**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| 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: | 23 August 2023 |
| Performance report date: | 11 October 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 M Abjorensen, 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, 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 review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 10 September 2023. The provider agreed with the information and evidence provided in the Assessment Team report.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | 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. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |

Findings

Consumers reported they have received a copy of their care plan that reflects the outcomes of assessment and planning discussions. Staff described having access to relevant information at the point of care to inform care and service delivery. Care documentation contained individualised goals and care directives to guide care staff. The service conducts internal audits to monitors, and evaluate, the quality and detail of care planning to ensure information captured is consistent with consumer needs and sufficient to guide care workers.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(d) in Standard 2, Ongoing assessment and planning with consumers.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | 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. | Not applicable |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Not applicable |
| 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. | Not applicable |
| 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 |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not applicable |

Findings

Consumers reported staff have access to the right information to deliver their services without the need for further instructions. Staff and volunteers advised, and documentation showed, communication protocols are effective to share information relating to a change in consumer condition, needs or preferences. Brokered staff described improvements in the quality of information provided in relation to consumer needs, goals and preferences.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(d) in Standard 4, Services and supports for daily living.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Not applicable |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Not applicable |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not applicable |

Findings

The service has policies and procedures, inclusive of open disclosure principles. Training records, and staff interviews show staff have received training in complaints handling and resolution. Consumers, who had made complaints, reported being satisfied with the actions taken to resolve the issue, inclusive of an apology and timely response to feedback. Staff were familiar with the principle of open disclosure. Management explained, and documentation showed, that monthly meetings occur with brokered services to review feedback and complaints to ensure consumer feedback is captured and addressed. The feedback register showed actions taken to resolve complaints, including an acknowledgement, offering an apology, keeping consumers informed of the process and outcome, analysis of the root cause and relevant improvement actions, such as workforce training.

Based on the information summarised above, I find the provider, in relation to the service, compliant with (3)(c) in Standard 6, Feedback and complaints.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Not applicable |
| 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. | Not applicable |
| 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 |
| 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. | Not applicable |
| 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. | Not applicable |

Findings

Effective wide governance systems were demonstrated:

* Information management
  + The organisation consumer information securely in an electronic system with password protection and access permissions occur in accordance with staff role requirements
* Continuous improvement
  + Continuous improvement opportunities are identified through staff meetings, consumer feedback and internal audits
  + The organisation has policies and procedures and a continuous improvement subcommittee to monitor, plan and implement improvement activities
* Financial governance
  + The organisation has established financial reporting structures to monitor and oversee budgets through quarterly reports
* Workforce governance
  + Management oversee workforce numbers and performance, including monthly meetings with brokered services
* Regulatory compliance
  + The organisation has systems and processes in place to ensure the service complies with all relevant legislation, regulatory requirements, professional standards and guidelines
* Feedback and complaints
  + The organisation maintains a complaints and feedback procedure which details how the service will address feedback and complaints. The governing body is informed of feedback trends through reporting structures.

Based on the information summarised above, I find the provider, in relation to the service, compliant with (3)(c) in Standard 8, Organisational governance.

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)