**Performance**

**Report**

**1800 951 822**

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| Name: | DADAA Limited |
| Commission ID: | 500274 |
| Address: | 131 Gingin Road, LANCELIN, Western Australia, 6044 |
| Activity type: | Quality Audit |
| Activity date: | 30 April 2024 to 1 May 2024 |
| Performance report date: | 29 May 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: 9468 DADAA Limited  
Service: 27190 DADAA Limited - Community and Home Support

**This performance report**

This performance report for DADAA Limited (**the service**) has been prepared by R Falco, 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.

# Material relied on

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

* the assessment team’s report for the quality audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, management, and consumers.

The provider did not submit a response to the assessment team’s report.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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.

# Other relevant matters:

* Quality Standard 3 was not assessed as part of the quality audit as the service does not provide personal and/or clinical care.
* Requirement (3)(f) in Quality Standard 4 was not assessed as part of the quality audit as the service does not provide meal services.

# Standard 1

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| Consumer dignity and choice | | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | 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 |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Staff were knowledgeable of each consumer’s background, diversity and culture and mandatory training for staff provides an understanding of how to deliver care that is respectful of consumers’ identities. Documentation showed issues that may impact the cultural safety of a consumer are captured in care plans and communicated to staff. Consumers said staff treat them respectfully and take the time to get to know them.

Consumers are supported to involve people important to them when making decisions regarding their care and to take risks enabling them to live the best life they can. Consumers said they can make decisions around the activities they want to do and have support in the way they need it.

Noticeboards have information about events, support services and copies of meeting minutes to keep consumers informed. Documentation showed consumers are provided service agreements which detail the services to be delivered. Consumers are satisfied with the information being provided to them.

Consumers’ privacy is respected, and their personal information is kept confidential. Staff described how they ensure privacy is respected when care is provided. Consumers said staff respect their privacy and their information is maintained appropriately within the service.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice 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. | 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

The assessment and care planning process ensures staff can deliver safe and effective care and services, and identified risks to consumers’ safety, health and well-being are effectively communicated. Consumers are assessed at the commencement of services, at annual care plan reviews, and when their needs change to identify risks.

Documentation showed consumers are supported to identify goals and preferences during the initial assessment process and as care delivery progresses, and goals are written in a consumer centred way highlighting what is important to the consumer. Management stated as the service does not provide personal and/or clinical care, discussions about end-of-life planning are not routinely initiated or undertaken. Consumers interviewed said staff ask them what they want and how they want things to be done.

Consumers and others the consumer chooses are involved in the planning of the services to be provided. Processes are in place to support consumers’ access external service providers by sharing consumers’ goals and preferences in accordance with their obligations relating to privacy of information. Consumers interviewed said they are happy with their involvement when deciding what support is to be provided.

Outcomes of assessment and planning are effectively communicated to the consumer and are documented in a care and services plan that is readily available to the consumer and to staff at the point of care. Consumers are satisfied with the communication received regarding the outcomes of assessment and planning.

Care plans and agreements are reviewed at least annually and more frequently if there are changes in the ability or preference of the consumer. Consumers confirmed changes to their support plan are discussed with them following incidents or changes in their health, ability or social situation.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant.

# 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| 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. | Compliant |
| 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. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Staff were knowledgeable of the daily living support needs of consumers and described goals for optimising consumers’ independence and well-being. Care plans included information on consumers’ functional ability and their needs and preferences in relation to daily living supports. Consumers stated the service supports them to be independent without the need to always rely on others.

Staff receive training in mental health first aid and suicide prevention. The organisation has policies and procedures in place to support staff to manage and promote consumers’ emotional, spiritual and psychological well-being. Consumers felt staff are kind and support them when they feel down.

Consumers participate in the wider community, have personal and social relationships, and do things that are of interest to them. Care planning documentation included information about consumers’ likes, dislikes and preferences and staff are familiar with the interests of consumers. Consumers felt lucky to have the art centre in their community and described how having the opportunity to engage in art and culture was important to their well-being.

