**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Open House Christian Involvement Centres |
| Service address: | 67-71 Strathallan Road MACLEOD VIC 3085 |
| Commission ID: | 300668 |
| Home Service Provider: | Open House Christian Involvement Centres |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 28 March 2023 |
| Performance report date: | 20 April 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 Open House Christian Involvement Centres (**the service**) has been prepared by M Abjorensen, 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:**

* Social Support Group, 4-B5FXTN5, 67-71 Strathallan Road, MACLEOD VIC 3085

# Material relied on

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

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Not Applicable |
| **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** |
| **Standard 4** Services and supports for daily living | **Not Applicable** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Not Applicable** |
| **Standard 7** Human resources | **Not Applicable** |
| **Standard 8** Organisational governance | **Not Applicable** |

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

|  |  |  |
| --- | --- | --- |
| 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. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |

Findings

Through evidence collected by the Assessment Team, the Decision Maker is satisfied the service is compliant with the above Requirement to safely deliver social support group programs.

Interviews with consumers, staff and review of relevant documentation demonstrated the service effectively implemented assessment improvements, which documents risks associated with the care of consumers to support care and service delivery. Improvements include: a review of processes and consumer application forms, which includes risk assessment plans.

Feedback provided by consumers includes: confirmation of assessment and planning has occurred with the service. Consumers and representatives advised, through assessments, the service has identified, and addressed, specific health conditions such as respiratory conditions and diabetes, and the mobility needs of consumers. Staff advised that the service maintains has a folder, accessible during programs delivered, which contains detailed how to support the consumer when they attend the program.

Management described how they liaise with consumers and representatives, with input from medical practitioners, to inform the safe and effective service delivery specific to consumer needs.

The Assessment Team reviewed documentation provided by the service which included asthma action plans for sampled consumers and risk assessments to support other consumers with specific care needs for asthma, oxygen and meal management plans, such as dietary needs and preferences.

Meeting minutes show consumers’ needs and risks are discussed with staff and volunteers. Consumers’ health alerts and information is available to staff to guide appropriate strategies to support consumers during the program.

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)