**Performance**

**Report**

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| Name of service: | Liberty Community Connect |
| Service address: | 31 Martin Street NERANG QLD 4211 |
| Commission ID: | 700444 |
| Home Service Provider: | Liberty Community Connect Inc. |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 20 January 2023 |
| Performance report date: | 26 February 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 Liberty Community Connect (**the service**) has been prepared by M Abjorensen, 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:**

* Liberty Community Connect Inc, 26264, 31 Martin Street, NERANG QLD 4211

**CHSP:**

* CHSP - Allied Health and Therapy Services, 4-7Z56WTK, 31 Martin Street, NERANG QLD 4211
* CHSP Personal Care, 4-7Z56WY1, 31 Martin Street, NERANG QLD 4211
* CHSP - Home Maintenance, 4-7Z5EGOL, 31 Martin Street, NERANG QLD 4211
* CHSP - Flexible Respite, 4-7Z5EGRO, 31 Martin Street, NERANG QLD 4211
* CHSP - Domestic Assistance, 4-7Z5EGUH, 31 Martin Street, NERANG QLD 4211
* CHSP - Social Support - Group, 4-7Z5EGXA, 31 Martin Street, NERANG QLD 4211
* CHSP - Social Support - Individual, 4-7Z5EH03, 31 Martin Street, NERANG QLD 4211
* Care Relationships and Carer Support, 24259, 31 Martin Street, NERANG QLD 4211
* Community and Home Support, 24260, 31 Martin Street, NERANG QLD 4211

# 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 review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Not Applicable |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not Applicable** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Not Applicable** |
| **Standard 7** Human resources | **Not Applicable** |
| **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 1 Consumer dignity and choice | Not Applicable |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not Applicable** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Not Applicable** |
| **Standard 7** Human resources | **Not Applicable** |
| **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. | Not applicable | Not applicable |
| 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)(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 | 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. | Not applicable | Not applicable |
| 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 | Not applicable |

Findings

The Assessment Team scope focused on how the service addresses advance care planning and end of life planning discussions as part of assessment and planning. Consumers interviewed reported the service has provided information on advanced care planning and had relevant discussions during assessment and planning. Management described implemented improvements to commence advanced care planning discussions during the initial assessment and subsequent scheduled reviews. While sampled care documentation evidenced discussions related to advanced care plans and end of life planning occur for HCP consumers, the service provides relevant information accessible to all consumers through consumer information packs.

* Examples of improvements by the service include training delivered to staff on discussing advanced care planning and revised information packs to contain information on advanced care planning
* Two consumers confirmed the service has had discussions relating to advanced care planning.

# Standard 3

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

Findings

Through evidence collected by the Assessment Team, the service demonstrated effective management of high impact and high prevalent risks through process improvements in how risks are identified, monitored and managed and clinical oversight of consumer’s with identified risks and consumers receiving clinical care. For example:

* The service delivered training to screening (or intake) staff to improve the identification and management of consumers risks, specifically through risk indicators contained within information received through My Aged Care documentation.
* The service implemented a clinical care assessment matrix guidelines tool to guide screening staff on clinical indicators relating to high impact and high prevalent risks to consumers.
* Care documentation reviewed by the Assessment Team contained evidence of falls risk screening tools
* Support staff received training on consumers risks, including, the type of information to record in progress notes, and to escalate within the service. The Assessment Team reported support workers received guidance on what to look for during scheduled visits and management of specific risks such as falls, changes in condition, medication related incidents and changed behaviours.
* Through Assessment Team interviews, consumers and representatives reported the service had discussed risks relevant to their care needs, such as, mobility, health conditions and clinical needs to implement appropriate management strategies.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Not applicable | Not applicable |
| 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. | Not applicable | Not applicable |
| 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. | Not applicable | Not applicable |
| 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 | 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 | Not applicable |

Findings

The service demonstrated effective risk management framework, including incident management system, assessment and planning procedures to identify and manage high impact, high prevalent risks related to individual consumers. The service demonstrated improvements made in relation to risk management systems, including, revised policies, development of risk assessment tools and organisational oversight through established committees. Through interviews and documentation reviewed, the Assessment Team found staff and management receive relevant guidance and training through an external registered nurse consultant and monthly committee meetings to review clinical indicators and vulnerable consumers. For example:

* Assessment tools and risk matrix improve staff identification of risks at intake
* The service has established of a risk subcommittee to oversee risk management systems and practices
* Monthly reports monitor key risk areas, including vulnerable consumers, through clinical indicators and incident data. Reports reviewed contain information related to falls, catheter care, wound care, the number of hours for nursing services, recent hospitalisations, consumers living with dementia, consumers with oxygen supply devices and reported infections, evidenced by the Assessment Team.
* Management reported ongoing training and guidance for staff and management continues to be delivered through a nursing consultant to support the organisation in maintain effective risk management systems.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)