**Performance**

**Report**

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| Name: | Motor Neurone Disease Assoc of South Australia |
| Commission ID: | 600629 |
| Address: | Suite 1, 302 South Road, HILTON, South Australia, 5033 |
| Activity type: | Quality Audit |
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| Performance report date: | 21 September 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.

# Services included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9996 MOTOR NEURONE DISEASE ASSOC OF SOUTH AUSTRALIA INC  
Service: 27991 MOTOR NEURONE DISEASE ASSOC OF SOUTH AUSTRALIA INC - Community and Home Support

**This performance report**

This performance report has been prepared by M Dubovinsky, 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 services it operates, 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 Quality Audit report was informed by a site assessment, observations at service outlets, review of documents and interviews with staff, consumers/representatives and others; and
* the provider’s response to the assessment team’s report received 16 August 2024 accepting the assessment team’s findings.

# 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 | **Compliant** |
| **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.

# Other relevant matters:

* The Motor Neurone Disease Association of South Australia (MNDSA) delivers services to eligible CHSP clients with a diagnosis of Motor Neurone Disease (MND). Services provided include allied health services and specialised support services.
* Requirement (3)(f) in Standard 4 Services and supports for daily living was not assessed as the service does not provide meals.

# Standard 1

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

Findings

Clients and their representatives discussed how they are treated with respect, and their identity, culture and diversity valued. Staff and management demonstrated they are familiar with the identity, culture and diversity of clients. Staff and management were observed speaking to and about clients in a respectful manner.

Clients and their representatives said they had no special cultural needs but felt the service would be able to support them if needed. Staff and management discussed the various ways the service recognises culture and beliefs. The service has made information available in different languages and appropriate to Aboriginal and Torres Strait Islander people.

Clients and their representatives discussed how they are supported to exercise choice, and independence. Management discussed policies and procedures relating to the sharing of information and how it supports clients to acknowledge important people in their life and the level of information shared.

Staff provided examples of clients exercising their dignity, taking risks and described the relevant supports in place. The service has an occupational therapist who undertakes assessments to inform safe risk taking. Staff described how they have supported a client to access their car such as clear pathways for their mobility aid to access their garage and their aids such as hoists and slings to support their best life.

Clients and their representatives described the various ways they receive information and that it is accurate. Management discussed the monthly statements provided to clients who hire equipment, the various newsletters and information brochures available to clients, and training sessions provided to support clients and their representatives in exercising choice.

Based on the information summarised above, I find all requirements in Standard 1 Consumer dignity and choice compliant, therefore, the Quality Standard is compliant.

# 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)(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 |
| 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 |
| 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

Clients and their representatives interviewed said the service undertakes in-home visits and discusses the care and supports needed. Staff and management discussed the various tools used to inform safe and effective care and services. Validated assessments are completed by qualified occupational therapists. Documentation showed information is captured across a number of documents, such as the goal directed care plan, regional assessment service (RAS) support plan, validated tools and clinical file notes.

Clients and their representatives discussed assessment and planning is centred around what is important to clients. Staff demonstrated how assessment and planning identifies their needs, goals and preferences within the context of a diagnosis of motor neurone disease. Advanced care planning information is provided to clients on commencement.

Clients and their representatives interviewed confirmed choice of participation in assessments and care planning and ongoing communication with staff and allied health practitioners. Staff said they receive training and support on how to complete assessments and care planning. Documentation viewed showed other organisations and individuals are included in the assessment and planning including staff from hospitals, speech pathologists and medical officers.

Whilst not all clients had a copy of their care plan, all clients had a copy of their RAS support plan and were provided outcomes of assessments, equipment trials, and received a copy of the service agreement which includes the nature of services being provided. Clients and their representatives were aware of the services they were receiving, and the outcomes of assessments completed.

Clients and their representatives said services and equipment are updated regularly when circumstances change, or when there is a deterioration to the client due to their motor neurone disorder and staff and management discussed how a quarterly review for clients is optimal to capture the degeneration of their condition and its effect on the client. Management confirmed reviews also occur when there is an incident or circumstances change.

Based on the information summarised above, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant, therefore, the Quality Standard is compliant.

# Standard 3

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| Personal care and clinical care | | 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |
| 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 |
| 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 |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | 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 |

Findings

Management discussed the various equipment provided to clients to support their condition. Documentation viewed showed detailed and individual supports being provided to clients. Management provided evidence of best practice relating to the provision of equipment provided.

Clients and their representatives said they are satisfied with the level of care and services provided, including how equipment manages their high impact and high prevalence risks. Minutes of multi-disciplinary team meetings showed consideration of high prevalence and high impact risks such as changes in skin integrity, speech, swallowing and physical mobility. Documentation viewed for clients showed alerts and priority ratings for clients with risks associated with falls, personal safety and risks of aspiration and choking managed.

