**Performance**

**Report**

**1800 951 822**

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| Name of service: | City of Salisbury - SALISBURY |
| Service address: | 34 Church St SALISBURY SA 5108 |
| Commission ID: | 600156 |
| Home Service Provider: | City of Salisbury |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 16 March 2023 |
| Performance report date: | 10 April 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 Salisbury - SALISBURY (**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:**

* CHSP - Transport, 4-23S6L7M, 34 Church St, SALISBURY SA 5108
* CHSP - Social Support - Individual, 4-23S6L42, 34 Church St, SALISBURY SA 5108
* CHSP - Domestic Assistance, 4-23S4WN4, 34 Church St, SALISBURY SA 5108
* CHSP - Home Maintenance, 4-23S4WQ5, 34 Church St, SALISBURY SA 5108
* CHSP - Home Modifications, 4-23S4WSC, 34 Church St, SALISBURY SA 5108
* CHSP - Meals, 4-23S4WTZ, Jack Young Centre, 2 Orange Avenue, SALISBURY SA 5108
* CHSP - Social Support - Group, 4-23S6L39, Jack Young Centre, 2 Orange Avenue, SALISBURY SA 5108
* CHSP - Meals, 4-23S4WTZ, Para Hills Centre, 1 Wilkinson Road, PARA HILLS SA 5096
* CHSP - Social Support - Group, 4-23S6L39, Para Hills Centre, 1 Wilkinson Road, PARA HILLS SA 5096
* CHSP - Meals, 4-23S4WTZ, Pine Lakes Centre, 16 Homestead Avenue, PARAFIELD GARDENS SA 5107
* CHSP - Social Support - Group, 4-23S6L39, Pine Lakes Centre, 16 Homestead Avenue, PARAFIELD GARDENS SA 5107

# 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 April 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** |
| **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 | **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)(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. | **Non-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. | **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   managing and preventing incidents, including the use of an incident management system. | **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. | **Non-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. | **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. | **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

Non-compliant Evidence

Evidence analysed by the Assessment Team showed the service was not 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. Some sampled consumers and/or representatives when interviewed by the Assessment Team advised they were not assessed prior to commencing services. Documentation analysed by the Assessment Team did not demonstrate assessment and planning effectively considers risks to consumers' health and wellbeing. During interviews with the Assessment Team management described how actions to improve their assessment and planning process and documentation are in progress, however, have not progressed to the stage of trialling with consumers.

During interviews with the Assessment Team management stated that changing their assessment and planning process is a complex task with several phases, and they have not been able to complete all phases in the short time since the Quality Audit in November 2022. Management advised they are on target to complete the changes by the end of June 2023.

Evidence analysed by the Assessment Team showed the service did not demonstrate outcomes of assessment and planning are effectively communicated to consumers and are documented in a care plan that is readily available to consumers and where services are provided. Some consumers and/or representatives when interviewed by the Assessment Team stated they have not received a copy of their service plan. During interviews with the Assessment Team management advised that care plans are provided after review and ongoing measures are being undertaken to improve contractors' accessibility of information.

Two consumers and/or representatives when interviewed by the Assessment Team stated they have either not received or cannot recall receiving a copy of their service plan. In response to feedback from the Assessment Team, management stated that service plans are sent to consumers and are often misplaced amongst other documentation.

Documentation analysed by the Assessment Team confirmed that referrals to contractors regarding consumers care and services lacked individualised information such as needs, goals and preferences.

Evidence analysed by the Assessment Team showed the service did not demonstrate that care and services are consistently reviewed for effectiveness, and when circumstances change, or incidents impact the needs of the consumer. Two consumers and/or representative interviewed by the Assessment Team stated they require a review of their care and services because of a change in need. During interviews with the Assessment Team management described how surveys are intended to trigger an assessment, and explained the ongoing corrective measures planned to ensure care and service are effectively reviewed.

During interviews with the Assessment Team management advised that reviews are completed every 12 months and more regularly when there is a change of circumstance. Management described the use of a survey to capture information that will trigger a more extensive review if consumer circumstances change. However, all consumers and/or representatives interviewed by the Assessment Team stated that they have not had an assessment to determine that the care and service they receive align with their current needs, goals and preferences.

Documentation analysed by the Assessment Team confirmed that the survey questionnaire does not capture information about needs, goals and preferences. The Assessment Team noted while the survey included questions about the consumers condition, the process was not always effective.

# 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. | **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. | **Not applicable** |
| 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. | **Non-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

Non-compliant Evidence

Evidence analysed by the Assessment Team showed the service was not able to demonstrate effective risk management systems and practices, including managing high impact or high prevalence risks associated with the care of consumers. Consumers when interviewed by the Assessment Team advised the assessment and review processes were not effective in identifying and mitigating consumer risks, nor did they identify where additional services were required. During interviews with the Assessment Team management described how they have proactively sought out education in risk management and high impact and high prevalence risks in addition to revising the assessment and review processes to better identify and manage consumer risk.

As documented in Standard 2 the assessment and planning process for new consumers does not effectively assess or document risks to consumers health and wellbeing. The Assessment Team noted as a result of this, information provided to staff and contractors does not contain consumer risks or mitigation strategies for all consumers.

As documented in Standard 2 the review process is not always effective at identifying consumer needs and does not consider consumer risks. During interviews with the Assessment Team Management advised that due to a high number of consumers, the service conducts reviews through a triaged survey for consumers they deem to be low risk, where the consumer will be called by the service if their answers to the survey trigger it, however, the survey does not include questions on consumer risks or sufficient detail on health and deterioration.

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)