**Performance**

**Report**

**1800 951 822**

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| Name of service: | Community Outreach Physiotherapy South |
| Service address: | Ground Outreach Bldg, 90 Davey Street HOBART TAS 7000 |
| Commission ID: | 300797 |
| Home Service Provider: | Tasmanian Health Service |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 9 January 2023 |
| Performance report date: | 7 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 Community Outreach Physiotherapy South (**the service**) has been prepared by M Murray, 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 - Allied Health and Therapy Services, 4-227GUG6, Ground Outreach Bldg, 90 Davey Street, HOBART TAS 7000

# 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 as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **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 Requirement.

# Standard 1

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| Consumer dignity and choice | | CHSP |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |

Findings

I have relied on the evidence of the Assessment Team in forming my decision on compliance. A summary of the evidence is outlined below.

Most consumers and/or representatives sampled said that the staff asked about their culture, background and what was important to them at the initial visit. The physiotherapy staff described to the satisfaction of the Assessment Team how culturally safe care is applied in practice. Management said that the consumer assessment form has been updated to prompt staff to collect information on culture, diversity, religion, gender identity and preferences. Training records demonstrate all staff have recently completed education on Aboriginal culture, safety and inclusivity and multicultural awareness in the community sector.

Consumers and/or representatives said that information provided is current, accurate and timely. They said they received a consumer information pack to keep in their home which includes information on the exercises that the physiotherapist has provided for them to practice daily.

Physiotherapy staff described how they adjust their care and communication style depending on the consumer involved. They described strategies for communicating with consumers with cognitive impairment and/or consumers who come from non-English speaking backgrounds.

I am satisfied, based on this evidence, that the service has returned to compliance with the Requirements outlined in the table above.

# 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)(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

I have relied on the evidence of the Assessment Team in forming my decision on compliance. A summary of the evidence is outlined below.

Consumers and representatives provided positive feedback on assessment and care planning processes and said in various ways that care meets consumers’ needs. Staff described assessment and care planning processes and the way risks are identified and considered. A review of the services’ assessment and care planning process has been undertaken, including a review of the ‘domiciliary initial physiotherapy assessment form’. A revised version of the initial assessment form is currently in use by physiotherapists. Management described how the assessment form is constantly being refined and improved upon.

Consumers and representatives reported the care consumers receive is suited to their identified goals and needs. Physiotherapists interviewed described the processes used to collect information about consumers’ needs, goals, and preferences such as asking consumers directly and contacting others involved in the consumer’s care for further information during the triage process. Forms prompt staff to capture information specific to consumer goals, needs and preferences including advance care planning and end of life directives.

All consumers interviewed said they had been provided with a copy of their consumer care plan.

Physiotherapists discussed how they receive care information, including accessing digital medical records and reviewing consumer care notes and information on their electronic devices. Management demonstrated how they support staff to schedule consumer reviews and the outcome of any review in care documentation.

I am satisfied, based on this evidence, that the service has returned to compliance with the Requirements outlined in the table above.

# Standard 6

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| Feedback and complaints | | CHSP |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

I have relied on the evidence of the Assessment Team in forming my decision on compliance as outlined in the table above. A summary of the evidence is outlined below.

The physiotherapy staff demonstrated how complaints and feedback are captured on the organisation’s Safety Reporting and Learning System. The complaint and feedback management policy was reviewed by the Assessment Team. The policy outlines how consumers are supported to share feedback and/or complaints about the service and the care provided. One of the outcomes of this policy is that feedback and complaints will be used for continuous quality improvement. Management said they have not had recent feedback from CHSP consumers and had instigated as a continuous improvement activity the use of a bi-annual consumer survey.

I am satisfied, based on this evidence, that the service has returned to compliance with the Requirement outlined in the table above.

# Standard 7

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| Human resources | | CHSP |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

I have relied on the evidence of the Assessment Team in forming my decision on compliance as outlined in the table above. A summary of the evidence is outlined below.

All consumers and/or representatives interviewed said they are confident in and satisfied with staff skills. The physiotherapy staff said they had an initial orientation to their role and had undertaken training during the year on various topics. Staff felt supported by management in their role and said management are open to training suggestions. Management monitor mandatory training completion rates and staff receive email reminders if they have overdue mandatory training. Staff have received training on the Quality Standards.

I am satisfied, based on this evidence, that the service has returned to compliance with the Requirement outlined in the table above.

# 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. | 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 |

Findings

I have relied on the evidence of the Assessment Team in forming my decision on compliance. A summary of the evidence is outlined below. The Assessment team’s focus at the visit was on sub-requirements previously found non-compliant.

The Assessment Team found the service is making progress towards compliance with Requirement 8(3)(a). I am satisfied that the service complies with Requirement 8(3)(a). In the context of a physiotherapy service with episodic care it is my view that consumers throughout interviews have demonstrated engagement in their care and services to the extent they wish to participate. I am also satisfied that the service has a system planned to engage with consumers more broadly. The service has worked proactively in returning the organisation to compliance against the Quality Standards and I am satisfied ongoing consumer engagement will occur.

The service is part of a larger parent organisation and as such has organisational wide governance systems to monitor processes including information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints.

The service has reviewed key documents and processes, introduced new documentation, developed a service specific action plan, undertaken recruitment and provided targeted education to staff.

Staff have completed elder abuse training and been provided support to understanding the Aged Care Quality Standards.

Staff described the use of the existing community risk assessment form and the revised initial assessment form and incident reporting system.

The revised orientation guidelines and initial assessment form prompt staff to ensure risk is assessed, discussed with consumers, and reflected in consumers care documentation. Consumers’ assessments and care plans effectively identify consumers’ risks and where relevant referrals to other allied health providers occur.

I am satisfied, based on this evidence, that the service has returned to compliance with the Requirements outlined in the table above.

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)