**Performance**

**Report**

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| Name of service: | Rural City of Murray Bridge - MURRAY BRIDGE |
| Service address: | 2 Seventh Street MURRAY BRIDGE SA 5253 |
| Commission ID: | 600173 |
| Home Service Provider: | Rural City of Murray Bridge |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 26 October 2022 |
| Performance report date: | 17 November 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 Rural City of Murray Bridge - MURRAY BRIDGE (**the service**) has been prepared by A.Grant, 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 - Social Support - Group, 4-27J63F8, 2 Seventh Street, MURRAY BRIDGE SA 5253
* CHSP - Flexible Respite, 4-23PYL5J, 2 Seventh Street, MURRAY BRIDGE SA 5253
* CHSP - Home Maintenance, 4-23PYL7F, 2 Seventh Street, MURRAY BRIDGE SA 5253
* CHSP - Home Modifications, 4-23PYLBA, 2 Seventh Street, MURRAY BRIDGE SA 5253
* CHSP - Social Support - Individual, 4-23PYLDC, 2 Seventh Street, MURRAY BRIDGE SA 5253
* CHSP - Transport, 4-23PYLEZ, 2 Seventh Street, MURRAY BRIDGE SA 5253
* CHSP - Domestic Assistance, 4-23PO0VA, 2 Seventh Street, MURRAY BRIDGE SA 5253

# 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)

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| 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 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)(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. | **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

Evidence analysed by the Assessment Team showed the service was able to demonstrate assessment and planning including the consideration of risk to the consumers health and well-being, informs the delivery of safe and effective services. Consumers interviewed by the Assessment Team confirmed the services they receive are well planned and meet their current needs. Care planning documentation analysed by the Assessment Team showed comprehensive assessment and planning is undertaken for all consumers and relevant risks to consumers’ safety, health and wellbeing are identified and considered when planning services.

Consumers and/or representatives when interviewed by the Assessment Team described in various ways, their satisfaction with the service provision, and stated how Care Coordinators took the time to listen and understand how to support their health and wellbeing to ensure their risks were minimised.

The Assessment Team analysed care planning documentation for five consumers and confirmed assessment and planning is completed with the Care Coordinator, consumer and/or their representatives to inform the delivery of safe and effective services.

Contractors and volunteers when interviewed by the Assessment Team advised information provided from the service verbally, and within individual contract agreements, is current and provides staff with essential information to enable them to support the consumer and their individual needs.

Care Coordinators when interviewed by the Assessment Team demonstrated a detailed knowledge of individual consumers and their needs and described their involvement in initial and ongoing assessment and planning to mitigate risks for consumers. The Assessment Team noted while the Group Attendee List for Leisure, Lunch and Laughter group held on 6 October 2022 identified consumers’ allergies, ambulance cover and advance care planning information the Assessment Team noted no instructions regarding consumers mobility requirements was documented. Care coordinators when interviewed by the Assessment Team advised they attend all social support group outings as they have comprehensive knowledge of each consumer’s needs and the group would not proceed if they were not in attendance.

The Assessment Team analysed minutes of the Aged Care Governance Committee meeting on 31 August 2022, which showed the service is continuously reviewing and developing support plans, assessment and review forms to capture the information required to inform the delivery of safe and effective services for consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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. Consumers interviewed by the Assessment Team confirmed assessment and planning identified consumers’ current needs, goals and preferences and advanced care planning had been discussed. Staff and management when interviewed by the Assessment Team described their processes to identify, document, and communicate consumers’ needs, goals and preferences to contractors and volunteers delivering services.

Consumers when interviewed by the Assessment Team confirmed that the Care Coordinator visits or contacts them regularly to discuss their needs, goals and preferences. Consumers during interviews with the Assessment Team advised that if anything were to change, they could raise this with staff or volunteers and the service would adjust the services.

The Assessment Team analysed consumer files and observed evidence of case management visits, support plans and annual reassessments which document the consumer needs, goals and preferences. A transport running sheet for volunteers analysed by the Assessment Team provided comprehensive details for consumers including their needs and preferences.

