**Performance**

**Report**

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| Name of service: | City of Marion Home Assist - STURT |
| Service address: | 245 Sturt Road STURT SA 5047 |
| Commission ID: | 600129 |
| Home Service Provider: | Corporation of the City of Marion |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 19 December 2022 |
| Performance report date: | 16 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 City of Marion Home Assist - STURT (**the service**) has been prepared by S Bickerton, 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

**Commonwealth Home Support Programme (CHSP):**

* Community and Home Support, 24502, 245 Sturt Road, STURT SA 5047

# 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
* the provider’s response to the assessment team’s report received 6 January 2023

# Assessment summary for CHSP

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

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

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| 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. | Non-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. | Non-compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Non-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. | Non-compliant |

# Other relevant matters:

Non-compliance of requirements 2(3)(b), 2(3)(c), 2(3)(d), 2(3)(e), 4(3)(d), 6(3)(c), 6(3)(d), 7(3)(a), 8(3)(b), 8(3)(c) and 8(3)(d) was identified during a quality audit conducted on 6 May 2022.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| 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 |
| 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 |
| 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. | Non-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

At the time of performance report decision, the service was:

* Demonstrating consumer assessment processes plan care and services in partnership with consumers and those they chose to involve
* Evidencing that consumer assessments include considerations of risks, health and well-being, and changing needs and preferences
* Evidencing discussion and provision of information regarding advanced care planning and end of life preferences

At the time of performance report decision, the service was not:

* Evidencing that outcomes of assessment and planning processes are communicated effectively, including documented care and service plans that are readily available for consumers, their representatives, and service staff

The service demonstrated assessment and planning processes identify and plan consumer services aligned with needs, goals and preferences including advance care planning. Service care planning documentation evidenced personalised consumer goals and planned consumer actions, however did not evidence measures describing how service staff support consumers in meeting these goals. While the service did not evidence consistent documentation of advance care planning outcomes and information sharing with brokered service providers, the service did demonstrate conversations around this are held with consumers as are discussions relevant to consumers needs, goals, and preferences.

The service demonstrated assessment and planning is underpinned by ongoing partnership with consumers and others they wish to be involved. Consumers interviewed by the assessment team described in different ways that they are involved in assessment and planning process including the setting of their goals.

The service did not demonstrate that outcomes of assessment and planning are effectively documented and made available to consumers or the service workforce at the point of service delivery. The assessment team evidenced through interviews with consumers and reviewing service documentation that comprehensive care plans capturing all aspects of consumer health and wellbeing are not made readily available. The assessment team interviewed a sample of consumers who described in different ways that a service agreement is provided to them however, associated service documentation evidenced generic information and did not include outcomes of assessment and planning, to guide and inform care and service delivery.

The service demonstrated consumer care and services are reviewed regularly, when circumstances change, or when incidents impact consumer needs, goals, or preferences.

In response to the assessment teams report, the service evidenced a proactive plan for continuous improvement and demonstrated a commitment to taking prompt action where possible. As decision maker, this instils trust and confidence in the service. At the time of performance report decision, I find the service non-compliant with requirement 2(3)(d) and recognise planned improvement measures will require re-assessment to assess their utility and allow the service to demonstrate that changes are embedded, practised by service staff consistently, and are effective for consumers.

# Standard 4

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| Services and supports for daily living | | CHSP |
| 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. | Non-compliant |

Findings

At the time of performance report decision, the service was not:

* Evidence the effective communication of information relevant to consumers conditions, needs and preferences with other organisations where the responsibility is shared

The service did not demonstrate that information regarding consumers condition, needs, goals and preferences is consistently and effectively communicated with other organisations who are involved service delivery. The assessment team reviewed documentation for four consumers receiving brokered services and evidenced insufficient information recorded to inform the delivery of safe and effective services. When interviewed by the assessment team, consumers expressed in different ways, frustration with multiple staff providing their services and found they needed to repeat information several times. Some consumers described having negative experiences with some brokered. For example:

* One consumer described how their domestic assistance service is completed by multiple staff. This consumer described varying levels of satisfaction with adherence to specific instructions, and found they had to write down information for staff to follow because the service usually sends a new worker each week
* One consumer expressed displeasure with service staff consistency and described not receiving notification of who will arrive at their home to complete domestic assistance. This consumer described training new service staff regularly
* The care planning documentation for one consumer evidenced a high falls risks, and referenced the consumer uses a 4-wheel walker and walking stick. This information was not evidenced in associated domestic service plans provided to brokered staff
* Service management explained and demonstrated that at the time of assessment contact, the service did not seek ongoing communication or updates from external organisations providing brokered services to individual consumers. Feedback was evidenced to come from consumer feedback
* The service evidenced a ‘brokerage, collaboration & referral procedure’ defining regular and timely updates and the sharing of information relating to consumer reviews, progress towards achieving goals, changes in circumstances and referrals.
  + Adherence to this was not evidenced in documentation for sampled consumers

In response to the assessment teams report, the service evidenced a proactive plan for continuous improvement and demonstrated a commitment to taking prompt action where possible. As decision maker, this instils trust and confidence in the service. At the time of performance report decision, I find the service non-compliant with requirement 4(3)(d) and recognise planned improvement measures will require re-assessment to assess their utility and allow the service to demonstrate that changes are embedded, practised by service staff consistently, and are effective for consumers.

