**Performance**

**Report**

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| Name of service: | Southern Midlands Respite Care Service |
| Service address: | 13 Church Street OATLANDS TAS 7120 |
| Commission ID: | 300483 |
| Home Service Provider: | Tasmanian Health Service |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 15 December 2022 |
| Performance report date: | 19 January 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 Southern Midlands Respite Care Service (**the service**) has been prepared by M Balukovska 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

# 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.
* the provider’s response to the assessment team’s report received 19 January 2023.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 2 Ongoing assessment and planning with consumers | Compliant |
| **Standard 4** Services and supports for daily living | Not applicable as not all requirements have been assessed |
| **Standard 5** Organisation’s service environment | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | Non-compliant |
| **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. | 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 the performance report decision the service is:

* Ensuring consumers and representatives are involved in ongoing assessment and planning of their care. All consumers and representatives interviewed confirmed that they were satisfied with the care and services they received, and they were in line with their goals and preferences. They confirmed they are involved in assessment and care planning processes and this was done in partnership with others when they wished them to be involved.
* Guiding staff practice through a range of newly developed organisational policies and procedures and use of assessment and care planning templates. Electronic information management systems ensure care staff work in collaboration with consumers, to deliver services in accordance with their identified care needs, goals and preferences.
* Making sure consumers receive the services they need through assessment and care planning processes that include initial assessments and ongoing reviews and by monitoring services provided by care staff. This includes keeping detailed records of care and services provided to all consumers.

# 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 |

Findings

At the time of the performance report decision the service is:

* Evidencing the provision of consumer services that optimise independence, health, and quality of life
* Demonstrating how consumers needs are supported, including their emotional, spiritual and psychological wellbeing

Consumers and representatives said they are encouraged to stay active and to maintain their physical independence. Consumers are referred for additional services through My Aged Care when needed, for example, occupational therapists, who may recommend equipment or home modifications to help them stay safely at home. Consumers provided positive feedback regarding care staff helping them do the things they want to do, such as attending centre-based services when they are able. Management advised prior to the centre reopening they had put interim plans in place to make sure consumers were provided with one on one social support assistance. Consumers and representatives all advised they enjoy services and feel comfortable, happy and safe with their care staff while receiving care. Consumers said care workers check how they are on each visit and when they attend the centre, and if they have any concerns will report this to the coordinator. Consumers and representatives also provided positive feedback on how being socially connected also helps them emotionally. Consumers said they develop an ongoing relationship with their regular care staff, which helps meet their emotional and psychological needs and improve their overall health and wellbeing. Consumers also confirmed the centre had reopened for centre-based activities and how important this social interaction was to their emotional wellbeing.

# Standard 5

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

Findings

At the time of the performance report decision the service is:

* Demonstrating environmental safety for consumers, ensuring furniture, fitting and equipment are safe, clean, well maintained and suitable for the consumer.

Consumers interviewed said they felt safe at the centre. Consumers stated the hall, buses and cars they travel in to the centre, and on outings, are very clean. Consumers said improvements are made based on their feedback, for example, new chairs had been purchased after they said they old ones were not comfortable, and these new ones were great.

Care staff were satisfied the equipment is clean and checked regularly. They said chairs and tables are cleaned at the end of each day and confirmed new equipment had been purchased for the centre prior to reopening.

# 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)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Non-compliant |

Findings

At the time of the performance report decision the service is:

* Demonstrating the workforce is planned to enable, and the number of mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

Consumers and representatives confirmed care staff deliver the support and assistance when they expect and at a time suitable for them. Consumers stated staff do not appear rushed and take time to talk to them and have time to complete their tasks. Consumers said they are advised regarding any rescheduled shifts and given choices where possible. This had happened more in the past when a lot of staff were on leave, but all consumers and representatives noted this had now improved and confirmed the respite centre had been reopened since August 2022.

Management advised workforce management is planned according to program need and the needs of the consumers being supported. Management discussed strategies to address staff shortages and turnover. At the last quality audit there were several staff on sick leave, the respite centre coordinator was on extended leave and there was no respite care worker. The respite coordinator has now returned from leave and a respite care worker has been recruited from within the organisation, who was interviewed as part of this assessment contact.

Requirement 7(3)(e) remains non-compliant as it was not assessed during the assessment contact.

# 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)(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 |

Findings

At the time of the performance report decision the service is:

* Demonstrating consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.
* Demonstrating embedded effective organisation wide governance systems.
* Demonstrating effective risk management systems and practices.

Consumers and representatives provided examples of where they have provided feedback to the service, especially regarding centre-based activities, meals and equipment, for example uncomfortable chairs, which have now been replaced. Consumers expressed satisfaction with the quality of the service and said they can input as to how the service are delivered at any time and know who to contact. Consumers said they are often asked to provide input regarding their individual. At the previous quality audit no issues were identified with regards to financial governance, workforce accountabilities, regulatory compliance or feedback and complaints. Some issues were identified with regards to information management and continuous improvement that are addressed below.

**Information Management**

Forms did not include information regarding the LGBTI cohort – due to the forms the health service uses these have not been specifically adapted but note there is sufficient room for free text to record this information.

Issues were identified regarding consumer assessments, care plans and reviews – this has now been addressed. Coordination staff and management confirmed all consumers now have had relevant assessment forms and care plans completed. This was evidenced in the sampled consumer files sighted. Audit document is being developed to ensure oversight of completion of relevant documentation.

Review spreadsheets have also been developed for various service types and coordination staff use these to ensure reviews are conducted in a timely manner. Consumer files sighted demonstrated all sampled consumers had reviews conducted in the last 12-month period.

**Continuous Improvement**

The service has strategic planning and continuous improvement processes in place, with an updated continuous improvement plan sighted by the assessment team. Continuous improvements are sought from consumers, and representatives on a regular process through the scheduled review process. Consumers and representatives and staff are also encouraged to provide feedback at any time. The service’s continuous improvement plans contained items to address the issues identified in the last quality audit and discussion with management, staff and consumers and representatives evidenced the items had all been implemented.

The Assessment Team sampled consumer files demonstrating that each consumer had a risk assessment completed as part of their assessment and that relevant information from these is included in their care plans and reviewed as part of the care review process.

Consumers and representatives interviewed confirmed coordination and care staff are aware of their individual risks and help them manage these. An example was given by a centre-based consumer of them having diabetes and being able to access food at the centre to their liking and was also suitable for a diabetic. Consumers interviewed confirmed coordination staff have regular contact with them and check whether their needs have changed, including any health needs.

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)