**Performance**

**Report**

**1800 951 822**

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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: | 18 September 2023 |
| Performance report date: | 13 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 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.

# 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** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Not Applicable** |
| **Standard 7** Human resources | **Not Applicable** |
| **Standard 8** Organisational governance | **Not Applicable** |

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.

Requirement 2(3)(e)

* Follow through with current PCI regarding completion of all overdue care plan reviews.
* Implement systems to track when care plan reviews are due to ensure they are completed when required.

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

Findings

Requirement 2(3)(d) – Compliant

Consumers interviewed stated that they recalled having discussions with service staff around their care and services, and their needs and preferences. Consumers also stated that they are aware of the services that they can access and how the provider can help them. For example:

* Consumer A when interviewed stated they had a long discussion with the service in the past couple of weeks where they talked about their services, any feedback or changes and what their goals were. Consumer A said that after that phone call they received a copy of their care plan and other service documentation in the post.
* Consumer B when interviewed stated that they recently chatted with the service about their personal care services. Consumer B stated they decided together that Consumer B did not need any changes or updates to their services and afterwards was provided a copy of their care plan and agreement.

Staff and volunteers when interviewed stated that some consumers might not always be aware at first what services are available to them, so they provide information to consumers about what they can offer. Staff stated after any intake or review process, care plans and agreements are provided to the consumer either in person or by post and follow up occurs to ensure they have received it.

Management when interviewed stated they have developed a ‘care plan cover letter’ that is provided to all consumers along with their care plan that briefly explains the purpose of the document and how it can be read. The Assessment team analysed the cover letter and noted it was concise and contained relevant information pertaining to reading and understanding the care plan.

The Assessment team also analysed multiple consumer care plans and risk assessments that showed discussions around care and services happening with consumers and were always signed and dated.

Requirement 2(3)(e) – Not Compliant

Consumers when interviewed stated they recalled participating in a re-assessment or review process recently. For example:

* Consumer C when interviewed stated that a couple of weeks ago they had a long phone call with the service and discussed what their current needs were.
* Consumer D when interviewed stated that they remembered being called by a staff member at the service and then received a copy of their care plan afterward.

However, the Assessment Team noted staff and management during interviews stated that there is a significant portion of consumers who have not recently had a care plan review and a large number of care plans are out of date. During interviews with the Assessment Team management stated that out of 776 active clients, 243 have an out-of-date care plan and have not been reviewed within the last 12 months.

Staff and management said this is an ongoing focus of improvement and strategies have been identified to resolve this issue. For example:

* Staff stated they are currently aiming to complete four reviews per staff member per day. Two new staff have recently been hired to work on completing consumer intake and care plan reviews, and this has assisted with completing additional reviews.

The Assessment team also reviewed the continuous improvement plan which identified care plan reviews as an action of priority and shows that the reviews are still in process.

The Assessment team reviewed multiple care plans that were all dated within the last twelve months. For consumers interviewed, care plans were consistent with information received from the consumers and staff regarding their services. However, due to the large number of overdue care plan reviews, this requirement has been assessed as not compliant.

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)