**Performance**

**Report**

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| Name: | Life Without Barriers - Kimberley |
| Commission ID: | 500314 |
| Address: | Unit 1, 12 Coghlan Street, BROOME, Western Australia, 6725 |
| Activity type: | Quality Audit |
| Activity date: | 23 January 2024 to 24 January 2024 |
| Performance report date: | 6 March 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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 3502 Life Without Barriers  
Service: 27281 Life Without Barriers Broome  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7639 Life Without Barriers  
Service: 24714 Life Without Barriers - Care Relationships and Carer Support

**This performance report**

This performance report for Life Without Barriers - Kimberley (**the service**) has been prepared by P.Frangiosa, 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.

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

The provider did not submit a response to the Quality Audit report.

# Assessment summary for Home Care Packages (HCP)

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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** |

# 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 | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

All consumers said they are treated with dignity and respect, and the service recognises and values their identity and culture. Management said, and documentation showed, staff receive training in cultural diversity, dignity and respect. Staff and management were observed interacting with consumers in a kind and respectful manner.

Consumers stated staff are respectful to them and of their cultural needs and deliver care and services with this in mind. Staff were knowledgeable of consumers’ cultural backgrounds and described how they tailor services to ensure they culturally safe.

Consumers said they are involved in making decisions about their services, including when others should be involved. Staff said they review all information provided to them by specialists and discuss options with consumers in order to support them. Management said intake processes are consumer centred, with a focus on consumers’ wants and needs.

Consumers said they can decide to undertake tasks that involve an element of risk and are supported to understand potential consequences and benefits. Staff described how they take reasonable care to minimise risks associated with activities of consumer choice. Documentation supported statements by consumers and staff.

All consumers advised the service provides timely and accurate information to enable choice about care and services, including in relation to monthly statements. Management said they ensure each consumer gets their monthly statements through hand delivery processes, as consumers often move throughout the community. The consumer welcome pack included comprehensive information regarding services delivered, consumer rights, complaints and feedback mechanisms and the consumer’s care plan.

Consumers said staff were respectful of their personal information respected their privacy. Staff and management described processes to keep consumer information safe and protect their privacy and referred to supporting mechanisms such as organisational training and policies.

Evidence analysed by the Assessment Team showed evidence substantiating compliance was relevant and present across both CHSP and HCP services.

# 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)(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 | 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

Consumers described the various ways that 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. Management described how they assess consumers’ needs and risks at commencement, in consultation with them, and utilising information from their My Aged Care (MAC) support plan.

Evidence showed the service demonstrated current 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 and are reviewed regularly for effectiveness, including when circumstances changed or following incidents. This included assessment and review checklist, a home safety assessment including a non-response to a scheduled visit, and an emergency response plan.

Management stated how conversations with consumers about what is important to them informs delivery of care and services, with cultural appropriateness applied. Evidence showed care planning documents illustrated needs, goals and preferences had been discussed with consumers and documented as an ongoing partnership in their care delivery. Management and staff advised that during the assessment process options are discussed and documented in the consumers care plan with cultural sensitivities considered such as discussions regarding end of life.

Consumers said outcomes of assessment and planning are effectively communicated to them. Management and staff said consumer care plans support the delivery of effective and current care and services and is documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

Consumers said they are involved in assessment processes and can make decisions about their care and services. Sampled care plans show consumers can nominate who is included in making decisions regarding their care and services.

Consumers said care and services are reviewed regularly for effectiveness, and care and services are reflective of a change of circumstances or when incidents impact on the needs, goals or preferences. Management said, and documentation support the review of care plans that reflect changes to the consumer’s needs, goals and preferences.

Evidence analysed by the Assessment Team showed evidence substantiating compliance was relevant and present across both CHSP and HCP services.

