**Performance**

**Report**

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| Name of service: | People Who Care |
| Service address: | 48 James Street GUILDFORD WA 6055 |
| Commission ID: | 500289 |
| Home Service Provider: | People Who Care (Inc.) |
| Activity type: | Quality Audit |
| Activity date: | 16 January 2023 to 18 January 2023 |
| Performance report date: | 03 February 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 People Who Care (**the service**) has been prepared by S Bickerton, 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

**Commonwealth Home Support Programme (CHSP):**

* Community and Home Support, 27178, 48 James Street, GUILDFORD WA 6055

# 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
* the provider’s response to the assessment team’s report received 30 January 2023

# Assessment summary for CHSP

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-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 | **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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

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| 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. | Non-compliant |

# 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

At the time of performance report decision, the service was:

* Evidencing a culture that respects the choices of consumers and delivers care that is culturally safe and tailored
* Demonstrating that consumers are enabled to live the best life they can and are supported to take risks
* Evidencing that consumers and representatives are provided with timely, accurate and contemporary information that is clear and easy to understand
* Evidencing that consumer privacy is respected, and personal information is protected and treated confidentially.

# 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. | Non-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

At the time of performance report decision, the service was:

* Demonstrating that consumers are involved in assessment and planning processes related to their care
* Evidencing that consumers are informed of assessment and planning outcomes and provided with contemporary support plans and documentation
* Evidencing regular review of consumer care needs, and bespoke reviews as changes in needs and preferences become known

At the time of performance report decision, the service was not:

* Evidencing consistent documentation of consumer goals in support plan documentation
* Demonstrating adherence to policies and procedures guiding staff in documenting consumer goals
* Evidencing that considerations are made relating to advanced care planning

The assessment team interviewed several consumers as part of the quality audit, who described in different ways that the service discusses care planning, needs, and goals as part of assessment processes. However, the services documentation evidenced inconsistency in the way consumers goals and other information was recorded in support plans. The assessment team evidenced that the service does have policies and process to guide staff in conducting this work.

The service did not demonstrate that advanced care planning is discussed with consumers. Consumer care planning documentation and information issued by the service to consumers evidenced the omission of advanced care planning information. Additionally, the service did not evidence inclusion of the topic in embedded policies and procedures guiding staff in care planning.

The Assessment team reviewed several consumer support plans and care documentation. This information evidenced inconsistencies and identified that less than half of those reviewed had goals identified and recorded. For some consumers receiving services, the assessment team evidenced a uniformed and standard text applied, rather than individualised. Consumers expressed in different ways that the service had discussed their goals in assessment and review processes, however this was not however evidenced in documentation.

When interviewed by the assessment team, service management demonstrated a responsive and proactive posture in acknowledging the inconsistencies identified and evidenced improvement processes underway aimed at enhancing and refining consumer support planning processes.

# 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. | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not applicable |
| 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. | Not applicable |
| 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. | 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. | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| 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. | Not applicable |

Findings

Standard three was not assessed. The service does not provide personal care or clinical care to consumers under CHSP.

# 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)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not applicable |

Findings

At the time of performance report decision, the service was:

* Demonstrating provision of safe and effective consumer services for daily living that are important for health, wellbeing, and promote consumers quality of life
* Demonstrating that consumers are supported to remain connected to their communities, make new friendships, and participate in activities of interest
* Evidencing that consumers are supported through submission of referrals for further support where required, requested, or preferred
* Evidencing information is shared appropriately in the service and with others involved in providing care and services

# 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

At the time of performance report decision, the service was:

* Demonstrating that consumers feel welcomed and safe in service environments and they can move around freely
* Evidencing regular cleaning and maintenance is conducted on fixtures, furniture and equipment including vehicles
* Evidencing that service staff are trained and competent in the safe use of vehicles and equipment in service environments

# 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

At the time of performance report decision, the service was:

* Evidencing that consumers and their representatives are encouraged to provide feedback and complaints, including the provision of information to support complaint submission processes
* Evidencing provision of information to consumers and representatives about advocacy, language services, review processes, and external complaint pathways
* Evidencing that feedback and complaints are recorded and addressed using open disclosure practises
* Demonstrating that the quality of consumer care and services is improved through the consideration of feedback and the resolution of complaints

# 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

At the time of performance report decision, the service was:

* Evidencing service requirements are planning and monitored to ensure enough staff are available to deliver safe and quality care
* Demonstrating that service staff interactions with consumers are kind, caring and respectful of identity, culture and diversity
* Evidencing its workforce is qualified and skilled in delivering safe and quality services
* Evidencing service staff performance is monitored, and service staff are supported in their roles

# 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. | Not applicable |

Findings

At the time of performance report decision, the service was:

* Evidencing that consumers are engaged, involved, and supported in developing and evaluating care and services
* Evidencing embedded organisational structures that ensure the board has operational oversight, performance accountability, and drives a culture of quality care and services
* Evidencing embedded governance systems to provide oversight, monitoring and guidance to service staff
* Evidencing risk systems are embedded to identify and mitigate consumer impacts.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)