**Performance**

**Report**

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| Name: | Great Southern Care Home Services |
| Commission ID: | 500325 |
| Address: | 16-18 Mayfair Street, WEST PERTH, Western Australia, 6005 |
| Activity type: | Quality Audit |
| Activity date: | 20 August 2024 to 21 August 2024 |
| Performance report date: | 11 September 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.

# Services included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 10211 GREAT SOUTHERN CARE COMPANY PTY LTD  
Service: 28126 GREAT SOUTHERN CARE COMPANY PTY LTD - Care Relationships and Carer Support  
Service: 28127 GREAT SOUTHERN CARE COMPANY PTY LTD - Community and Home Support

**This performance report**

This performance report has been prepared by J Wilson, 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 services it operates, 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 service outlets, review of documents and interviews with staff, consumers/representatives and others.
* The provider did not submit a response.

# 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 3** Personal care and clinical care | **Not Applicable** |
| **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.

# 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

Consumers expressed feeling safe and supported with their identity, culture and diversity valued and respected. Consumers and representatives confirmed staff know consumers well and are kind and respectful in their interactions with them. Consumers described being consulted on choice and opportunities to maintain their independence and described how the service provides accurate and timely information in relation to their services and supports. Consumers and representatives expressed satisfaction with how the service maintains confidentiality of their information and described how staff maintain their privacy during service delivery.

Staff were knowledgeable about consumers’ identity and cultural needs and preferences and described how they provide culturally safe services and supports in line with consumers’ needs and preferences. Staff described how they provide services and supports in a respectful manner. Staff and management confirmed policies and procedures in place in relation to supporting consumers to undertake risks, choice, and decision-making. Staff described how they communicate with consumers, including where communication barriers exist.

Care documentation included information consistent with consumers’ cultural needs and preferences, and provided guidance to staff in providing culturally safe services and supports. Consumers’ choice and representative information is discussed and captured in care documentation and included services and supports to enable consumers to live their best lives.

Management described, and service documentation confirmed, staff are provided with ongoing education, training, and support in relation to providing culturally safe services and supports and maintaining privacy and confidentiality. Welcome packs and consumers service agreements include the Charter of Aged Care Rights, expected services, information related to the service and fee information.

Based on the assessment teams report, I find all Requirements in Standard 1 Consumers dignity and choice compliant, therefore the Standard is 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

Care documentation showed consumer’s needs, goals and preferences are discussed and documented and includes risks related to the consumer's health and wellbeing and service environment, and advance care directives if provided. Documentation confirmed consumers undertake reassessment at regular intervals and where changes to a consumer’s health and well-being, goals and preferences are identified.

Consumers confirmed being involved in assessment and planning their services and supports and expressed satisfaction with the services provided. Consumers described being provided a copy of their care plan and are supported in including representatives and others in their assessment and planning if they wish. While 3 consumers described not being informed when home modifications are being completed, management were receptive to feedback and provided evidence of quotes being received by the service on 8 August 2024 and confirmed they will contact the consumers directly. Consumers confirmed assessment and care plans are reviewed regularly, and the service conducts follow ups once home modifications are completed.

Staff were knowledgeable in assessment and planning processes and described how they assess risk to consumers and implement strategies to minimise risk. Staff described how they partner with consumers in their assessment and planning and offer choice and decision-making throughout the process. Staff confirmed undertaking reassessment processes and described how they would report any changes to coordinators to follow up.

Management described assessment and planning processes which includes partnering with consumers, their representatives, and other services where appropriate. Management confirmed due to the services delivered, care documentation does not include end of life care needs, goals, and preferences; however, management stated consumers are asked about advance care directives and provided information if they wish to discuss the topic.

Based on the assessment teams report, I find all Requirements in Standard 2 Ongoing assessment and planning with consumers compliant, therefore the Standard is compliant.

# Standard 3

Findings

Not Applicable

# 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)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers expressed satisfaction with the services and supports for daily living provided, confirming the services meet their needs, goals, preferences, and emotional and psychological well-being. Consumers and representatives confirmed the service provides consumers with support in participating in the community, maintaining social and personal relationships and do things of interest to them. Consumers felt staff knew them well and delivered services and supports safely, with equipment that is safe, well-maintained, and suitable for their needs. Consumers were satisfied with the meals provided by the day centre, confirming there is adequate amount available.

Staff were knowledgeable about consumers’ needs, goals and preferences and described how they provide services and supports to optimise their abilities and support their emotional and psychological well-being. Staff described, and management confirmed processes in place to refer consumers to external providers of care where needed. Staff described, and observations confirmed, how they support consumers to participate within the community and maintain relationships within the service and described processes to support consumers to maintain relationships outside of the service. Staff confirmed processes in place to escalate and communicate changes to consumers’ needs, goals, and condition, with referrals placed where additional supports are required. Staff were knowledgeable of processes which ensure equipment is clean and well-maintained and reporting of maintenance or cleaning issues.

Management described various communication methods used to communicate changes to consumers’ needs, goals, and preferences to staff and other services where care is shared. Management confirmed processes in place to ensure meals and snacks provided are of good quality with variety available to meet the needs and preferences of consumers.

Care documentation showed consumers emotional, spiritual, and psychological well-being is documented, as well as their needs, goals and preferences for services and supports for daily living. Care plans were consistent with consumers’ preferences, with changes communicated to staff evident through care documentation. Care documentation showed referrals undertaken to external services and supports, with information shared and discussed with the consumer or their representative.

