**Performance**

**Report**

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| Name of service: | Luke's Place |
| Service address: | 8-10 Warwick Road IPSWICH QLD 4305 |
| Commission ID: | 700399 |
| Home Service Provider: | Alara Qld Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 21 August 2023 |
| Performance report date: | 18 November 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 Luke's Place (**the service**) has been prepared by M Franco, 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:**

* ALARA QLD Ltd, 26509, 8-10 Warwick Road, IPSWICH QLD 4305

**CHSP:**

* Community and Home Support, 23892, 8-10 Warwick Road, IPSWICH QLD 4305

# Material relied on

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

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site 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 Home Care Packages (HCP)

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| Standard 2 Ongoing assessment and planning with consumers | Compliant |
| **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 as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **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 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 | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **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. | 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

Evidence analysed by the Assessment Team showed the service demonstrated assessment and planning, including the consideration of risks to consumer’s health and well-being, informs the delivery of safe and effective care and services. Consumers and representatives interviewed said they receive the care and services they need, and they are involved and have a say in the care planning process. Management, the coordinator, and clinical staff described the comprehensive initial assessment process including the use of validated assessment tools to identify risks to consumers. Care planning and supporting documentation reviewed evidenced assessments being completed to inform the delivery of safe and effective care and services and included sufficient detail about assessed needs and risks to the consumer to guide staff in managing the risks for consumers.

Evidence analysed by the Assessment Team showed the service demonstrated 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. Consumers and representatives report the care they currently receive meets their needs, goals, and preferences. They said they have day to day control of the service they receive. The HCP manager, coordinator and clinical staff interviewed could describe how they undertake assessment and planning, considering the consumer’s needs, goals, and preferences. Staff said they understand what is important to consumers through regular conversation, interactions with consumers and representatives and support plan reviews.

Evidence analysed by the Assessment Team showed the service demonstrated assessment and care planning is based on on-going partnership with the consumer and other, including the organisations and individuals that are involved in the care of the consumer. Consumers and representatives confirmed they participate in the planning and review of the services consumers receive. They said the service enables them to exercise choice in line with their needs and preferences. Management and staff described how they work in partnership with the consumer, representatives, and other organisations such as My Aged Care (MAC), GPs, Allied Health Professionals (AHPs) and other service providers in assessment and care planning. For consumers sampled, care planning documentation evidenced the consumer and others the consumer wishes to be involved are involved in assessment and planning.

Evidence analysed by the Assessment Team showed the service demonstrated 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. The service maintains electronic care and service plans that are accessible to staff. Management and staff said consumers are provided with a copy of the plan that is kept in the consumer’s home for reference. Consumers interviewed report the services they receive, and the frequency of service are explained to them on commencement and when changes occur. Staff reported having access to the care and services plan and said it contains all the information they need to provide services in line with the consumer’s preferences.

Evidence analysed by the Assessment Team showed the service demonstrated 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. A review of care planning documentation confirmed that consumer care and services are reviewed regularly, including when circumstances change, or incidents impact the needs and preferences of the consumer. Management explained consumers’ support plans are reviewed at least annually and more often when changes or incidents occur. Consumers/representatives confirmed the service regularly communicates with them about the services they receive and conducts reviews when appropriate.

Based on the evidence summarised above, I find the provider in relation to the service, compliant with Standard 2 of the Aged Care Quality Standards.

# 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 | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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. | Compliant | Not applicable |

Findings

Evidence analysed by the Assessment Team showed the service demonstrated each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care. Consumer support plans reviewed by the Assessment Team, accurately described consumer’s current personal and clinical care needs in sufficient detail to guide staff in the delivery of care and services. Staff, including support workers, have received face to face training and online education relating to consumer risks and health conditions. This training is provided to enhance knowledge, understanding, and increase staff ability to recognise and respond to consumer needs.

Evidence analysed by the Assessment Team showed the service demonstrated effective management of high-impact or high-prevalence risks associated with the care of each consumer. The service demonstrated management and staff understand the risks relating to their consumers and have supports and strategies in place to ensure the effective management of high impact, high prevalent risks for consumers. The Assessment Team reviewed consumer support plans and information obtained through risk assessments is reflected in these documents. This includes the identification of all risks, strategies and guidance for staff who regularly provide services to consumers. Risk assessments are undertaken for high impact or high prevalence risks to find ways to minimise these risks. Several staff and management identified risks and could discuss specific consumers and how they can be best supported.

Evidence analysed by the Assessment Team showed the service demonstrated 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. Consumers reported staff know consumer’s needs as they generally have the same staff members providing their services. Support workers confirmed there is a support plan in the consumer’s home and support plans were reviewed to have adequate information to support effective and safe care. Systems are in place to share relevant and appropriate information to external organisations involved in each consumer’s care.

