



Australian Government
Australian Aged Care Quality Agency

Final Quality Review Report

Provider name:	Italian Aged Care Incorporated
Service name:	Italian Aged Care Day Therapy Centre
Location:	33 Kent Road, MARANGAROO WA 6064
Quality Agency ID:	500220

Report approved:	13 April 2016
Approved by:	 Ursula Harbin Assessment Manager

Final Quality Review Report

About this report

This is the Final quality review report for the quality review conducted at Italian Aged Care Day Therapy Centre. The report includes assessment against the Home Care Standards. A copy of the report has been sent to the Department of Health.

The quality review included the following services:

CHSP:

- CHSP - Allied Health and Therapy Services, 4-226JIV2, 33 Kent Road, MARANGAROO WA 6064

Summary of findings

The service meets 18 out of 18 expected outcomes of the Home Care Standards.

The quality review for your service is complete.

Next activity arrangements:

We plan to conduct your next quality review in 2019.

Process undertaken and information considered:

This report took the following into account:

- a. Interim Quality Review Report dated 23 March 2016; and
- b. Service history of performance against the Standards.

Introduction

This report documents the performance of the service against each of the expected outcomes of the Home Care Standards as set out in the Quality of Care Principles 2014 based on the assessment conducted during the quality review.

Each service is required to undergo a quality review at least once every three years.

A quality review team appointed by the Quality Agency conducted the quality review on 23 March 2016.

The quality review was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014.

Team leader: Marcia Bell

Team member: Benedict Carroll

Audit trail

Interviews	Number	Interviews	Number
Chief executive officer	1	Administration staff	1
Care service manager/registered nurse	1	Kitchen staff	2
Occupational therapist	1	Care recipients	5
Therapy assistants	2		
Sampled documents	Number	Sampled documents	Number
Care recipient files	7	Personnel files	4

Other documents reviewed

- Accident, incident and hazard file
- Annual general meeting report
- Association rules, regulations, constitution and terms of reference
- Audits and action plans
- Bus maintenance records
- Care recipient admission pack and information handbook
- Care recipient survey
- Clinic list
- Complaints forms
- Draft strategic plan, SWOT analysis
- Emergency evacuation plan and memorandum of understanding with local shire
- Food temperature records
- Kitchen equipment temperature records
- Massage therapy and podiatrist care recipient records and notes
- Meeting minutes and schedules
- Memorandum/correspondence file
- Non response to a scheduled visit protocol
- Physiotherapy referral list
- Plan for continuous improvement
- Maintenance records and schedules
- Policies and procedures
- Safety data sheets
- Staff driving licences, qualification and police clearance matrix
- Staff duty statements
- Staff training calendar and records, orientation records and performance appraisals
- Volunteer file.

Observations

- Access to complaints information and brochure
- Board meeting during visit
- Evacuation information and exit lighting

- Fire equipment
- Meal preparation and service
- Office environment
- Secure storage of current care recipient, staff and organisational records and archive area
- Staff interaction with care recipients during meal service and activities.

The **Statement of reasons** below details the findings of the quality review and may reference information provided to demonstrate the service’s performance against each expected outcome within the Standards. Performance against the expected outcomes within each Standard are rated as either:

- Met, or
- Not met.

If you have received ‘Not met’ findings, the Statement of reasons will identify why the expected outcome was Not Met. Use this information to revise your Plan for Continuous Improvement to show how you will make improvements to meet all of the Standards.

Statement of reasons

Standard 1: Effective management

Principle:

The service provider demonstrates effective management processes based on a continuous improvement approach to service management, planning and delivery.

Expected outcome 1.1 – Corporate governance	Met
The expected outcome requires that “the service provider has implemented corporate governance processes that are accountable to stakeholders”.	
Reasons for findings for CHSP service: The service provider has implemented corporate governance processes that are accountable to stakeholders. The board meets according to a schedule and conduct of the board is guided by association rules and regulations. Clearly defined reporting lines are documented and available to staff. The organisation’s vision and values are provided to all staff and strategic plans are monitored and updated as required. Information reports assist the board to monitor performance, ensuring contractual obligations and funding agreements are met. Management described the process for escalating issues and monitoring key results impacting on care and service delivery to the chief executive officer and the board of management.	

Expected outcome 1.2 – Regulatory compliance	Met
The expected outcome requires that “the service provider has systems in place to identify and ensure compliance with funded program guidelines, relevant legislation, regulatory requirements and professional standards”.	
Reasons for findings for CHSP service: The service provider has systems to identify and ensure compliance with funded program guidelines, relevant legislation, regulatory requirements and professional standards. The policy and procedure outlines the monitoring of legislation, professional registrations, police certificates and driver’s licence requirements for staff, volunteers and board members. Staff members receive reminders prior to expiry dates, and staff members unable to provide proof of compliance are not rostered. Information about legislative requirements is provided to staff through meetings, provision of policies and procedures, and training sessions. Care recipients and staff reported they are kept informed of legislative changes.	