Clients and their representatives said they were aware of the terminal nature of motor neurone disease and the service has provided relevant supports. Management described how the services provided are related to equipment prescription and were able to describe clients who were being managed through the palliative care team and their role in equipment prescription.

Clients and their representatives said the service recognises changes in clients and provided examples such as being provided a touch to speak device following a decline in their vocal ability. Management described the trialling of various communication devices and actions undertaken following another client’s decline in communication ability.

Clients and their representatives said they are linked with other services and staff are knowledgeable about the way services are to be delivered. Staff interviewed said they receive clear and accurate information on the services provided to clients.

Documentation viewed provided evidence of relevant information being documented including notes outlining communication, summary of assessments and recommendations involving the client and others.

Clients and their representatives said the service has made referrals to support them with their disease. Staff discussed ongoing referrals to allied health professionals using an internal referral form and for third-party providers external referral processes. Referrals included the local hospital, aged care assessment team, and other allied health and medical providers.

Clients and their representatives said they were satisfied with the measures taken to protect them from infection. The service has an infection control and risk framework to inform the reduction of transmission-based infections. Staff discussed the cleaning procedure for shared equipment such as wheelchairs, walkers and hospital beds to manage infection risk. Management provided evidence of considerations to promote appropriate antibiotic prescribing through multi-disciplinary meeting for clients.

Based on the information summarised above, I find all requirements in Standard 3 Personal care and clinical care compliant, therefore, the Quality Standard is compliant.

# Standard 4

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| Services and supports for daily living | | 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 |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | 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 |
| 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 |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Clients and their representatives said they receive safe and effectives services and supports that allow them to optimise their life. All staff and management interviewed demonstrated an understanding of what is important to each client and how service offerings are integrated into goals and preferences for the client. Documentation viewed showed different assistive technology tools available to clients and how they can be tailored to have the client’s voice, phrases, jokes and essential expressions to support their independence and wellbeing.

Clients and representatives interviewed said they did not have any religious affiliations but felt their psychological and emotional well-being was supported. Staff and management discussed how the service meets the differing needs of clients’ well-being.

Clients and their representatives said they are able to undertake activities of interest which were supported through the equipment provided. Staff discussed how the support coordination and recommendations provide supports for daily living. Client files viewed identify the goals of clients’ and how recommendations support each client, and how it is tailored to the individual to assist with activities of daily living.

Clients and their representatives expressed staff, management and clinicians have the right information available to meet their needs and preferences. All staff interviewed said they receive sufficient information on the clients’ needs, through emails, on the client relationship management system and over the phone.

Clients interviewed were satisfied with the referral process. Staff and management described a range of referrals made to support clients with activities of daily living. Meeting minutes identified referrals being undertaken to assist clients with activities of daily living. Clients and their representatives were satisfied with the equipment’s suitability. Staff discussed the maintenance schedules. Documentation viewed shows equipment provided to consumers is maintained, cleaned and serviced.

Based on the information summarised above, I find all requirements in Standard 4 Services and supports for daily living compliant, therefore, the Quality Standard is compliant.

# Standard 5

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| Organisation’s service environment | | 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. | Compliant |
| 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. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The environment was observed to be easy to understand, and optimises each client’s sense of belonging, independence, interaction and function. The service environment comprises of a dedicated warehouse where clients are encouraged to attend for equipment prescription. Management described how they ensure the environment is safe and welcoming for clients when they attend and included adjustable chairs for clients in the waiting area and a communication device at the front counter to assist non-verbal clients in communicating with staff.

The service environment was well maintained, providing an interactive and comfortable setting for both staff and clients. The environment was observed to be clean and included additional amenities such as disabled-accessible toilets, a first aid station, and infection control supplies. There is a main entrance, with an additional entrance/exit point through the warehouse. Management evidenced how they ensure the environment is kept safe and suitable for clients with regular site inspections and regular cleaning undertaken twice weekly.

Furniture, fittings, and equipment were clean, well-maintained, and suitable for clients. Seating options for clients with varying mobility levels were provided and are inspected during annual site inspections. A qualified warehouse officer is responsible for maintaining and servicing equipment, as well as performing test and tagging of electrical items. Infection control supplies, including wipes, were observed and available for staff to use after assisting clients.

Based on the information summarised above, I find all requirements in Standard 5 Organisation’s service environment compliant, therefore, the Quality Standard is compliant.

# Standard 6

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| Feedback and complaints | | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | 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 |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Clients and their representatives said they understand how to provide feedback and make complaints. Staff were able to describe how they support clients in making complaints and providing feedback including either supporting them to complete a feedback form or completing the form on their behalf. The organisation's website outlines complaints management processes and includes a feedback form accessible to clients and their representatives.

Clients and representatives said they are aware of advocates, language services and other methods for raising and resolving complaints. Staff confirmed their knowledge of the available services to assist in raising complaints or providing feedback. Management demonstrated information on advocacy and interpreting services is provided with admission documentation and available on the organisation’s website.

