**Performance**

**Report**

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| Name: | Limestone Coast Local Health Network |
| Commission ID: | 600071 |
| Address: | James Street Complex, 4 James Street, MOUNT GAMBIER, South Australia, 5290 |
| Activity type: | Quality Audit |
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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

Home Care Packages (**HCP**) included:  
Provider: 9693 Limestone Coast Local Health Network Incorporated  
Service: 18579 Limestone Coast Home Care Packages  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9731 Limestone Coast Local Health Network Incorporated  
Service: 27601 South East Local Health Network Incorporated - Care Relationships and Carer Support  
Service: 27600 South East Local Health Network Incorporated - Community and Home Support

**This performance report**

This performance report for Limestone Coast Local Health Network (**the service**) has been prepared by R Beaman, 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 Quality Audit report, which was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider did not submit a response to the assessment team’s report.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| 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 | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| 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 | **Compliant** |
| **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

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | 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

Consumers confirmed they are treated with dignity and respect and their identity and diversity are valued. Consumers described staff as wonderful, caring, and respectful. Consumers confirmed care and services are provided in line with their cultural preferences and is culturally appropriate. Consumers are satisfied staff support them to live independently and make decisions about their care, and who should be involved in those decisions.

Staff are familiar with individual consumer backgrounds, and knowledgeable of what is important to consumers, including their needs and preferences.

Documentation captured consumers’ cultural preferences and identity. Management confirmed literature is available to consumers via the service’s website on what is and how to access culturally safe care. The service has policies and processes in place to ensure personal information is kept securely and private.

Consumers and representatives advised the service supports consumers to live their best lives and exercise choice over their activities. The service identifies and supports consumers who choose to undertake activities involving risk by discussing strategies to mitigate risks. Staff described processes implemented to support consumers’ independence whilst reducing risk of harm.

Consumers and representatives confirmed written communication is clear and easy to understand and the service communicates information in a timely manner. Staff described ways they support consumers who may require additional supports with written or verbal communication. Staff described how they maintain a consumer’s privacy and confidential information through secure storage of data and not discussing consumers’ information within the community. Consumers expressed no concerns in relation to their privacy and confidentiality.

Based on the information in the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant.

# Standard 2

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| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | 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

Consumers and representatives reported being consulted in planning and expressed satisfaction with care and services. They stated services are provided in line with preferences, meet current needs and care goals, and they were informed of risk mitigation strategies. Care documentation contained detailed information to guide staff in the delivery of safe care and services. Staff described processes of obtaining needs goals and preferences, including advance care planning with consumers.

Inclusion of other providers of care and services was demonstrated in care and planning documentation, and consumers confirmed they had input into who was involved in the planning and assessment of their care needs. Care plans are available in consumers’ homes’, and consumers were confident staff updated them when changes occur, and that information is presented in a way that is easy to understand. Care documentation demonstrated care and services are reviewed in response to changes to a consumer’s health and well-being, including when incidents occur, and regular scheduled reviews are undertaken by staff. Staff described the service’s regular assessment and planning review process and provided examples of when they would review a consumer’s care and services.

Based on the information in the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 3

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| Personal care and clinical care | | HCP | 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

Consumers confirmed care and services are tailored to their needs and optimises their health and well-being. Consumers and representatives expressed confidence the service recognises deterioration, makes timely referrals to other providers of care and consumers confirmed they did not have to repeat their information.

Staff are knowledgeable of individual consumer care needs, including risk mitigation, addressing signs of deterioration, preference, and choices. Infection related risks are minimised through standard transmission-based precautions and supported by an outbreak management plan. Staff described ways in which they provide care to consumers nearing end of life to maximise their comfort and maintain dignity.

Care documentation confirmed consumers’ needs, preferences, and changes in condition are recorded and communicated to staff and other providers of care, and referrals are made in a timely manner. Observations showed staff maintain appropriate infection control, including hand hygiene.

Based on the information in the assessment team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant.

# Standard 4

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| Services and supports for daily living | | HCP | 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

Consumers and representatives were satisfied services and supports for daily living met consumers’ needs, and optimised their independence, health, well-being, and quality of life. Staff described how they support consumers to remain independent and provided examples of how they deliver care and services in line with consumers’ preferences. Documentation detailed preferences for social supports, activities, and engagements in line with consumers’ identified needs for optimal quality of life.

Consumers felt staff knew them well and described how the service enhanced their well-being all round. Staff described how they knew their consumers well and demonstrated how they manage and escalate changes to a consumer’s emotional or psychological well-being.

