**Performance**

**Report**

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| Name of service: | Guide Dogs Assoc. - ADELAIDE |
| Service address: | 251 Morphett Street ADELAIDE SA 5000 |
| Commission ID: | 600170 |
| Home Service Provider: | Guide Dogs Association of SA & NT Incorporated |
| Activity type: | Quality Audit |
| Activity date: | 7 July 2023 to 12 July 2023 |
| Performance report date: | 21 September 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 Guide Dogs Assoc. - Adelaide (**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:**

* Community and Home Support, 24307, 251 Morphett Street, ADELAIDE SA 5000

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, 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 | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable** |
| **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

I am satisfied, based on the Assessment Team’s report that the service complies with this Standard. The compliance decision I have made for each Requirement is recorded in the table above. A summary of the Assessment Team’s evidence is outlined below.

Consumers described staff as respectful. Management and staff spoke respectfully about consumers and demonstrated an understanding of each consumer’s personal circumstances.

Staff knew each consumer’s cultural background and described how they ensure services reflect consumers’ cultural needs and diversity. Training records evidence training on cultural diversity.

Consumers said they feel supported by staff to make their own decisions about the care and services they receive and representatives said the service involves them in making decisions when the consumer requests support.

Management described the process for assessing and discussing risks with consumers, and how the service would support consumers to take risks.

The distribution of information to consumers considers any communication barriers. The service produces information in larger fonts, uses technology and has one to one conversations with consumers who access the service for support for their visual impairment.

The Assessment Team reviewed the information pack given to consumers on commencement with the service, and noted it contains relevant information including the Charter of Aged Care Rights and complaints and feedback information.

Consumers and representatives interviewed felt staff were respectful of the consumer’s personal information.

# 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

I am satisfied, based on the Assessment Team’s report that the service complies with this Standard. The compliance decision I have made for each Requirement is recorded in the table above. A summary of the Assessment Team’s evidence is outlined below.

Care planning documentation evidenced a comprehensive assessment and planning process is undertaken in consultation with the consumer, the process considers and seeks to minimise any risks.

Consumers said face to face assessment took place and that staff took the time to listen and understand how to support their health and wellbeing.

Managers and staff described, and documents confirmed, that risks to consumers are identified through an initial triage phase undertake by the clinical team lead. Based on the triage results, the consumer is then assigned the most suitable clinician to undertake further assessments, and visited in a timeframe reflective of their priority level.

Management said due to consumers having a vision impairment, they are at a risk of falling and strategies are often put in place at the initial visit to manage the consumer’s risks while awaiting ongoing education, equipment or training.

The service’s assessment and planning process uses validated assessment tools to identify and mitigate risks. This includes the consideration of risks such as falls, the independent undertaking of activities of daily living such as navigating the home, cooking, accessing the community and using equipment independently.

Staff advised that goals are often limited to a small number, reflecting with the consumer’s needs and these may be broken down into smaller achievable subgoals. These subgoals are individualised, measurable and are assessed at each visit with a rating toward achievement.

Staff provided an example of a consumer who needs to be able to walk to the local shops. This goal has been divided into subgoals to achieve this, including being able to first safely cross the road followed by negotiating a safe route to the shops.

Consumers and/or representatives said they are involved in planning and making decisions about consumers’ care and services to the extent they wish.

Staff described how planning care and services includes others who are involved in supporting the consumer’s health and wellbeing, such as their General Practitioner. Documentation reviewed confirmed engagement with relevant people involved in supporting the consumer is occurring.

Management and staff said that, as the service is a specialised support service for consumers with visual impairment, after establishing and discussing the care plan with the consumer, the consumer may provide a verbal agreement to accept the plan, as some are unable to sign the care plan.

Consumers confirmed the outcomes of assessment and planning have been communicated to them and they are also aware they can request a copy of the care plan at any time.

Management confirmed care plans are readily available.

Management advised that consumers are regularly reviewed and demonstrated the processes used to schedule and monitor upcoming appointments.

If circumstances change or there has been a change in consumer’s goals or preferences staff will undertake a reassessment to ensure the care plan remains effective. Where additional services are required outside the scope of the Commonwealth Home Support Program, the consumer is referred back to My Aged Care.

# Standard 3

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| Personal care and clinical care | | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Not applicable |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

I am satisfied, based on the Assessment Team’s report that the service complies with this Standard. The compliance decision I have made for each Requirement is recorded in the table above. A summary of the Assessment Team’s evidence is outlined below.

Consumers expressed satisfaction with the care and services they receive. Staff and management demonstrated specialised services are provided to consumers either by an occupational therapist or an orientation mobility instructor and tailored strategies are developed to support the consumer’s wellbeing.

Management said staff work within professional guidelines and stay abreast of current best practice through their continuous professional development requirements for maintaining their allied health registrations.

Consumers and/or representatives said that care and services provided are safe and right for the consumer. Staff consistently identify, and manage consumer’s risks and manage any incidents. Staff were familiar with high-impact and high-prevalence risks for sampled consumers and could describe management strategies in place.

A consumer described the strategies in place to reduce the risk of them falling including the provision of and training in the use of a white mobility cane. Strategies for other consumers included personal alarms, adjustments of walking aids and education in ‘scanning technique’.

One staff member interviewed described carrying a kit which includes items which can be utilised immediately such as the application of contrast strip. This is utilised for consumers who may have issues with depth perception as an instant mitigation strategy to allow the consumer to differentiate between different surfaces.

Consumers and/or representatives sampled felt confident that staff would notice if their health changed, despite the service generally being episodic in nature. Staff described processes to report and respond to changes related to consumers, for example, general deterioration, change in consumers’ mobility, mental health, or level of independence.

