**Performance**

**Report**

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| Name of service: | Deaf Connect |
| Service address: | 915 Ipswich Road MOOROOKA QLD 4105 |
| Commission ID: | 700924 |
| Home Service Provider: | Deaf Services Limited |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 27 June 2023 |
| Performance report date: | 02 August 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 Deaf Connect (**the service**) has been prepared by M Franco, 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

**Home Care:**

* Deaf Services Queensland, 26369, 915 Ipswich Road, MOOROOKA QLD 4105

**CHSP:**

* Community and Home Support, 27811, 915 Ipswich Road, MOOROOKA QLD 4105

# 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.
* the provider’s response to the assessment team’s report received 14 July 2023.

# Assessment summary for Home Care Packages (HCP)

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

# 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 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 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 | | HCP | 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 | 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 | 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 | 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 | Compliant |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate that assessment and planning, including consideration of risks to consumers’ health and well-being, informs the delivery of safe and effective care and services.

Consumers and representatives when interviewed by the Assessment Team reported staff involved them in assessment and service planning and stated they are satisfied the services provided meet their current needs, goals, and preferences. Staff advised they normally work with the same consumers, and they have sufficient information to guide their delivery of care. Staff demonstrated the ability to identify risks for consumers and provided information on how they provide safe and effective services for each consumer, in consideration of those risks.

The service has developed and implemented a new comprehensive service-level assessment which considers all relevant information, including information available from other sources, to inform the development of the care plan. In most cases risks were identified and clear mitigation strategies are in place. For example:

Consumer A (HCP) lives with dementia and their risks include short-term memory loss, medication management and their home environment. Clear strategies are in place to manage each of these risks including:

* Short term memory loss: care staff are to monitor memory, write any medical appointments on the calendar and leave notes for the consumer about the next care staff visit.
* Medication management: care staff are to write the dates on the Webster pack, monitor the consumer has taken their medications and ensure that they are administering themselves with the right insulin dosage. Nursing visits are in place weekly.
* Home environment: information is provided about the risk of eviction due to their hoarding behaviour and directions for staff to support them with domestic duties.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that assessment and planning identifies and addresses the consumer’s current needs, goals, and preferences, including advance care and end of life planning if the consumer wishes.

Consumers and representatives when interviewed by the Assessment Team said they were included in the assessment and planning process and the care meets their needs, goals, and preferences. Interviews with staff demonstrated they know the consumers well and provided examples of how they meet the consumer’s individualised needs. The new assessment and planning process includes information from the My Aged Care (MAC) assessment process, consumer preferences, information from others involved in the consumer’s care, together with the agreed activities to be undertaken by the service and by others involved in their care.

The service has implemented a new process that captures questions and information about advanced care planning and whether consumers have an Advanced Care Plan (ACP) in place or if a consumer requires assistance to create one. The service advised that there are currently no ACP resources translated into Auslan and they are working on a project with Queensland Health to develop these resources for consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the results of assessment and planning are effectively documented and communicated to the consumer, and these documents are available to consumers and workforce at point of care.

When interviewed by the Assessment staff confirmed the workforce does not always rely on the information available in the consumer’s care plan and will often instead use service notes to guide them. The Assessment Team provided feedback to management that information contained in care plans was often incomplete or contradictory to what was on service notes, thereby creating a system in which staff may disregard the information in one source for information in another. Management responded that staff have access to both the care plan and service notes before presenting at the consumer’s home. Additionally, management noted that the formatting of care plans can be difficult for staff to read on their phones. Whilst the Assessment Team acknowledges that the information is available to staff, the result is that consumers are receiving copies of care plans that are often inaccurate or incomplete.

In response to the Assessment Team report the service has submitted a comprehensive response. In response, the service has demonstrated that a lengthy process is undertaken to ensure support plans are adequately developed in consultation with consumers. Care plans capture various information to allow appropriate care to be delivered to consumers. The service has developed and implemented an assessment and planning tool that captures both the assessment and support plans. This is made available to all consumers in an accessible format.

Evidence analysed by the Assessment team showed the service was able to demonstrate 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.

Management when interviewed by the Assessment Team advised care plans are reviewed at least every 12 months, in addition consumers will undergo a review of their care and services when their circumstances change, such as living arrangements or health related changes.

Based on the evidence summarised above I find the service compliant with requirements 2(3)(a), 2(3)(b), 2(3)(d) and 2(3)(e) against the Aged Care Quality Standards.

# Standard 8

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| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| 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 | Compliant |

Findings

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate it has effective organisation wide governance systems in place in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

The service demonstrated it has taken proactive steps to undertake several activities to ensure compliance with the above requirement. Steps undertaken by the service:

Undertaking a review of care planning documentation and developing a new care planning and assessment tool. Holding a 3-day workshop for all staff on care planning and assessment. Holding monthly training sessions on specific topics related to care planning including risk, incident and hazard management, advance care planning and client management software. Commencing monthly check in meetings to discuss common care planning, assessment, and service delivery issues across the service.

Management also outlined how they remain up to date with legislative and regulatory changes by attending workshops and webinars. The service demonstrated that training was provided to staff around recent regulatory changes including the Serious Incident Response Scheme (SIRS) and Code of Conduct.

In relation to the other components of this requirement, management advised:

Information Management:

* There have not been changes in the way the service manages their information, privacy, and confidentiality. Electronic information is password protected in an electronic information management system. Only relevant and appropriate information is given to staff to ensure they are delivering safe and effective services.

Continuous Improvement:

* The service continues to manage continuous improvement opportunities through complaints and feedback, incidents reports, regular internal reviews and external audits. Examples of continuous improvements both planned and initiated by the service is detailed in their continuous improvement plan.

Financial Governance

* There have not been changes in the way the service manages finances. The Board continues to have oversight of income and expenditure and financial audits are conducted. Accumulation of unspent funds continues to be monitored by the service and management accesses monthly reports to keep track of consumer funds. The service explained how their fundraising arm, Deaf Lottery, enables them to provide consumers with extra support while awaiting a higher-level package and enables them to provide consumers with support specifically catering to their communication needs.

Workforce Governance

* There have been no changes with workforce governance since the previous Quality Assessment. Management described the process in place to recruit new staff who can communicate with consumers in Auslan and the training in place to ensure staff have the knowledge needed to undertake their roles. Management advised consumers have a minimum 45-minute service allocation and with the changes to the SCHADS Award, this minimum service time did not change.

Feedback and Complaints

* There have been no changes to feedback and complaint processes since the last Quality Assessment. The service continues to seek consumer and representative feedback and this feedback is reported to the Board quarterly. The service provides consumers with a QR code that enables them to provide feedback via an Auslan video.

Based on the evidence summarised above I find the service compliant with requirement 8(3)(c) against the Aged Care Quality Standards.

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)