**Performance**

**Report**

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| Name: | Southern Shoalhaven Multi Service Outlet |
| Commission ID: | 200565 |
| Address: | 1/78 St Vincent Street, ULLADULLA, New South Wales, 2539 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 18 April 2024 to 19 April 2024 |
| Performance report date: | 14 June 2024 |

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.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7852 Southern Shoalhaven Zone Meals on Wheels Incorporated Association  
Service: 24805 Southern Shoalhaven Zone Meals on Wheels Incorporated Association - Community and Home Support

**This performance report**

This performance report for Southern Shoalhaven Multi Service Outlet (**the service**) has been prepared by K. Jarvie, 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.

# Material relied on

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

* the Assessment Team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others; and,
* the provider’s response to the Assessment Team’s report received 13 May 2024; and,
* the performance report dated 20 September 2023 in relation to the Quality Audit undertaken 22 June 2023 to 29 June 2023.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 4 Services and supports for daily living | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | **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 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 |

Findings

Requirements 4(3)(d), 4(3)(e), 4(3)(f) and 4(3)(g) were not assessed at time of Assessment Contact – site conducted 18 April 2024 to 19 April 2024 as these requirements were deemed compliant or not applicable in the previous performance report prepared 20 September 2023.

Requirements 4(3)(a), 4(3)(b) and 4(3)(c) were found non-compliant following a Quality Audit undertaken 22 June 2023 to 29 June 2023. Subsequent performance report prepared found the service did not demonstrate each consumer received safe and effective services for daily living that met their goals and preferences, optimised their independence and quality of life, promoted their emotional, spiritual, psychological well-being or supported participation within their community, have relationships or do things of interest to them.

The Assessment Team’s report for the Assessment Contact – site undertaken on 18 April 2024 to 19 April 2024 included information and evidence, which I have considered in relation to my findings for these Requirements:

Requirement 4(3)(a)

The Assessment Team were not satisfied that each consumer gets safe and effective services and supports for daily living that meet consumer’s needs, goals, and preferences and optimises their independence, health, well-being and quality of life. The following evidence was provided relevant to my finding:

* consumers interviewed were generally satisfied with the way that services provided optimised their independence, wellbeing, and quality of life; and,
* staff advised consumer goals are identified from My Aged Care (MAC) assessments, however, were not able to describe 3 of 8 sampled consumer goals when requested by the Assessment Team; and,
* some consumer files reviewed did not contain a MAC assessment on file; and,
* five of 8 sampled consumer support plans did not include any information on consumer goals and preferences; and,
* reviewed new service plan made available to staff April 2024 include areas to document identified consumer needs, goals and preferences, however, use of new service plan was not deemed an embedded practice by the Assessment Team.

In response to the Assessment Team’s report, the provider’s response included the following:

* explanation consumers advising they are generally satisfied with daily living services provided contradicts the Assessment Team’s conclusion that the service was unable to demonstrate safe and effective services and supports that met the needs, goals and preferences of consumers and optimised their independence and quality of life; and,
* explanation, without evidence provided, all new consumers have support plans that document goals and preferences and have MAC assessments attached to hard copy files where applicable; and,
* explanation, without evidence provided, all consumer files have seen been updated following Assessment contact – site conducted in April 2024 to include MAC assessments and updated service plans detailing goals and preferences.

In coming to my finding, I have considered the information and evidence in the Assessment Team’s report and provider’s response, which demonstrates each consumer receives safe and effective supports for daily living that meet their needs, goals and preferences and optimises their independence and quality of life.

I acknowledge and agree consumers’ expressing satisfaction with safe and effective service delivery is evidence that the supports for daily living meet consumer goals, preferences and optimises their independence and quality of life are being delivered. I have considered whilst documentation of daily living consumer goals was not up to date at time of Assessment contact – site, I am satisfied the service is currently implementing continuous improvement plan items and has taken appropriate steps to rectify deficit identified.

