**Performance**

**Report**

**1800 951 822**

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| Name of service: | Mater at Home |
| Service address: | Ground Floor, Quarters Building,, College Hill Drive WOOLOONGABBA QLD 4102 |
| Commission ID: | 700912 |
| Home Service Provider: | Mater Misericordiae Health Services Brisbane Limited |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 15 November 2022 |
| Performance report date: | 5 December 2022 |

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 Mater at Home (**the service**) has been prepared by M Cooper, 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:**

* CHSP - Allied Health and Therapy Services, 4-7ZG9PVH, Ground Floor, Quarters Building,, College Hill Drive, WOOLOONGABBA QLD 4102

# 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
* Aged Care Act 1997 [Cth]
* Aged Care Quality and Safety Commission Act 2018 [Cth]
* Aged Care Quality and Safety Commission Rules 2018 [Cth]
* User Rights Principles 2014 registered 10 October 2022
* Quality of Care Principles 2014 registered 10 October 2022
* Guidance and Resources for Providers to support the Aged Care Quality Standards published by the Aged Care Quality and Safety Commission in September 2022
* Commonwealth Home Support Programme manual 2022 -2023

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| 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** |

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 | | 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)(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

The Quality Assessor reports that the Approved Provider is demonstrating that assessment and planning, including consideration of risk to the consumer’s health and well-being, informs the delivery of safe and effective care and services. The Provider is regularly reviewing care and services for effectiveness when circumstances change or when incidents impact on the needs, goals and preferences of the consumer.

Specifically, in relation to requirement 2(3)(a) the Quality Assessor reports that the Approved Provider is undertaking a range of assessments when consumers enter the service, and these are reviewed periodically or when changes occur. Consumers/representatives confirmed being involved in the assessment process and in general terms, have said that the consumer gets the care and services they need. There are processes to inform who is responsible for undertaking assessing, planning and reviewing of the needs of consumers, based on the service the consumer receives.

During the initial assessment, staff use an assessment screening tool to identify specific risks, including clinical and cognitive conditions and how this may impact the delivery of services including the coordination of referrals within the organisation to other specialists. The Approved Provider collates information that includes the reason for the referral, consumer’s health diagnosis, past medical history, medications, any special instructions to access the property and who to contact if the consumer is not home for the visit. Specific information about how the care and services are to be delivered are detailed in the assessment form and in subsequent progress notes following each visit.

Information about access to the consumer’s home is gathered prior to the initial assessment and then verified by staff on completion of the initial face to face assessment. Care planning documentation evidences staff undertaking assessments and considering specific risks that may impact on individuals such as falls, swallowing issues and nutrition. Care planning documentation is centrally coordinated to ensure all disciplines involved in consumer’s care delivery have sufficient, current and appropriate information they need to guide care and service delivery. Staff report the care planning documents provide sufficient detail to inform how care and services are to be delivered. Staff interviewed demonstrated a good understanding and knowledge of the consumers they care for and said they have access to up-to-date care plans and progress notes of all treating disciplines if needed. The Quality Assessor reported that while comprehensive initial assessments are completed, all of the information gathered is not reflected in consumers’ care plans. Consumers’ care plans contain information about goals and actions implemented to achieve those goals, but do not include all relevant information regarding identified risks and related strategies to manage risks.

However, it was noted that staff have access to, and refer to consumers’ care planning documentation located on an electronic database during visits with consumers and this information includes the initial assessment and up to date progress notes and care plans that contain the identified risks and planned strategies to mitigate the risks

In relation to requirement 2(3)(e) the Quality Assessor reports that the Approved Provider demonstrated care and services are reviewed for effectiveness, when circumstances change or when incidents impact on the needs, goals and preferences of consumers. Consumers/representatives said staff regularly communicate with them about the service they receive and make changes to meet their current needs.

Management reported formal reviews occur annually, however reviews are undertaken on an ongoing basis and 6 weeks following initial assessment. A review of care planning documentation confirmed care plans are reviewed at least annually and more often if changes occur. Staff undertaking reviews could describe the process and under what circumstances a review or reassessment may be required. For example, following a fall or deterioration, or when a consumer achieves their agreed goal

The Quality Standard for the Commonwealth Home Support Programme services the previous non-compliant requirements 2(3)(a) and 2(3)(e) have been assessed and now found to be compliant.

# Standard 3

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| Personal care and clinical care | | CHSP |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

The Quality Assessor reports that the Approved Provider is safely managing risks and achieving positive outcomes for consumers with high impact or high prevalence risks including risks associated with falls and swallowing issues

In relation to requirement 3(3)(b) the Quality Assessor reports that the Approved Provider is undertaking risk assessments for high impact or high prevalence risks with view of minimising these risks. The Provider is managing identified risks in line with the consumers care and services plan. Risks that have been identified include falls, swallowing issues and cognitive decline. Management said they conduct chart audits AHP’s have monthly team meetings where consumer cases are discussed. A review of the monthly Service and Clinical Leadership meeting minutes evidenced the review of recorded incidents and chart audit reports. Staff interviewed were able to describe risks for individual consumers. Information is reflected in care planning documentation, including the identification of all risks, strategies and guidance for staff who regularly provide services to consumers

The Quality Standard for the Commonwealth Home Support Programme services the previous non-compliant requirements 3(3)(b) has been assessed and now found to be compliant

1. The preparation of the performance report is in accordance with section s68A – assessment contact **of** the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)