**Performance**

**Report**

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| Name of service: | Anglicare SA - Elizabeth |
| Service address: | Suite 3 25 Philip Highway Elizabeth SA 5112 |
| Commission ID: | 600060 |
| Home Service Provider: | Anglicare SA Ltd |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 11 September 2023 |
| Performance report date: | 18 November 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 Anglicare SA - Elizabeth (**the service**) has been prepared by M Franco, 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:**

* Community and Home Support, 23656, Suite 3 25 Philip Highway, Elizabeth SA 5112

# 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.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| 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 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

Evidence analysed by the Assessment Team showed in response to the non-compliance identified in February 2023 the service has undertaken various actions to address the non-compliance. The service now demonstrated effective risk management systems and practices, including but not limited to, managing high impact or high prevalence risks associated with the care of consumers, identifying, and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents.

* *In relation to high impact or high prevalence risks associated with the care of consumers is managed.*

The service has developed and implemented a ‘Health and Wellness Consumer Welfare Checklist’ to identify vulnerable consumers. The checklist is completed for new consumers entering the service as part of the assessment and planning process and during relevant reviews. The service has developed and implemented an operational procedure guideline for the management of high impact high prevalence risks for consumers.

* *In relation to managing and preventing incidents, including the use of an incident management system.*

The service demonstrated an effective incident management system that is used to prevent and manage incidents. The incident register provided to the Assessment Team demonstrated the service captures incidents that occur within the service and changes in condition outside of the delivery of service. Management described and documentation confirmed incidents are documented within an Incident Management System (IMS) and reported at the Quality and Clinical Governance bi-monthly meetings. Staff interviewed described how incidents are documented within IMS resulting in a number being generated. This number is used within the consumers case notes for follow up actions, investigations, and outcomes regarding the incident.

* *In relation to identifying and responding to abuse and neglect of consumers.*

The service demonstrated procedures are in place to identify and respond to abuse and neglect of consumers. The service has a ‘Safeguarding Adults at Risk of Abuse Organisational Standard’ to guide staff in the identification and reporting of abuse and neglect of consumers. Staff interviewed described online training they complete annually and explained the process they would complete if they experienced a consumer they believed to be at risk of abuse and neglect and the reporting requirements for the Serious Incident Response Scheme (SIRS).

* *In relation to consumers being supported to live the best life they can.*

The service demonstrated processes in place to support consumers to live their best life. The service offers a range of health and wellness services to optimise their health and wellbeing to support consumer to continue to live the best life they can. The service has a range of therapists including physiotherapists, occupational therapists, podiatrists, and exercise physiologists that work with individual consumers to develop fitness goals and find suitable services to enhance consumers wellbeing. Documentation viewed demonstrated the service works in consultation with consumers to develop a wellness and fitness plan to support the consumers to stay active and live the best life they can.

Based on the evidence summarised above, I find the provider in relation to the service, compliant with Requirement 8(3)(d).

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