**Performance**

**Report**

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| Name of service: | Kevin Heinze Garden Centre Inc |
| Service address: | 39 Wetherby Road Doncaster VIC 3108 |
| Commission ID: | 300617 |
| Home Service Provider: | The Kevin Heinze Garden Centre Incorporated |
| Activity type: | Quality Audit |
| Activity date: | 10 February 2023 to 14 February 2023 |
| Performance report date: | 20 March 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 Kevin Heinze Garden Centre Inc (**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, 25769, 39 Wetherby Road, Doncaster VIC 3108

# 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 | **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.

**Other Relevant Information**

Kevin Heinze provides therapeutic horticulture services, supporting consumer’s wellbeing in a peaceful and stress free garden environment.

Although funded under the CHSP program the service has had only one consumer who attended the service between August 2022 and October 2022 and who no longer attends. Services were placed on hold following the COVID-19 pandemic. Management advised that the organisation is discontinuing the service at the end of the financial year and will not seek to extend its grant funding, it has no active consumers at present.

# 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

The service demonstrated that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

Staff spoke respectfully about consumers who had attended the program and showed an appreciation of consumer centred care and individual identity. Staff also demonstrated an understanding of diversity and providing a dignified experience for participants of the gardening program.

Management provided evidence of the focus on diversity and inclusiveness in services provided to consumers within the community. The service promotes this through its ‘diversity access and quality plan’.

Management described their approach to assisting consumers to make decisions. This includes consultation about changes in activities, weekly emails and newsletters. When needed, staff will communicate with someone’s nominated representative.

Staff provided examples of how they encourage participants to continue doing activities that boost their confidence and how they balance this with individual and group safety.

Information provided to consumers includes what to bring to the program, including safety information such as an asthma or anaphylaxis plan.

Management advised that any meetings discussing consumers’ personal information are conducted in an appropriate space and all electronic data is backed up by their information technology provider.

# 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. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |

Findings

Staff advised that on receiving a referral from My Aged Care the practice was to contact the consumer and encourage them to visit the garden centre, undertake a tour and see if the service being provided would meet their needs.

If the consumer wants to enter the program, then an assessment and care plan are discussed and completed. The assessment would include a review by an occupational therapist if any mobility challenges were identified.

The Assessment Team reviewed available care planning documentation and found the level of detail and information captured reflected the service type being delivered.

Volunteers supporting consumers are aware how to access information and discussed different ways they can support individuals meet any specified goals.

The most recent consumer was satisfied the service met their needs, however, did not recall assessment and planning details.

The service is not taking on new consumers and is not renewing its grant funding, a number of the Requirements are not applicable as the service has no active consumers at present.

# 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. | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| 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. | Not applicable |

Findings

The service does not provide personal and/or clinical care. This Standard 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. | Not applicable |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| 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. | Not applicable |

Findings

The most recent consumer said they had received an activity calendar and newsletter every two months with information about the projects at the service. The consumer used these to decide if they wanted to attend the service. Positive feedback was also provided on the support the service provided in terms of supporting their well-being and how interactions with staff were respectful. The Assessment Team are satisfied services are safe and the service is run to reflect assessed needs.

The service is not taking on new consumers and is not renewing its grant funding, a number of the Requirements are not applicable as it has no active consumers at present.

# 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 Assessment Team visited the garden area with a staff member and observed positive interactions between staff and other participants who were using the service.

The service environment is free from clutter and pathways were clear or marked with yellow paint to show uneven ground.

There is adequate signage providing clear directions to exits and bathroom facilities. The toilets were observed to be clean and have disabled access and supports, including handrails.

Consumers have free access to stay in the activities room or move outside and join the planned gardening activities.

Effective systems and processes are in place to ensure the service environment is safe and clean.

Furniture, fittings and equipment are safe, clean, well maintained and suitable for consumers at the garden centre. Chairs and tables both inside and outside in the garden area for consumers were observed to be clean.

Staff and management described cleaning procedures, including the cleaning and disinfecting of shared equipment before and after each activity and for all high touch areas.

The Assessment Team witnessed the cleaning process after a scheduled activity with the staff members packing away items and sanitising chairs and tables ready for the next activity.

# 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

Information on complaints is part of the information pack provided to consumers when attending a service with the organisation. The service has a complaints policy and information on complaints is on the organisation’s notice board and on their website. A suggestion box is available for consumers to provide feedback anonymously.

Management advised that consumers have ready access to the leadership team to raise any issue.

The service demonstrated that consumers are made aware of advocacy services and ways to raise and resolve complaints internally and externally.

Management discussed the process undertaken to resolve a recent complaint to the satisfaction of the Assessment Team.

Management provided an example of how complaints are used to improve services across all their sites.

# 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 discussed the organisation’s recruitment process including recruitment of ongoing, casual and volunteer staff.

Human resource policies and processes are in place to ensure staff are supported to provide safe and quality services.

Staff are required to have appropriate horticulture training and support consumers with gardening issues. Special social workers with horticultural knowledge provide one-on-one support to consumers needing special care. Allied health workers such as a speech therapist and an occupational therapist are part of the service. They support and assess a consumer’s abilities and develop strategies to mitigate any risk to a consumer while they are at the garden centre.

Management said that new staff are supported through an induction and buddy system to assist their transition into their positions.

A review of the CHSP program social workers’ records identified that annual performance reviews were undertaken.

Management stated that new staff have probationary period following which their suitability for the role is assessed.

A performance management policy is in place.

# 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. | Not applicable |

Findings

The service demonstrated they engage with consumers and representatives on a regular basis to gather feedback on services and identify any improvements. The service undertakes formal and informal surveys twice a year and a face-to-face short survey is undertaken following each program to ensure consumers with communication barriers have their views heard.

Committee of Management papers viewed by the Assessment Team included program reports, financial reporting, the incident register and meeting minutes. Management advised that the organisation’s strategic plan, business plan and financial plan are discussed at every meeting. Management also said that consultation takes place with all staff and stakeholders about decisions made at these meetings.

The service demonstrated there are governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback. The Assessment Team tested how these systems apply in day to day practice through interviews with staff, volunteers and a consumer and are satisfied evidence they collected supports they are effective.

The service has an incident management system in place and all incidents and accidents are reported, investigated, documented and closed. Incidents also form continuous improvement activities where appropriate.

Requirement 8(3)(e) is not applicable as the service does not provide personal and/or clinical care.

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)