Consumers advised they are supported to access the community, maintain social relationships and undertake activities and things of interest to them. Documentation recorded consumers’ interests and social connections to guide support services. Staff confirmed care documentation is up to date and readily accessible to provide relevant information regarding choice, preference, and care needs for each consumer.

Consumers confirmed referrals to other providers of care are made in a timely manner and described examples of how those referrals optimised their independence, including specialised equipment in their home. Management described the service’s process for supporting consumers to maintain their independence in the home through the referrals to other providers of care.

Consumers confirmed where meals are provided, they are varied and of suitable quality. Staff were knowledgeable of consumers’ dietary needs, and preferences. Documentation and staff interviews confirmed identified risks in relation to consumers’ eating and drinking was identified with recorded strategies to mitigate. The service had multiple contracted providers for meal services for consumers to choose from.

The service has processes in place to ensure equipment and vehicles are safe for use and fit for purpose. Consumers reported undergoing assessments for suitability and safety prior to the use of equipment.

Based on the information in the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant.

# Standard 5

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| Organisation’s service environment | | HCP | 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. | Compliant | Compliant |
| 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 | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

The service’s day centre, games room and kitchenette are welcoming and inviting and provide enough space for consumers to interact and engage in activities. Day centre walls are decorated with art and crafts completed by consumers. Consumers expressed satisfaction with the environment and indicated they found it welcoming and well maintained.

The service environment is clean, well-lit, and tidy, and the layout enables consumers to move freely without restrictions. Consumers confirmed the environment is easy to navigate and encourages engagement.

Furniture, fittings, and equipment within the service environment are in good condition, safe and suitable for consumer use. Documentation confirmed the service has preventative and reactive maintenance processes in place.

Based on information in the assessment team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant.

# Standard 6

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| Feedback and complaints | | HCP | 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

Consumers and representatives confirmed they felt comfortable and supported to raise any issues or concerns. Staff described how they supported and encouraged consumers to provide feedback verbally or through a formal written submission. Admission paperwork provided to consumers included information on how to lodge feedback, compliments, and complaints.

Consumers, representatives, and staff confirmed an awareness of the service’s availability to assist in raising complaints or providing feedback. Staff described supports and resources available to assist consumers with language, hearing, vision, and cognition barriers to provide feedback. Literature on advocacy services is available in admission paperwork and is displayed at the service.

Consumers were confident the service responds promptly to concerns and communicates well with open disclosure when things go wrong. Staff and management could describe systems and processes to address consumer feedback, including documenting processes to ensure timely action and outcomes.

The service maintains a register to monitor feedback trends for the purposes of quality improvement. Meeting minutes and the service’s continuous improvement register documented how the management and review of complaints and feedback facilitated improvement outcomes.

Based on the information in the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant.

# Standard 7

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| Human resources | | HCP | 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

Consumers and representatives were complimentary of staff, confirming they turn up on time and are satisfied with their work. Staff confirmed they have enough time to complete their duties and are supported with the right skill mix to meet the needs of consumers. Management advised scheduling is consumer focused and correct qualifications for staff are considered in the rostering process.

Staff confirmed participation in training for cultural diversity and described person centred care, engaging and supporting consumers, and respecting their individual choices and preferences.

Consumers and representatives described the workforce as competent with the knowledge to effectively undertake their roles. Staff confirmed buddy shifts and regular meetings supported their learning and upskilling to perform their roles. Training records showed competency assessments inform training requirements for staff, as well as legislative compliance and understanding of the Quality Standards.

The service has processes and policies for reviewing staff performance annually with a six-monthly check in, as well as reviewing consumer feedback and ongoing competency assessments. The service self-identified deficiencies in their staff performance review process and implemented improvements.

Based on the information in the assessment team’s report, I find all requirements in Standard 7 Human resources compliant.

# Standard 8

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| Organisational governance | | HCP | 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

Consumers confirmed they are engaged in the development, delivery and evaluation of care and services through feedback processes and surveys. The service has a consumer, carer and community engagement strategy which includes community consultation to influence service planning and care delivery.

The governing body promotes a culture of safe inclusive and quality care and services, through various reporting and monitoring channels, with the governing body and associated committees aligned to facilitate board awareness and ensure accountability.

The service demonstrated effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service has an effective risk management system, including a risk register, processes for identifying and responding to abuse and neglect, supporting consumers to live their best lives, and recording and responding to incidents.

The service has a clinical governance framework and associated policies and procedures relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. The service demonstrated clinical care is reviewed for safety and quality through internal audits, quality performance indicators review and monitoring of data and documentation.

Based on the information in the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant.

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