Contactors and volunteers interviewed by the Assessment Team demonstrated that they were aware of individual consumers’ needs and preferences and of the service’s processes for reassessing consumer needs, goals and preferences on a regular basis and in response to a change in care needs.

Management when interviewed by the Assessment Team advised, in addition to a comprehensive review of the service’s assessment and care planning templates, Care Coordinators will be introducing a ‘consumer story’ at consumers’ care plan review, to further capture consumers’ information to guide service delivery.

Consumers when interviewed by the Assessment Team confirmed that advanced care planning had been discussed with them and they understood the process. Documentation analysed by the Assessment Team showed documented discussions with consumers in case notes, with information documented in support plans, reassessments and running sheets. Care Coordinators when interviewed by the Assessment Team described how they supported Consumer A with advanced care planning information and assistance to complete the documentation.

# 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. | **Not applicable** |
| 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. | **Not applicable** |
| 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. | **Not applicable** |
| 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate effective risk management systems and practices, including but not limited to, managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents.

*High impact or high prevalence risks associated with the care of consumers is managed*

Evidence analysed by the Assessment Team showed the service has implemented effective systems to involve consumers and/or their representatives in assessment and planning, in order to identify and mitigate risks identified for consumers. Documentation analysed by the Assessment Team evidenced assessment and planning is conducted, either in relation to the direct service delivery or more holistically, to ensure consumers are receiving other relevant services in order to remain living safely and independently at home.

Evidence analysed by the Assessment Team showed the service has implemented continuous improvement actions to better capture and mitigate risks for consumers, through the review of organisational documents and comprehensive case management of consumers by the Care Coordinators.

During interviews with the Assessment Team management described how Care Coordinators identify consumers with high impact and high prevalence risks and manage these risks effectively. However, management further described during interviews with the Assessment Team how they are currently undertaking a process of investigating how their or other databases can better report on these risks for monitoring purposes.

The Assessment Team analysed evidence which showed while management and the Aged Care Governance Committee demonstrated appropriate oversight of the quality and safe provision of CHSP services, management advised the Assessment Team during interviews that they are in the process of developing metrics to enable the reporting of a risk profile for consumers at the Governance Committee meetings.

Evidence analysed by the Assessment Team showed the service has a Vulnerability Assessment for Extreme Conditions, which identifies consumers as vulnerable based on identified criteria and allocates a risk rating. Evidence analysed showed consumers identified as at risk are included on the Community Care Vulnerable Client List and the service contacts these consumers in the event of extreme weather events, including hot weather, floods and fires.

*Recognising and responding to elder abuse*

Evidence analysed by the Assessment Team showed the service demonstrated policies and procedures are in place to identify and respond to abuse and neglect of consumers. Care Coordinators when interviewed by the Assessment Team advised they conduct regular training on elder abuse for staff and volunteers and confirmed Aged Rights Advocacy Service conducted two education sessions in June 2022.

Contractors and volunteers interviewed by the Assessment Team confirmed an understanding of identifying and responding to abuse and neglect, could describe the actions they would take if they witnessed an incident and are cognisant to monitor for any red flags when providing services for consumers.

*Consumers being supported to live the best life they can*

Consumers and/or representatives when interviewed by the Assessment Team described how consumers are supported to live their best life through the quality of the services provided and the social support group outings facilitated by the service, with consumers’ risks appropriately managed.

Care Coordinators and management when interviewed by the Assessment Team discussed the positive risk assessment undertaken for Consumer B to continue to access the community with her scooter to substantiate their statements.

Evidence analysed by the Assessment Team showed case conferencing is conducted with the coordination staff to identify appropriate and innovative solutions for consumers to live their best lives.

*Managing and preventing incidents, including the use of an incident management system*

The Assessment Team analysed, and management described, effective incident management processes, including the reporting, escalation and analysis of incidents to manage and prevent incidents. Minutes of the Community Care and Aged Care Governance meetings analysed by the Assessment Team showed discussion and analysis of incidents, including corrective and continuous improvement actions identified, as a result of incidents.

Care Coordinators when interviewed by the Assessment Team advised of their attendance at webinars and a review of the service’s Incident Management System to ensure readiness for the introduction of the Serious Incident Response Scheme in home services in December 2022.

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)