**Performance**

**Report**

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| Name of service: | City of Playford Home Assist |
| Service address: | The Civic Centre, Playford Boulevard ELIZABETH SA 5112 |
| Commission ID: | 600201 |
| Home Service Provider: | City of Playford |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 24 January 2023 |
| Performance report date: | 22 February 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 Playford Home Assist (**the service**) has been prepared by A. Grant, 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, 23732, The Civic Centre, Playford Boulevard, ELIZABETH SA 5112
* Care Relationships and Carer Support, 23731, The Civic Centre, Playford Boulevard, 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, consumers/representatives and others.
* The provider’s response to the assessment team’s report received 15 February 2023.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Not Applicable |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **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 as not all requirements have been assessed** |
| **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

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 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. | **Non-compliant** |

# Standard 2

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| 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. | **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** |
| 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. | **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. | **Non-compliant** |

Findings

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was able to demonstrate that current 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. Consumers and/or representatives when interviewed by the Assessment Team confirmed in various ways that consumer assessments were completed, their care and services needs were discussed and were planned to meet their health and well-being needs. During interviews with the Assessment Team Management advised the results of assessment and planning inform the development of the individual risk assessment and the service plan.

Evidence analysed by the Assessment Team showed the service was able to demonstrate assessment and planning identifies and addresses consumers’ current needs, goals and preferences including advance care planning and end of life planning if the consumer wishes. Consumers interviewed in relation to this requirement by the Assessment Team confirmed assessment and planning identified consumers’ current needs, goals and preferences. Management when interviewed by the Assessment Team described the new assessment process for consumers which captures consumers' needs, goals and preferences and relates them to services received. Assessment and care planning documentation analysed by the Assessment Team showed strategies to meet consumers' individualised needs, goals and preferences are described, and end of life preferences captured.

Non-compliant Evidence

Evidence analysed by the Assessment Team showed the service was not able to demonstrate the outcomes of assessment and planning are effectively documented, and these documents are available to consumers and the workforce at point of care. During interviews with the Assessment Team consumers and representatives advised they either did not receive a copy of their service plan or were unsure if they had received a copy of their service plan. Staff and volunteers delivering services when interviewed by the Assessment Team advised they receive limited information from assessments to inform the services they deliver. During interviews with the Assessment Team Management advised two service plans are sent to each consumer, with one copy signed and returned, after initial assessment and each review.

Seven of seven consumers and representatives interviewed by the Assessment Team advised they either had not received a copy of their service plan or were unsure if they had received a copy of their service plan. During interviews with the Assessment Team staff described having access to service plans and individual risk assessments at the point of service, and contractors described how they receive information about consumer risk through emails from the service, however, volunteers providing services advised they do not receive any consumer information to guide their service delivery.

The Assessment Team noted while the service was able to demonstrate service plans are provided to consumers, staff and contractors, the service was not able to demonstrate that consumers are aware of, or understand their service plans, nor was the service able to demonstrate that results of assessment and planning for consumers are available to volunteers’ delivering services.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate care and services are reviewed regularly, and when circumstances change or when incidents impact on the needs, goals, or preferences of the consumer. Some consumers interviewed by the Assessment Team advised they have their services reviewed regularly. During interviews with the Assessment Team Management advised they are aware they are behind in scheduled reviews and have engaged external consultants to enable the service to complete all outstanding reviews by the end of March 2023.

During interviews with the Assessment Team consumers provided inconsistent information regarding reviews of their services. Which included one consumer stating they regularly have their services reviewed, and discuss their needs, goals and preferences. One consumer stated they do not believe they have had a review despite being with the service for several years. The Assessment Team analysed the service's review report which showed 268 reviews (approximately 30%) were outstanding at the time of the Quality Audit.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate consumers have their services consistently or effectively reviewed after an incident or change in circumstances. For example, progress notes for Consumer A show Consumer A were hospitalised for water on the lung in 2022, however, a review of services wasn't considered for Consumer A until after a subsequent hospitalisation in 2023.

The Assessment Team noted they acknowledged the efforts made to enable accurate reporting of reviews and to engage consultants to complete all outstanding reviews promptly, at the time of the Assessment Contact, the service was not able to demonstrate care and services are reviewed regularly, and when circumstances change or when incidents impact on the needs, goals, or preferences of the consumer.

# Standard 4

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| 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. | **Not applicable** |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Compliant** |
| 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Consumers and/or representatives interviewed by the Assessment Team confirmed that consumers were timely and appropriately referred as required, for example, to Dementia Australia or to My Aged Care (MAC). Staff and management when interviewed by the Assessment Team advised the service has arranged a representative for the Aged Rights Advocacy Service (ARAS) to be available for consumers each Friday and explained how they assist consumers connect with external providers and services.

The Assessment Team analysed care planning documentation for fourteen consumers, and referrals to external agencies for support is clearly documented. For example, care planning documentation for Consumer B showed that Consumer B’s carer is suffering carer fatigue and needs support. The individual risk assessment for Consumer B shows that the coordinator contacted Dementia Australia and provided 24-hour contact details for support for Consumer B’s carer.

# Standard 6

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| 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate appropriate action is taken in response to complaints and open disclosure process is used when things go wrong. During interviews with the Assessment Team consumers and/or representatives stated that complaints were resolved promptly, to their satisfaction, and open disclosure principles used throughout the process. Staff and management when interviewed by the Assessment Team advised that training and amendments to the feedback and complaints process has resulted in more feedback captured and swifter resolution of complaints.