# Standard 3

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| Personal care and clinical care | | HCP | 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 | Compliant |
| 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. | Compliant | Compliant |
| 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

Evidence demonstrated consumers get safe and effective care that is best practice, tailored to their needs, and optimises their health and well-being, including effective management of high impact or high prevalence risks associated with the care of each consumer. Consumers confirmed that the service and staff ensure they receive safe personal and clinical care.

Care planning documents showed that personal and clinical care was documented based on consumers’ assessments and provided detailed instructions to staff to support consumers, with specific acknowledgement of high impact or high prevalence risks associated with the care of each consumer.

Consumers said their needs, goals and preferences nearing the end of life are recognised and addressed, including advanced care directives. Documentation showed care plans are updated to reflect advanced care directives where appropriate. Management said, and documentation showed deterioration or changes of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

Consumers stated that they felt confident the service would recognise deterioration or changes of their mental health, cognitive or physical function, capacity or condition and responded in a timely manner. Staff said they review care plans, and discuss any changes in consumers with them, to prompt appropriate reviews. Documentation supported statements by consumers and staff.

Documentation showed consumers’ condition, needs, goals and preferences were known to those involved in their care, and communication systems used to transfer information included accurate information. For sampled consumers, care documentation showed timely communication of changes in care and service delivery, including in relation to changed dietary needs, commencement of palliative care and change in mobility/physical function.

Consumers said the service responded in a timely manner to appropriately refer them to individuals, other organisations and providers of other care and services where necessary. Documentation showed consumer changes resulted in referrals to appropriate services or specialist health services.

Staff stated, and documentation viewed, supported precautions to prevent and control infection, and promote practices supporting appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

Evidence analysed by the Assessment Team showed evidence substantiating compliance was relevant and present across both CHSP and HCP services.

# Standard 4

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| Services and supports for daily living | | HCP | 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not Applicable | Not Applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers reported services support their independence, wellbeing, and quality of life. Management described, and documentation showed, the service identifies consumers’ capability, needs, goals and preferences to inform services and supports.

Consumers and representatives described in various ways how staff and the services provided promote consumers’ psychological wellbeing and support them emotionally. Staff and management demonstrated how they support consumers emotionally and promote their psychological wellbeing through understanding personal circumstances and emotional support needs.

Consumers and representatives described in various ways their satisfaction with how the service enables consumers to maintain relationships, meet new people and do things of interest to them. Management described and documentation confirmed the process of completing a social assessment to capture consumers’ social preferences, including of cultural importance. Information received informs the continuous improvement of the social services to include activities of interest and promote consumer participation.

Consumers and representatives reported staff understand consumers’ needs and were satisfied that information about their services is shared within the organisation and with others who are involved in their care. Staff advised and documentation confirmed that they received detailed, up to date information in the electronic care system.

Management, staff and documentation demonstrate the service’s internal and external referrals process facilitates consumers access to additional services to supplement supports and services for daily living.

Consumers reported they are satisfied with the quality and quantity of food provided by external meal providers or at the service’s social support program. Management and staff demonstrated how they monitor consumers’ dietary needs and preferences and identified risks relating to consumers’ nutritional status. Care planning documents identified consumers’ dietary needs and preferences.

Consumers and representatives reported equipment provided is safe to use, well-maintained and meets consumers’ needs. Documentation showed the involvement of allied health clinicians to assess consumers’ needs and regular monitoring of equipment to ensure it is clean and well maintained.

Evidence analysed by the Assessment Team showed evidence substantiating compliance was relevant and present across both CHSP and HCP services.

# Standard 5

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| Organisation’s service environment | | HCP | 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 | 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 | Not Applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Applicable | Not Applicable |

This standard was not assessed as the service does not provide services within an organisation service environment.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Consumers and representatives were able to describe how the service seeks their feedback regarding care and services they receive. Consumers and representatives said they were aware of internal feedback and complaints processes during the initial entry to the service and on an on-going basis. The service provides a hard copy complaint and feedback form in the consumer information pack, in some instances available in local languages. In addition, the service has an on-line feedback and complaint function located in their web site. Management and staff described how they support consumers to provide feedback and make complaints. Evidence analysed by the Assessment Team demonstrated that consumers and representatives can provide feedback and complaints on their services.