Information about consumers’ condition, needs and preferences are communicated within the organisation and with others where responsibility is shared. Staff said they receive information about consumers during daily communication at the service and documentation showed relevant information regarding care is recorded in the electronic management system.

Appropriate referrals to individuals, organisations and other providers of care and services are made in a timely manner. Management have referred consumers to organisations that can assist with personal and clinical care, and other carer support organisations when required.

Equipment used by consumers is monitored to ensure it is safe, suitable and well maintained. The service does not directly provide daily living equipment to consumers to use at home, however, any equipment being used by consumers is generally monitored to ensure it is safe. Risk assessments are undertaken when new equipment or tools are purchased to ensure consumers’ safety.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant.

# Standard 5

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| Organisation’s service environment | | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The service environment was welcoming, easy to understand, and provided consumers with a sense of belonging and independence. The environment is accessible for consumers with various mobility and sensory abilities and is suitable as a venue for community events.

Furniture, fittings, equipment, and the service environment were safe, clean, well maintained and suitable for consumers. Consumers were able to move freely around the service and external spaces enabled consumers to move inside and outside the service freely. Consumers interviewed were satisfied with the service environment and said it was clean and comfortable.

Based on the assessment team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant.

# 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. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| 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. | Compliant |

Findings

Consumers are encouraged to provide feedback through consumer meetings, surveys and with staff and management who have an open-door policy. Information regarding advocates and other methods of resolving complaints is provided to consumers. Consumers said they know how to provide feedback and complaints but have never felt the need to formally complain about anything as staff and management are approachable and always listen.

Policies and procedures are in place to guide staff in responding to complaints and being transparent when things go wrong. Staff had a good understanding of being open and transparent and know how to action feedback and complaints. Consumers interviewed described how staff and management were open and transparent and deal with any feedback in a timely manner.

Feedback and complaints are recorded and analysed to identify trends and inform improvements in care and services. Consumers interviewed advised any feedback they had provided was generally verbal and they were satisfied their feedback and complaints were reviewed and used to improve the quality of services.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant.

# 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| 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

Management plans the workforce to deliver consistent quality services and staff interviewed said they have enough time to deliver services to consumers. Annual consumer surveys are undertaken to gauge staff culture and practices whilst providing services. Staff interactions with consumers were kind and caring, and consumers interviewed expressed satisfaction with the quality of services and said staff are kind, respectful and caring.

The organisation has policies and procedures in place to monitor and ensure all staff have the appropriate qualifications and registrations required for their role. Staff are supported by management and receive training to undertake their roles. The onboarding process for new staff provides them with a comprehensive staff information pack, mandatory training and induction.

A formal appraisal process for staff performance is in place and regular discussions about any performance issues is done regularly as part of everyday discussions between staff and management. Consumers’ felt staff are competent and understand their needs.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources compliant.

# 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)(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. | Compliant |

Findings

Policies and procedures approved by the governing body for ‘cultural safety and inclusivity’ outline the service’s commitment to safe and quality care. Consumers are encouraged to provide feedback through multiple avenues, including everyday open discussions, quarterly consumer meetings, and the annual consumer survey. Consumer feedback received is used to identify consumer driven opportunities for process improvement and consumers reported receiving culturally appropriate care.

Documentation showed a governance structure that supports the organisation’s strategic priorities, including information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The electronic management system is password protected, a register is maintained for continuous improvement identifying responsibilities, actions and outcomes and the board has oversight of income and expenditure. The workforce is supported and monitored, feedback and complaints are effectively managed, and the organisation ensures it is up to date with legislative requirements.

Risks and mitigation strategies are discussed with staff and consumers and training is provided to staff to support the prevention, identification, and escalation of abuse. Staff know how to respond to abuse and neglect and an incident register is maintained for reporting. The organisational has governance for dignity of risk to support consumers live their best life and incidents are trended and reviewed to inform continuous improvement.

The service does not provide clinical care, however, policies and procedures regarding open disclosure demonstrate that transparency is embedded within the values and behaviours of staff who also demonstrated an awareness of restrictive practices.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)