**Performance**

**Report**

**1800 951 822**

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| Name: | Moonta Health Home Services |
| Commission ID: | 600640 |
| Address: | Hospital 5-8 Majors Road, MOONTA, South Australia, 5558 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | 4 June 2024 |
| Performance report date: | 21 June 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: 1540 Moonta Health & Aged Care Services Inc  
Service: 26498 Parkview Community Care

**This performance report**

This performance report for Moonta Health Home Services (**the service**) has been prepared by M Glenn, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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.

# Material relied on

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

* the assessment team’s report for the assessment contact (performance assessment) – non-site report, which was informed by review of documents and interviews with consumers, staff, management and others; and
* a performance report dated 19 February 2024 for a quality audit undertaken from 9 January 2024 to 10 January 2024.

The provider did not submit a response to the assessment team’s report.

# Assessment summary for Home Care Packages (HCP)

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| Standard 2 Ongoing assessment and planning with consumers | 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 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 |
| 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. | Compliant |

Findings

Requirements (3)(d) and (3)(e) were found non-compliant following a quality audit undertaken in January 2024 as completion and inclusion of brokered care and services in the care plans was not evident and established, effective systems and processes to ensure subcontracted care and services were reviewed regularly for effectiveness, including in response to changes in consumers’ condition were not demonstrated. Subsequent to the quality audit, all staff, including subcontracted and brokered staff, have undertaken training in recording notes and effective progress note taking.

The assessment team’s report for the assessment contact undertaken in June 2024 did not specifically outline improvement actions implemented by the provider in response to the non-compliance. However, the assessment team found that outcomes of assessment and planning are communicated to consumers and documented in a care plan which is available to staff and consumers. Care plans are developed with consumers, with copies of care plans kept in each consumer’s home, at the day respite centre, and where services are provided. Staff interviewed said information included in care plans is current, accurate and sufficient to enable them to complete their tasks effectively. All consumers interviewed confirm their care plan has been discussed with them and the service has provided a copy to them.

Care and services are reviewed regularly for effectiveness. Reviews are conducted face to face with consumers annually or when circumstances change, with review dates recorded and monitored. Consumers interviewed said the service is constantly reviewing their needs, goals and preferences.

Based on the assessment team’s report, I find requirements (3)(d) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 4

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

Findings

Requirement (3)(d) was found non-compliant following a quality audit undertaken in January 2024 as established, effective systems and processes to ensure information about consumers’ condition, needs and preferences was communicated with others where responsibility for care was shared were not demonstrated.

The assessment team’s report for the assessment contact undertaken in June 2024 did not specifically outline improvement actions implemented by the provider in response to the non-compliance. However, the assessment team found care files demonstrate information about consumers’ condition, needs, goals and preferences is communicated within the organisation and with others where responsibility for care is shared. Information is communicated to staff verbally prior to the shift, through care plan updates and progress notes, and coordinators share information about consumers’ care needs through fortnightly meetings, or more frequently, as required. Staff said relevant information about consumers’ services are documented and communicated through electronic and paper-based documentation. Consumers said services are usually provided by the same staff who know them very well, and confirmed communication is effective, and they never have to repeat information.

Based on the assessment team’s report, I find requirement (3)(d) in Standard 4 Services and supports for daily living compliant.

# Standard 8

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| Organisational governance | | HCP |
| 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 |

Findings

Requirement (3)(c) was found non-compliant following a quality audit undertaken in January 2024 as information management governance systems were not effective.

The assessment team’s report for the assessment contact undertaken in June 2024 did not specifically outline improvement actions implemented by the provider in response to the non-compliance. However, the assessment team found effective organisation wide governance systems are in place. All consumer information is stored securely across multiple platforms, in line with legislative requirements, and electronic data is password protected. Policies, procedures and other documentation are freely available to staff as required. A continuous improvement plan is maintained and includes improvements informed by internal audits, incidents and feedback and are aligned to the Quality Standards. The Board has oversight of financial processes which includes monthly financial reporting and independent audits. Unspent funds are monitored and consumers with unspent funds are encouraged to access care and services in line with their assessed packages. The organisation has policies and procedures in relation to workforce governance and is supported by a human resources function. Systems and processes ensure the workforce is sufficient, competent and has the knowledge, training and skills to effectively perform their roles, and position descriptions outline responsibilities and delegations. There are processes to monitor changes and updates to legislation, and to track COVID-19 vaccinations and training, police checks, drivers’ licences, car registration, insurance and maintenance records and public liability insurance. The organisation has an established feedback and complaints framework, including policies and procedures, and a complaints and concerns register which enables consumer feedback to be recorded, monitored and actioned.

Based on the assessment team’s report, I find requirement (3)(c) in Standard 8 Organisational governance compliant.

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-2)