Service documentation included reactive and preventative maintenance schedules, with records showing issues are resolved in a timely manner. Fleet vehicles are monitored and maintained with records showing vehicles are clean, with maintenance checks current.

Based on the assessment teams report, I find all Requirements in Standard 4 Services and supports for daily living compliant, therefore the Standard is 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

Consumers expressed satisfaction with the service environment, confirming they can move freely both indoors and outdoors and the environment is clean and well maintained. Consumers indicated they feel welcome and find furniture and fittings safe, clean, and suitable for use.

Observations showed the service environment was well lit, with viable signage to aid in wayfinding. Observations demonstrated the service environment, furniture and fittings were clean, well maintained and consumers appeared comfortable within the service environment.

Management and staff described, and service records confirmed, cleaning and maintenance processes are in place, with reporting of any issues or concerns to maintenance. The service has preventative maintenance schedules in place, which are up to date.

Based on the assessment teams report, I find all Requirements in Standard 5 Organisation’s service environment compliant, therefore the Standard is 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 confirmed they are informed of feedback and complaints processes and are informed of advocacy and language services available. Consumers felt supported and safe in providing feedback and complaints and felt the service would respond appropriately to complaints raised.

Staff described supporting consumers to provide feedback and complaints and were knowledgeable of processes in resolving complaints, including open disclosure. Staff demonstrated awareness of external advocacy services available to consumers, and how they would support consumers to access services if needed.

Management described complaints management processes to ensure complaints are actioned in a timely manner, with open disclosure and corrective actions taken to address the concern. Management described, and service documentation confirmed, processes to analyse and trend feedback and complaints to inform service improvements.

Welcome packs are provided to all consumers and included information on feedback and complaints processes, and advocacy and language services. The complaints register confirmed feedback and complaints are documented, with actions and open disclosure practices evident. The service’s continuous improvement plan includes improvements identified through feedback and complaints. The service has policies and procedures in place to guide staff practice, with training and information sessions also provided.

Based on the assessment teams report, I find all Requirements in Standard 6 Feedback and complaints compliant, therefore the Standard is 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

Consumers confirmed the workforce meets their needs, goals, and preferences, and expressed confidence in staff knowledge, skills, competence, and number in delivering services and supports. Consumers confirmed staff are kind, caring and respectful in their interactions and while delivering services and supports.

Staff described being supported to undertake their roles, confirming adequate time allocated to deliver safe and quality services and supports. Staff confirmed rostering and training processes to ensure adequate coverage of staff across all roles. Staff described, and service documentation confirmed, recruitment, onboarding, and induction processes in place, with support provided to ensure staff have the required knowledge and skills to undertake their roles. Staff confirmed completing regular performance reviews and are encouraged, and comfortable in discussing additional learning needs or opportunities with management.

Management described systems and processes in place to monitor the workforce to deliver safe and quality services and supports, with the appropriate mix and number of staff. Processes are in place to manage planned and unplanned leave. Staff performance is monitored through formal and informal processes, such as consumer feedback, incidents and complaints data, and scheduled performance reviews.

Management described, and service documentation confirmed, staff undertake competency-based assessments within the organisations training program, with training records confirming staff undertake mandatory training which includes the code of conduct, Quality Standards, aged care rights, and legislative reporting obligations. Policies, procedures, and service documents are in place to guide staff practice and include position descriptions and human resource guidelines. Processes are in place to monitor external contractors’ compliance with appropriate clearances, licences, and insurances to undertake work.

Based on the assessment teams report, I find all Requirements in Standard 7 Human resources compliant, therefore the Standard is 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) | 1. Where clinical care is provided—a clinical governance framework, including but not limited to the following: | Not Applicable |

Findings

Consumers confirmed they are engaged and supported in the development, delivery, and evaluation of services. Staff described avenues for seeking feedback and improvement opportunities from consumers and representatives, and management confirmed the commencement of a consumer advisory committee. Documentation showed, and management and staff confirmed, the organisation actively seeks consumer input into service delivery.

Service documentation showed the governing body monitors consumer experience and provided information, support and direction through reports, training, and communiques to ensure the delivery of inclusive, safe, and quality services and supports. Management and executives described reporting requirements to the governing body on performance and consumers’ experience to ensure the governing body has accurate information to make informed decisions. Staff described the organisation as well run and felt supported by the governing body.

The governing body is supported by a governance structure, who monitor and communicate legislative changes, and updates. A suite of policies and procedures guide and support the organisations governance system and includes the use of an information management system to ensure information is stored securely to maintain confidentiality and privacy, while being accessible to appropriate staff. The organisations continuous improvement is driven by feedback and complaints, with processes in place to investigate and identify areas of improvement. Workforce monitoring shows processes for monitoring and reviewing the service’s workforce, including position descriptions. Meeting minutes demonstrated topics including workforce, regulatory changes, financial information, feedback and complaints and continuous improvement are discussed.

A range of policies, procedures, reporting mechanisms, auditing processes, and governing committees support the organisation’s risk management systems. Staff were knowledgeable of risk management processes, including supporting consumers to undertake risks and the use of the incident management system. Service documents confirm incidents are documented, trended, and analysed in line with service policies and procedures, with training records confirming staff undertake training on legislative reporting requirements and recognising and responding to neglect or abuse.

Based on the assessment teams report, I find all Requirements in Standard 8 Organisational governance compliant, therefore the Standard is 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)