I have also considered the intent of this requirement (Aged Care Quality and Safety Commission 2018, Guidance and Resources for Providers to support the Aged Care Quality Standards. Guidance and Resources for Providers to support the Aged Care Quality Standards is accurate as of publication in September 2022), which notes that consumers receiving *“safe and effective services and supports for daily living can help consumers to be as independent as possible and maintain a sense of well-being. When these are tailored to their needs, goals and preferences, this helps to improve the consumer’s quality of life.”* And further that *“Risks associated with the services and supports of each consumer should be managed in line with the consumer’s care and services plan. This is so that the organisation supports them to safely maintain their best possible level of independence and function.”* I find no evidence before me that this is not occurring, nor is there any indication of consumer dissatisfaction or negative impact, in fact it is noted that the services offered had positive impact to consumers. I also note that an incident identified in the Assessment Team report occurred two days prior to the Assessment contact – site conducted in April 2024, which is .

I find whilst staff were not able to describe daily living goals for some sampled consumers, this was a result of a lack of documentation, rather than the absence of safe and effective daily living services provided in practice.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(a) in Standard 4, Services and support for daily living.

Requirements 4(3)(b) and 4(3)(c)

Consumers advised social interactions with staff and volunteers fostered their sense of self-worth. Consumers were observed feeling safe in sharing their vulnerability to staff and other consumers. Staff understood the importance of providing emotional and psychological support to consumers and demonstrated steps taken to escalate concerns as required. Care planning documentation reviewed did not always contain detailed information about the social and emotional support and/or activities provided to consumers. However, interviews and observations conducted confirm empathy, compassion and connection between consumers and members of the workforce are practiced.

Consumers confirmed daily living services provided enable them to do things that are of interest to them, maintain relationships of choice and participate in their community. Consumers were observed to actively engage and enjoy social support group activities with other consumers. Staff advised, and were observed, to consistently ask consumers for feedback to confirm social activities provided were fit for purpose. Documentation reviewed confirm consumers expressed satisfaction with interactions with others during social outings organised by the service.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(b) and (3)(c) in Standard 4, Services and support for daily living.

# 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)(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

Requirement 6(3)(b) was not assessed at time of Assessment Contact – site conducted 18 April 2024 to 19 April 2024 as this requirement was deemed compliant in previous performance report prepared 20 September 2023.

Requirements 6(3)(a), 6(3)(c) and 6(3)(d) were found non-compliant following a Quality Audit undertaken 22 June 2023 to 29 June 2023. Subsequent performance report prepared found the service did not demonstrate consumers and representatives were encouraged and supported to provide feedback and make complaints nor had feedback and complaints been appropriately actioned using an open disclosure approach. In addition, the service was not able to demonstrate feedback and complaints were reviewed and used to improve the quality of care and services.

The Assessment Team’s report for the Assessment Contact – site undertaken on 18 April 2024 to 19 April 2024 included the following information and evidence, which I have considered in relation to my findings for these Requirements:

Consumers advised they are asked to provide feedback on a regular basis and felt comfortable doing so. Staff, volunteers, and management interviewed, described various ways used to encourage and support consumers to provide feedback. These included the use of surveys, feedback and complaint forms, a complaints box and forum discussions. Documentation reviewed confirm consumers are provided complaint pathway information via welcome packs and newsletters.

Consumers expressed satisfaction with actions taken to firstly acknowledge complaints made and resulting expedient resolution responses provided. Staff and volunteers interviewed described, and documentation reviewed confirm, consumer complaints are resolved using an open disclosure approach.

Consumers confirmed the quality of their services had improved because of feedback provided. Volunteers interviewed, including a previous Board member confirm consumer feedback is provided to the governing body for discussion. The complaints policy reviewed highlight the importance of reviewing complaints to determine continuous improvement actions.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(c) and (3)(d) in Standard 6 Feedback and complaints.

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)