Expected outcome 1.3 – Information management systems	Met
The expected outcome requires that “the service provider has effective information management systems in place”.	
<p>Reasons for findings for CHSP service:</p> <p>The service provider has effective information management systems to support care and service delivery. Procedures guide staff in the collection, use, storage and destruction of information of paper records. Computerised information is secure and backed-up. Information is available to staff to guide them in their roles. Staff described the processes for ensuring client records are stored securely. Dissemination of information occurs via memoranda, meeting minutes and noticeboards. Staff reported they have access to the administrative, care and operational information required to complete duties. The information management system is regularly reviewed and evaluated including monitoring staff practices, reviewing the content and use of hard copy and electronic documents, and assessing equipment needs.</p>	

Expected outcome 1.4 – Community understanding and engagement	Met
The expected outcome requires that “the service provider understands and engages with the community in which it operates and reflects this in service planning and development”.	
<p>Reasons for findings for CHSP service:</p> <p>The service provider understands and engages with the community in which it operates and reflects this in service planning and development. Management reported they regularly attend industry and network meetings to exchange relevant information with other providers servicing the community. The service considers demographic data to assist in understanding the changing needs of the community. Management reported community awareness of the program is promoted by board members, staff, existing clients and community organisations. Care recipients reported satisfaction with the provider’s understanding of the community and its approach to service planning and development.</p>	

Expected outcome 1.5 – Continuous improvement	Met
The expected outcome requires that “the service provider actively pursues and demonstrates continuous improvement in all aspects of service management and delivery”.	
<p>Reasons for findings for CHSP service:</p> <p>The service provider actively pursues and demonstrates continuous improvement in all aspects of service management and delivery. The provider maintains a continuous improvement plan. Continuous improvement is discussed at meetings and improvement opportunities are identified through audits, accident, incident and hazard reports, and feedback from care recipients and staff. The management team and staff provided examples across the Standards to demonstrate how improvements are identified and actioned. Staff and care recipients stated they are encouraged to contribute to continuous planning across all Standards. Examples of continuous improvements are provided below.</p> <ol style="list-style-type: none"> 1. Responding to care recipients’ requests, kitchen staff write the lunch menu on a whiteboard in the dining area. Prior to this, care recipients would have to ask staff for this information. We observed the whiteboard displaying the lunch menu during the visit. Staff reported care recipients have responded positively to this initiative. 2. The management team reported they are introducing an electronic care system to manage the CHSP program. The program is currently managed using paper-based records, though the organisation uses an electronic system to manage residential 	

Expected outcome 1.5 – Continuous improvement	Met
<p>programs. The management team stated the benefits of extending the system to the day therapy program would include easier access and management of records. The management team stated they will evaluate the effectiveness via audits and the timely completion of assessments.</p> <p>3. The provider has scheduled a presentation on advocacy services to be provided to care recipients. While written information regarding advocacy services is already available to care recipients, staff suggested this presentation may lead to a better understanding of advocacy services. The provider reported they will monitor attendance of the presentation and seek feedback from care recipients and representatives afterwards.</p> <p>4. Acting on a suggestion from a staff member, the provider has established a health clinic at the therapy centre. Registered nurses on site assess care recipients for health issues such as blood pressure and mobility and, when necessary, refer care recipients to other health providers. The management team reported 10 care recipients attended the first clinic. The provider will continue to monitor attendance and seek verbal feedback from care recipients in order to evaluate the effectiveness of the clinics.</p>	

Expected outcome 1.6 – Risk management	Met
<p>The expected outcome requires that “the service provider is actively working to identify and address potential risk, to ensure the safety of service users, staff and the organisation”.</p>	
<p>Reasons for findings for CHSP service:</p> <p>The service provider actively works to identify and address potential risk, ensuring the safety of care recipients, staff and the organisation. An organisational risk management framework ensures identified areas of risk are managed and actioned. Strategies to mitigate risk include reporting and documenting of accidents, incidents and hazards, audits and the provision of appropriate policies and procedures. Interviews with staff verified they know how to report hazards, incidents and accidents and have received relevant training. Staff are able to describe the procedure that provides guidance when a care recipient does not respond to a scheduled visit. Care recipients stated they are satisfied the provider ensures safe delivery of care and services according to their needs and preferences.</p>	

