**Performance**

**Report**

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| Name: | City of Salisbury - SALISBURY |
| Commission ID: | 600156 |
| Address: | 34 Church St, SALISBURY, South Australia, 5108 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 21 February 2024 |
| Performance report date: | 25 March 2024 |

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.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7336 City of Salisbury  
Service: 23738 City of Salisbury - Community and Home Support

**This performance report**

This performance report for City of Salisbury - SALISBURY (**the service**) has been prepared by J Renna, 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.

# Material relied on

The following information has been considered in preparing the performance report:

* the Assessment Team’s report for the Assessment contact (performance assessment) – non-site report, which was informed by review of documents and interviews with staff, consumers/representatives and others
* the performance report dated 10 April 2023 in relation to an Assessment contact conducted on 16 March 2023
* the performance report dated 21 December 2022 in relation to the Quality Audit undertaken from 22 to 24 November 2022.

The provider did not submit a response to the Assessment Team’s report for the Assessment contact (performance assessment) – non-site.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements were assessed |
| **Standard 8** Organisational governance | Not applicable as not all requirements were 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

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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)(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. | Compliant |

Findings

Requirements 2(3)(a), 2(3)(d) and 2(3)(e) were found non-compliant following an Assessment contact – desk, conducted on 16 March 2023, in follow-up to a Quality Audit conducted from 20 to 24 November 2022. The service did not demonstrate:

* assessment and planning, including consideration of risks to the consumer’s health and well-being, informed delivery of safe and effective care and services
* outcomes of assessment and planning were effectively communicated to consumers and available where services were provided
* care and services were consistently reviewed for effectiveness and when circumstances change or when incidents impact on the needs of the consumer.

The Assessment Team’s report for the Assessment contact undertaken on 21 February 2024 included evidence of actions taken by the service in response to the non-compliance. These actions include, but are not limited to:

* a new assessment, planning and review process, including new assessment forms and new service plans for consumers
* enhancement of communication with contracted staff to ensure service plans and risk information are available to the entire workforce
* revision of the review process to minimise the use of surveys and promote more face-to-face contact with consumers
* commenced implementation of a new electronic management system, which will allow consumers, staff and contractors to view live schedules and live service plans and will enhance risk identification and reporting.

The Assessment Team was satisfied these improvements were effective and recommended Requirements 2(3)(a), 2(3)(d) and 2(3)(e) met.

Consumers confirmed the service conducts thorough assessments which identify their needs. Staff described the assessment and planning process and how it prompts them to explore risks, learn about the consumer’s background and form a clear plan to deliver safe and effective services for consumers. Staff stated, and documentation showed, they received training on the new assessment process, with new policies, procedures and guidance materials available for staff. Management described how the service took a systematic approach to implementing the new assessment and planning process, to ensure effectiveness. Documentation showed detailed assessment of individual consumer risks and practical mitigation strategies to ensure consumers receive services that meet their needs and are delivered safely.

Although some consumers stated they had not received a copy of their service plan, management demonstrated all consumers had received a copy of their service plan. Staff described how the new assessment and planning process ensures any changes to consumer services results in a new service plan being sent to consumers and is available to staff or contractors delivering services for the consumer. Management described how the service provided education to consumers to better understand their service plan and how the service is transitioning to a new electronic management system to give staff, contractors and consumers live access to the consumer’s service plan. Documentation showed assessment and planning identifies consumer needs, goals and preferences.

Consumers confirmed they receive the services they need and said they were confident the service would adjust their services if needs changed. Staff described how the change to reviewing consumers through phone and face-to-face discussions lead to a more thorough review and helps identify other risks. Staff advised they received training and guidance materials, with policies and procedures in place to guide them through the review process. Management advised the service has prioritised completing reviews for consumers who receive regular and in-home services, and they are providing training to ensure more staff are available to complete reviews for social support and ad-hoc services. Documentation showed the service has increased the quality of reviews to ensure all consumer risks are identified and mitigated.

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

# Standard 8

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| Organisational governance | | CHSP |
| 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

Requirement 8(3)(d) was found non-compliant following an Assessment contact – desk, conducted on 16 March 2023, in follow-up to a Quality Audit conducted from 20 to 24 November 2022. The service did not demonstrate effective risk management systems and practices, including managing high impact or high prevalence risks associated with the care of consumers.

The Assessment Team’s report for the Assessment contact undertaken on 21 February 2024 included evidence of actions taken by the service in response to the non-compliance. These actions include, but are not limited to:

* development of a high impact and high prevalence risk policy and procedure for staff
* staff and contractor education on risks for consumers
* increased reporting of risk and incidents specific to consumers
* development of a vulnerable consumer register linked to risk questions in the assessment and review forms to provide better oversight of consumer risk.

The Assessment Team was satisfied these improvements were effective and recommended Requirement 8(3)(d) met.

Consumers described the new assessment process as thorough, and said it covers all types of risks including nutrition, mobility and cognition. Staff described how the new assessment process produces a vulnerability score which, depending on the score, can result in the consumer being placed on a vulnerability register and the consumer is reviewed more frequently, and extra supports are considered. Management described, and documentation confirmed, reporting of risk and incidents has been enhanced to include more detail related to individual consumers and general risk trends associated with aged care services. Documentation showed the service has relevant policies and procedures which provide staff with clear guidance on how to identify and manage risk.

Consumers confirmed they can undertake activities and outing they choose, and the service keeps them safe. Staff confirmed they have received training in elder abuse and incident reporting. Management described and documentation confirmed, the service maintains an effective incident management system which details the incident and follow-up actions taken, including the use of open disclosure. Documentation showed staff have completed training in dignity of risk, risk management, incident management and the Serious Incident Response Scheme.

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

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)