Consumers and representatives said they were aware of external agencies to support them in raising feedback or complaints. The consumer information pack contains information on advocacy and language services and alternative methods to raise and resolve complaints.

Consumers and representatives said changes have been made in response to their individual feedback and complaints. Documentation confirmed the complaints and feedback register is routinely populated and regularly reviewed to ensure the service has oversight of improvement matters.

Consumers stated should they have issues with the services, they would ring the service or speak to their case manager to discuss their concerns and actions implemented are reviewed in consultation with them to ensure satisfaction. The service has a Continuous Improvement policy which guides staff practice.

Evidence analysed by the Assessment Team showed evidence substantiating compliance was relevant and present across both CHSP and HCP services.

# Standard 7

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| Human resources | | HCP | 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

Consumers stated they receive quality care and services. While management acknowledged they had a few cancellations, they described the processes in place to plan and manage the workforce, acknowledging difficulties to recruiting in their region. Documentation showed evidence of staffing metrics and data to drive planning and workforce delivery.

Consumers and representatives confirmed staff are kind, caring and respectful. Staff described how they provide care and services for consumers in a kind and respectful manner including how they respect the consumer’s diversity, privacy and decisions. Staff spoke about consumers in a kind and respectful way. Position descriptions reflect the organisational values of striving to display kindness and concern for others, with an emphasis on recognising cultural differences.

Consumers and representatives felt staff are competent in their roles. Staff and management described assessment processes to ensure staff are competent to provide services as required. Management and staff described mandatory qualifications and training to support them in their roles. Documentation evidenced sub-contracted services are required to abide by the employment conditions and qualifications required in the service’s contractor management system which is used to monitor the compliance of sub-contracted services, including competencies and qualifications.

Management described processes and ongoing oversight to ensure staff are recruited, trained, equipped and supported to deliver outcomes required by these standards. Staff described the relevant training requirements required to deliver their duties. Management has oversight of monthly recruitment, training and shift data to ensure visibility and continuous improvement opportunities where appropriate. The service has a recruitment and retention policy as well as an induction program which includes a comprehensive program of mentoring and observation in the field.

Staff and management described the service’s performance review process for staff. Staff are required to undertake performance appraisals, however, acknowledged that not all have taken place at the time of the audit. Documentation viewed showed evidence of monitoring staff performance.

Evidence analysed by the Assessment Team showed evidence substantiating compliance was relevant and present across both CHSP and HCP services.

# 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. | Compliant | 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 | 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 | 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 | 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 | Compliant |

Findings

Consumers confirmed they have input about services provided, including annual surveys. Management and staff described how consumers have input about their experience and services through formal and informal feedback processes, including surveys. Documentation showed evidence of consumer engagement in the development, delivery and evaluation of care and services, and reporting to the governing body.

There is a range of reporting mechanisms to ensure the governing body is aware and accountable for the delivery of care and services. Management discussed the governance structure and reporting process to drive continuous improvement and accountability. Documentation demonstrated regular reporting to the governing body for discussion of key metrics to ensure accountability and appropriate response.

There are effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. There is a documented governance framework, with relevant policies and procedures in place.

There is a documented risk management framework including policies and procedures relating to organisation risk management and consumer risks. This ensures effective management of high-impact and high-prevalence risks, effective identification and response to abuse and neglect, support for consumers to live their best life and management and prevention of incidents through an incident management system.

There is a clinical governance framework which guides staff on antimicrobial stewardship, minimising the use of restraint and open disclosure. There are relevant policies and procedures in place. Management has oversight of clinical governance through regular governing body meetings. Documentation viewed confirmed this oversight.

Evidence analysed by the Assessment Team showed evidence substantiating compliance was relevant and present across both CHSP and HCP services.

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)