During interviews with the Assessment Team Management described how they have updated policies and procedures for open disclosure and feedback and complaints. The Assessment Team noted these policies were submitted to council for approval in December 2022 and are expected to be approved in February 2023.

During interviews with the Assessment Team staff, volunteers and management stated the service has conducted training sessions in feedback and complaints, and further training is planned once the new policies and procedures have been approved.

# 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. | **Not applicable** |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | **Not applicable** |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | **Not applicable** |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | **Compliant** |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | **Compliant** |

Findings

Evidence analysed by the Assessment Teams showed the service was able to demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. During interviews with the Assessment Team staff and volunteers described completing relevant training and being supported in their role. Evidence analysed by the Assessment Teams showed the service has policies and procedures to guide staff and volunteers in recruitment and induction. Consumers and representatives when interviewed by the Assessment Team indicated they were satisfied with the level of training provided to staff.

During interviews with the Assessment Team staff, contractors and volunteers described how they are supported through induction, policy and procedures and ongoing training. The Assessment Team noted members of the workforce delivering services advised there is always someone available if they need further support. During interviews with the Assessment Team volunteers were able to describe the policies and procedures in place for induction and ongoing volunteer training. Additionally, volunteers stated they would be contacted either by email or text for all training requirements.

Evidence analysed by the Assessment Team showed the service was able to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Staff when interviewed by the Assessment Team confirmed they were supported in their performance review process. During interviews with the Assessment Team management described their process for regular assessment and monitoring of staff performance.

During interviews with the Assessment Team one contractor described how they receive regular feedback from the service through email, which includes feedback from consumers, performance and areas for improvement. Staff when interviewed by the Assessment Team described receiving monthly one-on-ones with the direct supervisor, and annual performance reviews with their supervisor's supervisor. During interviews with the Assessment Team staff described this as a supportive process where they can discuss their challenges, training needs and goals.

During interviews with the Assessment Team Management advised the Council's performance management system and framework was externally audited by the Independent Commission Against Corruption (ICAC) and endorsed. Management when interviewed described their performance management system, known as 'CHATS', involves a monthly meeting with each staff member's direct supervisor, and an annual meeting with the staff member's supervisor once removed. During interviews with the Assessment Team Management advised they monitor staff and volunteer performance discussions through monthly CHATS reports and monitor contractor performance through the service's Contractor Management register.

# Standard 8

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| 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. | **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** |
| 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** |
| 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate the organisation promotes a culture of safe, inclusive and quality care and services, and is accountable for their delivery. Evidence analysed by the Assessment Team showed the service has a range of reporting mechanisms to ensure the organisation is aware and accountable for the delivery of care and services.

During interviews with the Assessment Team Management described how they have expanded their reporting to the Board to ensure all relevant information regarding CHSP services each month to provide enhanced oversight. Management when interviewed stated they provide information regarding performance reporting, feedback and complaints, incidents, contractor management, continuous improvement, human resources and volunteer management.

During interviews with the Assessment Team Management described how incident reporting has been amended in the service's incident reporting system, 'SkyTrust', to ensure that senior management receive an email notification of any incident reported. The Assessment Team noted Management use these emails to track the status on any incidents, and to report to the Board.

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate effective organisation-wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The Assessment Team noted in relation to information management, management outlined a range of actions undertaken to address non-compliance identified at the Quality Audit in April 2022. Coordinators when interviewed by the Assessment Team described how additional prompts added to the assessment and planning process ensures they collect all required information from consumers at assessment and review, including advanced care planning preferences and referrals for additional services.

During interviews with the Assessment Team Management described, and the Assessment Team observed the service's Staff Gap Analysis spreadsheet which tracks training completions and compliance requirements including first aid certification for staff, contractors and volunteers. Management when interviewed by the Assessment Team advised this is an interim measure while they develop a system to provide monthly reports directly to management. The Assessment Team noted management described how they identify training gaps and expired qualifications through monthly one-on-one discussions.

During interviews with the Assessment Team Management described that following feedback and complaints training for staff, the quantity of feedback recorded in the service's feedback register increased. Management stated that the workforce has a positive attitude towards feedback and complaints as they can see the improvements that result from this. During interviews with the Assessment Team Management stated, and the Assessment Team analysed, reporting of feedback trends to the Board occurs regularly to ensure the Board has oversight of trends in feedback received by the service.

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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.

During interviews with the Assessment Team Management described how they have implemented mock first-aid scenarios, from the suggestion of staff member, to evaluate and educate staff in what a real-life scenario would look like, and how to respond. The Assessment Team noted Management advised staff and supervisors have a meeting after the scenario to address what was done well, and what could be done better. The Assessment Team noted Management stated they have completed a scenario for a mock heart attack and have a scenario for a mock stroke booked for February 2023.

During interviews with the Assessment Team Management described how they have amended their incident management system to ensure senior management receive notification and oversight of all reported incidents. Documents analysed by the Assessment Team show management analyse incident data and report this to the Board.

During interviews with the Assessment Team Management advised the service has implemented a number of actions in relation to the commencement of SIRS, including staff training, notification to consumers, updated consumer information packs and updating the incident and risk management procedure to include SIRS reporting requirements.

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)