# Standard 6

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| Feedback and complaints | | CHSP |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

At the time of performance report decision, the service was:

* Demonstrating that feedback is reviewed and used to improve services provided to consumers

At the time of performance report decision, the service was not:

* Evidencing consistent records relating to feedback and complaints, and the actioning of feedback improvements in a timely manner, using an open disclosure approach

The service did not demonstrate appropriate action is taken in resolving complaints and did not evidence an open disclosure process is employed when things go wrong. While consumers explained to the assessment team in different ways that service is prompt when following up complaints, they advised that complaints about brokered services are often not resolved and any outcomes are not communicated to them. The assessment team reviewed the services feedback register, and consumer progress notes did not evidence a consistent open disclosure approach is used by the service.

While the service demonstrated that complaints are actioned, and open disclosure principles are used sometimes, the service did not evidence this occurs consistently and did not demonstrate effective oversight is maintained of complaints made about brokered services.

Service staff and service management demonstrated using consumer feedback and complaints to inform continuous improvements, and associated documentation evidenced that the service uses consumer feedback to improve the quality of services. Service management demonstrated complaint and feedback information is trended and used to inform discussions at all levels of the service.

Minutes of the services ‘continuous improvement committee’ meetings evidenced feedback and complaint data is analysed and improvements are designed and linked to the services continuous improvement register. The services continuous improvement register evidenced several service improvements derived from consumer feedback.

In response to the assessment teams report, the service evidenced a proactive plan for continuous improvement and demonstrated a commitment to taking prompt action where possible. As decision maker, this instils trust and confidence in the service. At the time of performance report decision, I find the service non-compliant with requirement 6(3)(c) and recognise planned improvement measures will require re-assessment to assess their utility and allow the service to demonstrate that changes are embedded, practised by service staff consistently, and are effective for consumers.

# Standard 7

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| Human resources | | 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 |

Findings

At the time of performance report decision, the service was:

* Evidencing that sufficient numbers of its workforce are engaged to deliver safe and quality care and services to consumers

At the time of assessment contact, the service did not evidence detailed data and metrics to demonstrate its workforce is planned with appropriate detail to adhere to requirement 7(3)(a).

When interviewed by the assessment team, most consumers described in different ways that they had several missed shifts, and that impacted their happiness and wellbeing. Service management demonstrated that brokered service providers had been engaged to increase the number of staff available to deliver services and described actively working to reduce missed shifts.

Service management evidenced regular meetings being held with brokered service providers to discuss rostering issues, missed shifts and staff capacity. Service management described working to reschedule all missed shifts for consumers where possible, and promptly changing brokered providers where problems persist.

The service provided data and information to the assessment team at the time of assessment contact relevant to cancelled services in 2022. This data did not evidence a comprehensive breakdown of missed shift information and did not adequately reference consumer services that had been rescheduled.

The service evidenced a detailed analysis and deconstruction of metrics linked to consumer service delivery, and evidenced data representing a workforce that has responded to contemporary and persistent challenges. I consider this information demonstrates the services workforce is sufficiently planned and actively monitored to provide safe and quality care and services, and on balance after considering the evidence presented by the assessment team and the service, I find the service compliant with requirement 7(3)(a).

# Standard 8

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| Organisational governance | | CHSP |
| 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 |
| 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. | Non-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 |

Findings

At the time of performance report decision, the service was:

* Evidencing that consumer risks and incidents continuously inform and improve the safe and effective delivery of services
* Demonstrating the promotion of a culture of safe, inclusive and quality services

At the time of performance report decision, the service was not:

* Evidencing the effective organisation-wide governance of feedback and complaints

The service demonstrated the organisation promotes a culture of safe, inclusive and quality care and services, and is accountable for their delivery. The service evidenced a range of reporting mechanisms to ensure the organisation is aware and accountable for the delivery of care and services. Service management evidenced established and enhanced reporting mechanisms to ensure the organisation has oversight to ensure safe and effective services are being delivered.

The service did not demonstrate effective organisation-wide governance systems in relation to feedback and complaints, however, the organisation did demonstrate effective governance systems in information management, continuous improvement, financial governance, workforce governance, and regulatory compliance.

In relation to feedback and complaints, service management evidenced a range of actions undertaken to address identified non-compliance from a previous quality audit conducted in 2022, including:

* Improved reporting processes for feedback and complaints to ensure executive leadership have effective oversight
* Improved communication with brokered service providers to enable effective management of feedback and complaints
* Training delivered to staff and management in feedback and complaints and open disclosure

Service management evidenced improvements made to feedback registers ensure oversight of all feedback and complaints and manage high level complaints being escalated. The assessment team evidenced meeting minutes that demonstrate feedback and complaints data is analysed and discussed at team and executive level, and with brokered service providers.

While the service did demonstrate effective reporting of feedback and complaints data, it did not demonstrate that individual complaints are consistently documented to evidence open disclosure principles are practised. The services feedback register and progress notes for consumer complaints did not evidence the consistent application of open disclosure processes for all consumer complaints. Standard 6, requirement (3)(c) provides further information.

The service demonstrated an embedded and effective incident management system that includes communication with consumers, detailed documentation, trend analysis, and reporting. The assessment team reviewed service incident reports that evidenced appropriate action is taken after incidents including the consideration and implementation of strategies to mitigate risks and avoid future incidents. The assessment team noted that documentation of incidents in the services incident register and consumer progress notes was inconsistent, and did not reflect follow up actions taken, and open disclosure principles. While documentation of incidents was not always consistent, the service did demonstrate effective systems manage and prevent consumer incidents.

In response to the assessment teams report, the service evidenced a proactive plan for continuous improvement and demonstrated a commitment to taking prompt action where possible. As decision maker, this instils trust and confidence in the service. At the time of performance report decision, I find the service non-compliant with requirement 8(3)(c) and recognise planned improvement measures will require re-assessment to assess their utility and allow the service to demonstrate that changes are embedded, practised by service staff consistently, and are effective for consumers.

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)