Based on the evidence summarised above, I find the provider in relation to the service, compliant with Requirement 3(3)(a), Requirement 3(3)(b) & Requirement 3(3)(e).

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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 |

Findings

Evidence analysed by the Assessment Team showed the service demonstrated information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. Systems have been implemented to ensure communication is being documented and saved that demonstrates consumer’s needs and preferences are shared both within the service and with external organisations. Communication between services occurs predominantly via email with associated documents including support plans and relevant assessments attached.

Based on the evidence summarised above, I find the provider in relation to the service, compliant with Requirement 4(3)(d).

# Standard 7

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| Human resources | | HCP | CHSP |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |

Findings

Evidence analysed by the Assessment Team showed the service demonstrated the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards. Staff reported that they felt supported to undertake training and confirmed that management is receptive to requests for additional education. Staff could not report any instances where they wanted additional training but could not obtain it. Staff who had been with the service for less than 12 months confirmed that the orientation and onboarding process at the service is sufficient to prepare them for the role. Furthermore, they said that they felt supported throughout the orientation process to ask questions and test their knowledge. The service’s training and orientation structure has been added to the ‘Support Worker Handbook’. All new staff must read the handbook, complete all mandatory training, and sign an acknowledgement to state they have finished these tasks. Management has introduced featured alerts on the service’s internal staff portal. Alerts provide information about topics relevant to the work of aged care staff, such as risks associated with the care of consumers.

Based on the evidence summarised above, I find the provider in relation to the service, compliant with Requirement 7(3)(d).

# Standard 8

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| Organisational governance | | HCP | CHSP |
| 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

Evidence analysed by the Assessment Team showed the service demonstrated effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. The service has policies and procedures in place to guide information management, including personal records, privacy, and confidentiality, and sharing of information relevant to service delivery. Management advised that continuous improvement opportunities are identified from a range of sources. Sources can include the introduction of new regulatory requirements, subscriptions to peak bodies, industry alerts through the Fair Work Commission, staff feedback, consumer feedback, and Board initiatives. The service has a Continuous Improvement Plan (CIP) that determines the overarching direction of the service and tracks progress against time frames. The service demonstrated it has effective governance systems related to financial governance, including transparent reporting procedures and structures for the Board to consider. Home care package budgets and ongoing balances are monitored by the service. The Assessment Team reviewed the information provided by executive leadership to the Board. Information provided includes CHSP funding and how the service is tracking against output targets. The service demonstrated effective governance systems related to workforce governance, including the clear delineation of roles and responsibilities. Management and employees are provided with adequate information to ensure they have a clear understanding of their roles, responsibilities, and accountabilities. The service demonstrated effective governance systems related to regulatory compliance. Management stated regulatory changes are received and managed by several levels of management, who then disseminate them to appropriate parties throughout the service. The service has updated its processes and procedures to reflect regulatory changes, including the introduction of SIRS (Serious Incident Response Scheme) in home and community care. The service demonstrated effective governance systems related to complaints and feedback, including using feedback to actively look for ways the service can improve. All feedback received is reviewed and actioned. Feedback data is included in regular reports presented to the Board for review. The Assessment Team found that the service fosters a culture of continuous improvement and welcomes feedback about the services provided. The governing body is kept informed of all feedback received to ensure oversight of the quality of care and service is maintained.

Evidence analysed by the Assessment Team showed the service demonstrated the use of a risk management system that supports consumers to live the best life they can. Management demonstrated an improved awareness of the service’s responsibility to proactively identify, prevent, and respond to risks to each consumer’s health and well-being. The Assessment Team discussed incident response and reporting procedures with staff, which demonstrated a shared understanding of what constituted an incident and the steps to take should they identify one. Data regarding incidents and risks to consumer health and safety are provided to the governing body through monthly reports that allow appropriate oversight of care and services delivered. In addition, the service maintains a ‘risk register’ that is updated regularly to reflect the changing needs of the consumer cohort.

Evidence analysed by the Assessment Team showed the service demonstrated a clinical governance framework, including but not limited to antimicrobial stewardship, minimising the use of restraint and open disclosure. The Assessment Team discussed clinical governance with both management and staff, and a majority of those sampled had a sound understanding of the importance of clinical oversight and the reason for data collection. The Assessment Team found that a minority of staff did not have a complete understanding of matters that affect clinical governance. As a result, feedback was provided to management that some refresher training may prove useful to ensure there is a complete shared understanding amongst staff regarding clinical governance and the aspects affecting its effectiveness.

Based on the evidence summarised above, I find the provider in relation to the service, compliant with Requirement 8(3)(c), Requirement 8(3)(d) & Requirement 8(3)(e).

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