Personal care and clinical care | | HCP/STRC | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant | Compliant |
| Requirement 3(3)(e) | 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. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Compliant |

Findings

Based on the Assessment Team’s evidence gathered during this quality review, I am satisfied that the provider is demonstrating compliance by:

* ensuring that consumers are provided with timely personal care and clinical care which is safe and delivered according to preferences and needs;
* evidencing the identification and documentation of high impact, high prevalence risks for consumers through assessment practises using validated best practice tools
* evidencing service staff understand consumer care needs and make timely referrals to support existing or changing preferences and requirements; and
* demonstrating embedded policies and processes guide service staff in supporting personal care and clinical care.

# Standard 4

|  |  |  |  |
| --- | --- | --- | --- |
| Services and supports for daily living | | HCP/STRC | CHSP |
| Requirement 4(3)(a) | 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. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | 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. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Based on the Assessment Team’s evidence gathered during this quality review, I am satisfied that the provider is demonstrating compliance by:

* ensuring consumers are provided with safe and effective supports for daily living that are important for their health and wellbeing;
* demonstrating consumers are supported to remain connected to their communities and participate in things that interest them;
* evidencing embedded processes communicate pertinent information with service staff and others involved in consumer care to ensure services meet consumers preferences and needs;
* evidencing timely referrals are made, assessments are completed, and equipment is provided that is fit for purpose;
* demonstrating practices that support consumers emotional, spiritual and psychological wellbeing; and
* evidencing consumer centric individualised goals inform service delivery and enable optimal independence, health, well-being and quality of life.

# Standard 5

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation’s service environment | | HCP/STRC | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not applicable | Not applicable |
| 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. | Not applicable | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Not applicable |

Findings

This standard was not assessed as part of the quality audit as service does not provide a physical service environment to consumers. This standard is not applicable.

# Standard 6

|  |  |  |  |
| --- | --- | --- | --- |
| Feedback and complaints | | HCP/STRC | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Based on the Assessment Team’s evidence gathered during this quality review, I am satisfied that the provider is demonstrating compliance by:

* ensuring that consumers and representatives are encouraged, engaged, and supported to provide feedback and make complaints to the service;
* ensuring the service acknowledges, investigates, and actions the feedback it receives using an open disclosure approach;
* evidencing that service staff are educated and trained in understanding the importance of consumers raising their concerns;
* evidencing that consumer and representative feedback informs changes and drives improvements in consumer care; and
* evidencing that consumers are made aware of, and have access to advocacy services, language services, and support to manage and resolve complaints.

# Standard 7

|  |  |  |  |
| --- | --- | --- | --- |
| Human resources | | HCP/STRC | CHSP |
| Requirement 7(3)(a) | 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. | Compliant | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

I note the Assessment Team took issue with the provider’s demonstration that its workforce is competent because issues were identified around medication management and administration. Specifically, not all staff who assist with medication administration/prompting have completed the practical medication competency.

This issue was raised with the service while the Assessment Team were onsite and the registered nurse instructed the rostering area to only allocate staff who have up to date annual medication competency training to deliver medication assistance and/or prompting. Furthermore, the service has now booked the other staff members to complete their practical competencies over coming weeks. The Assessment Team did not identify any impact to consumers by this oversight.

I have had regard to the immediate risk mitigation strategy demonstrated by the provider during the site audit. I have also considered no consumers appeared impacted by the service’s oversight before it was identified by the Assessment Team’s audit and that since then, alerts now exist on the service’s case management software that preclude a support worker from being booked to undertake a service if they do not have the current skillset logged the system.

Based on these improvements, I am satisfied the provider is complaint with this requirement and I overturn the Assessment Team’s initial findings of a not met against this requirement.

With respect to the other requirements, I am satisfied from the evidence reported by the Assessment Team that the provider is complaint with the other requirements of this standard.

I find the provider fully complaint with this Standard.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP/STRC | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant | Compliant |
| 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 | Compliant |
| 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 | Compliant |
| 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. | Compliant | Compliant |

Findings

Based on the Assessment Team’s evidence gathered during this quality review, I am satisfied that the provider is demonstrating compliance by:

* evidencing that consumers are engaged in developing and evaluating the service;
* evidencing the executive management team and board have oversight and accountability of service operations and promote a culture of safe, inclusive quality care;
* demonstrating embedded governance systems monitor and provide effective guidance to service staff, particularly now that systemic improvements have been made to rectify the medication management training issue following the Commission’s quality review;
* demonstrating effective risk management systems identify and reduce consumer risks, including high impact, high prevalence risks; and
* evidencing an embedded clinical governance framework that guides staff in antimicrobial stewardship, minimising restraint, and open disclosure practices.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)