Service documentation demonstrated appropriate action is taken in response to complaints and open disclosure is used when things go wrong. Management outlined processes for ensuring complaints are addressed and resolved in a timely manner. Established complaints handling procedures ensure clear responsibilities and accountabilities when things go wrong. Documentation showed complaints are addressed appropriately in consultation with clients, open disclosure was used in responses, and indications of whether clients were satisfied with the resolutions were included.

The service has systems and processes in place to ensure feedback and complaints are reviewed and used to improve the quality of care and services. Documentation demonstrated feedback and complaints are systematically reviewed to drive improvements. Management explained how they analyse and trend complaints and feedback to identify areas for continuous improvement. The complaints register includes a section for continuous improvement for each complaint.

Based on the information summarised above, I find all requirements in Standard 6 Feedback and complaints, compliant, therefore, the Quality Standard is compliant.

# Standard 7

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

Findings

The workforce is planned, and the number and mix deployed ensures the delivery and management of safe and quality services. Clients and representatives said services are delivered as planned and are never cancelled. Management said once a client begins services, they are assigned a support coordinator and an occupational therapist to ensure continuity of care.

Workforce interactions with clients are kind, caring, and respectful of each client's identity, culture, and diversity. Clients spoke highly of staff, mentioning their kindness and care in delivering services. The organisation's code of ethics and conduct outlines the expected behaviours from staff in their interactions with clients, and staff are required to sign and agree to the code.

The workforce is competent and have the necessary qualifications and knowledge to perform their roles. Systems and processes are in place to ensure staff have the appropriate skills to undertake their roles. Clients and their representatives said staff were competent and had the adequate skills to perform their roles. Management explained how they ensure they have employed the right staff to deliver services. Documentation showed recruitment processes followed the service’s procedures, including police and reference checks.

Clients and their representatives expressed confidence in staff’s ability to deliver services effectively. An induction process, which includes specific training on motor neurone disease is conducted for all staff. Management described their commitment to supporting staff development through training opportunities. Mandatory training includes cultural diversity, handwashing and infection control, manual handling, first aid and elder abuse.

Management stated regular performance monitoring of staff performance is conducted and records showed performance reviews are carried out consistently providing staff opportunities for further training to support their development. These meetings are used to identify development needs and areas for improvement of staff.

Based on the information summarised above, I find all requirements in Standard 7 Human resources, compliant, therefore, the Quality Standard is compliant.

# Standard 8

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| Organisational governance | | 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 |
| 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 |
| 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 |
| 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 |
| 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 |

Findings

The organisation has procedures to engage clients and their representatives through various communication methods, including surveys, communication platforms, and routine service review calls. Clients interviewed reported they are actively involved in the development of their care and services and can suggest improvements as needed. An annual general meeting is held in November each year, offering an additional opportunity for clients and their representatives to meet the Board and provide feedback.

The organisation has a code of conduct and core values that promote a culture of quality, safety, and inclusivity. Various reporting mechanisms and policies and procedures ensure the governing body is aware of and accountable for the delivery of care and services. Clients and their representatives expressed confidence the organisation is run in the best interest of clients.

The organisation has a governance structure that ensures effective information management systems are available for staff to perform their roles efficiently and for clients to receive timely and accurate information. Procedures have been established for monitoring the workforce, including training and ongoing performance monitoring. Processes are in place to stay current with legislative changes and ensure regulatory compliance. Financial governance processes have been established to ensure financial sustainability. Procedures are in place to capture and manage feedback and complaints through to resolution, with continuous review and analysis aimed at driving improvement.

The organisation has an effective risk management process for monitoring high-impact or high-prevalence risks, ensuring each client is supported to live their best life, managing and preventing incidents and responding to abuse and neglect. A client risk assessment process is in place to identify risks and identified risks are documented, and appropriate interventions implemented. Management demonstrated an understanding of the serious incident response scheme and staff demonstrated an understanding of reporting processes. The organisation has an incident management procedure that ensures all incidents and near misses are accurately captured, investigated, escalated and reported to the relevant regulatory body accordingly.

The organisation has established effective clinical governance arrangements to support the workforce in delivering safe and quality clinical care. Open disclosure is embedded in the clinical governance framework and together with staff education, supports the organisation’s commitment to the use of open disclosure when things go wrong. Whilst the clinical governance framework does not specifically address antimicrobial stewardship and restrictive practices, management explained their approach to these areas as they relate to the organisation and its clients. At the time of the Quality Audit, no clients were prescribed restrictive practice equipment and management advised these would but addressed in the clinical governance framework through the continuous improvement process. Management also provided documentation showing how the governing body oversees clinical care and how the service maintains oversight of clients’ clinical care.

Based on the information summarised above, I find all requirements in Standard 8 Organisational governance, compliant, therefore, the Quality Standard is compliant.

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-2)