One staff member described observing a change in a consumer’s cognition and the subsequent follow up and communication that occurred with the consumer’s family.

Management described the services procedure for internal reporting for any identified change in condition for individual consumers.

The service has a client incident policy which guides staff in the reporting of changes to a consumer’s condition.

Information is appropriately shared. A clinical meeting is held weekly where consumer cases are discussed amongst clinicians to share information and seek advice if needed. A consumer advised that the same staff member returned for the second visit to provide the equipment and education previously discussed, so they did not have to repeat their needs and preferences.

Management described the process they follow to refer consumers to different allied health professions and how the service liaises with other service providers where the provision of care is shared.

Documentation review evidenced after an initial occupational therapist review, a consumer subsequently being referred to orientation mobility instructor and then back to My Aged Care for re-assessment for higher level support.

Staff and management described the service’s processes for minimising risks of infection including policies, procedures, and education.

Consumers said staff wear masks while providing services.

As part of the appointment confirmation, consumers are asked screening questions to establish if the appointment can go ahead without any risk of infection.

Staff undertake infection prevention and control training and their vaccination status is monitored by management. Infection control policies are easily accessible.

The service does not provide palliative care, Requirement 3(3)(c) is 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. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

I am satisfied, based on the Assessment Team’s report that the service complies with this Standard. The compliance decision I have made for each Requirement is recorded in the table above. A summary of the Assessment Team’s evidence is outlined below.

Consumers and/or their representatives said consumers are supported to live independently through the services they receive. A consumer described how the service provided them with equipment to enable them to continue reading which is very important to them.

Staff described how the service supports consumers to optimise their independence by assisting consumers to do activities they otherwise might not do, such as, navigating around their local area on foot or taking public transport.

Four consumers gave examples of staff supporting their emotional wellbeing, including one who had reconnected with friends and family over the internet with the support of staff.

Management said the service is exploring the implementation of a social support group for consumers with vision impairment following feedback from the consumer advisory committee.

Consumers are referred to different allied health professions as needs emerge.

Relevant information is made available to those that are supporting the consumer so that well informed care occurs.

Consumers and/or representatives confirmed that equipment provided was assessed by an allied health professionals and they are satisfied their equipment is safe and suitable.

Care planning documentation is detailed and sufficient to support the consumer’s health and wellbeing and inform staff of the consumer’s needs and goals and how they want to engage with the service.

The service does not provide meals Requirement 4(3)(f) is not applicable.

# 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. | Not applicable |
| 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. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

The organisation provides services in the consumer’s home. This Standard is not applicable.

# 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

I am satisfied, based on the Assessment Team’s report that the service complies with this Standard. The compliance decision I have made for each Requirement is recorded in the table above. A summary of the Assessment Team’s evidence is outlined below.

Consumers and representatives interviewed said they know how to make a complaint and would contact the service if they had concerns about their service.

The Commonwealth Home Support Program Information Pack provided to consumers and representatives on entry to the service included information on how to make a complaint or provide feedback as well as brochures for advocacy and interpreter services.

Consumers said they had received information on advocacy and external complaints resolution organisations.

Staff interviewed described how they would assist a consumer if they needed assistance in making a complaint or engaging with external advocacy service.

All consumers interviewed said they have not needed to make a complaint, however, felt confident that the service would resolve their issues. Staff interviewed confirmed they would resolve issues identified by consumers immediately when possible and then report the issue through the feedback system. Management described the service’s processes for managing complaints including the use of open disclosure.

Management advised the implementation of a new consumer satisfaction survey being provided to consumers at the completion of their services and engaging volunteers to make follow up phone calls to hear feedback directly.

# 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

I am satisfied, based on the Assessment Team’s report that the service complies with this Standard. The compliance decision I have made for each Requirement is recorded in the table above. A summary of the Assessment Team’s evidence is outlined below.

Management discussed processes to ensure there are enough staff to deliver services.

Consumers and representatives said that staff arrive on time for their appointments and have enough time to provide quality services. Consumers do not feel rushed through the assessment process.

All consumers described staff interactions in a positive way. One consumer saying the staff member was kind and considerate of their needs and wishes and respectful of their goal of maintaining their independence.

Consumers and representatives interviewed said they felt staff delivering services are competent. Staff advised they are provided education and support which enables them to competently perform their roles.

Management explained their staff recruitment and onboarding processes including buddy shifts, training modules specific to each role, access to comprehensive policies and procedures, and regular formal and informal performance discussions.

Performance discussions occur after 3 months of employment and again at 6 months, thereafter they are held annually. Staff said their performance is monitored and they have an opportunity to reflect on their own practice, make suggestions, raise areas of concern and request training as part of the process.

# 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

I am satisfied, based on the Assessment Team’s report that the service complies with this Standard. The compliance decision I have made for each Requirement is recorded in the table above. A summary of the Assessment Team’s evidence is outlined below.

The service has a Consumer Reference Committee that meets quarterly to discuss areas for improvement within the service.

Management advised the Board satisfies itself that the Aged Care Quality Standards are being met through the use of various management committee reports including financial, audit and risk, and quality. Information in reports includes incidents, complaints, compliments, feedback, training and changes to policies and procedures.

The organisation was able to demonstrate an established, documented and effective organisation-wide governance system in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance, feedback and complaints.

The Assessment Team viewed, and management described an effective incident management processes, including the reporting, escalation and analysis of incidents to manage and prevent incidents. Relevant staff are aware of the serious incident response scheme and how to report an incident if it occurs.

The organisation has a Clinical Supervision Framework and the Governance and Risk Committee oversees clinical care.

The organisation has a suite of policies and procedures available to guide staff on the safe deliver of clinical care and support a best practice approach.

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