Expected outcome 1.7 – Human resource management	Met
<p>The expected outcome requires that “the service provider manages human resources to ensure that adequate numbers of appropriately skilled and trained staff/volunteers are available for the safe delivery of care and services to service users”.</p>	
<p>Reasons for findings for CHSP service:</p> <p>The service provider manages human resources to ensure adequate numbers of appropriately skilled and trained staff/volunteers are reliable for the safe delivery of care and services to service users. All staff have position descriptions outlining key responsibilities, performance indicators and requirements. Ongoing training is provided to staff and includes elder abuse, manual handling, safe food handling, first aid, risk management and infection control. Staff performance is monitored with the completion of annual performance appraisals for professional staff and two yearly performance appraisals for care staff. Staff reported they are supported by management and have access to a range of education opportunities, including on-line learning and toolbox sessions. Management and staff reported there are sufficient staff to meet care recipients’ needs. Care recipients stated they are satisfied with the responsiveness of staff and volunteers and the adequacy of care and services.</p>	

Expected outcome 1.8 – Physical resources	Met
The expected outcome requires that “the service provider manages physical resources to ensure the safe delivery of care and services to service users and organisation personnel”.	
<p>Reasons for findings for CHSP service:</p> <p>The service provider manages physical resources to ensure the safe delivery of care and services to service users and organisation personnel. The provider completes a monthly review of stock to ensure sufficient goods, equipment and resources are available for the safe delivery of required services. Preventative and corrective maintenance programs ensure equipment is maintained and replaced as needed. Staff reported they receive training for the use of equipment and are satisfied with the level of goods and equipment available to them. Care recipients stated they are satisfied with the level of goods and equipment available.</p>	

Standard 2: Appropriate access and service delivery

Principle:

Each service user (and prospective service user) has access to services and service users receive appropriate services that are planned, delivered and evaluated in partnership with themselves and/or their representative.

Expected outcome 2.1 – Service access	Met
The expected outcome requires that “service user’s access to services is based on consultation with the service user (and/or their representative), equity, consideration of available resources and program eligibility”.	
<p>Reasons for findings for CHSP service:</p> <p>Systems ensure care recipients’ access to services is based on consultation with the care recipient and/or their representative, equity, procedures regarding service access and program eligibility. Referrals are received from general practitioners, the organisation’s nursing home, other service providers and self-referring care recipients. Access to services is based on eligibility and available resources and includes regular consultation with care recipients and allied health professionals. Staff reported they understand eligibility requirements and prioritise those with the greatest need. Care recipients reported they understand their eligibility for the services and programs and are satisfied with their access to services of their choice and preferences.</p>	

Expected outcome 2.2 – Assessment	Met
The expected outcome requires that “each service user participates in an assessment appropriate to the complexity of their needs and with consideration of their cultural and linguistic diversity”.	
<p>Reasons for findings for CHSP service:</p> <p>Systems ensure each care recipient participates in an assessment appropriate to their needs and goals and with consideration of their cultural and linguistic needs. Documentation confirmed initial assessments include care recipient or representative consultation. Assessment and care planning tools prompt staff to identify the care recipient’s current abilities, supports, preferences, goals and desired outcomes. Changes to care recipients’ needs are documented and assessments and care plans updated</p>	

Expected outcome 2.2 – Assessment	Met
accordingly. Staff stated they are advised of changes by the appropriate allied health professional. Care recipients reported they participate in assessments and are consulted about their preferences and goals of care.	

Expected outcome 2.3 – Care plan development and delivery	Met
The expected outcome requires that “each service user and/or their representative, participates in the development of a care/service plan that is based on assessed needs and is provided with the care and/or services described in their plan”.	
Reasons for findings for CHSP service: Care recipients and/or their representative participate in the development of a care plan that is based on assessed needs, preferences and goals and are provided with the care and services described in the care plan. The care plan is developed in partnership with care recipient and/or their representative and reflects goals and preferences. Staff practices are supervised by allied health professionals and monitored through feedback from care recipients, incidents and accidents and staff performance appraisals. Care recipients reported they are satisfied with the level of involvement they have in managing their care and services.	

Expected outcome 2.4 – Service user reassessment	Met
The expected outcome requires that “each service user’s needs are monitored and regularly reassessed taking into account any relevant program guidelines and in accordance with the complexity of the service user’s needs. Each service users’ care/service plans are reviewed in consultation with them”.	
Reasons for findings for CHSP service: Care recipients’ needs are monitored on a regular basis and reassessed when the care recipient’s goals or care needs change. Reassessments are done in consultation with the care recipients and reflect their needs, preferences and goals. Reviews are also undertaken following feedback from staff, care recipients and incidents, and care plans are updated accordingly. Care recipients reported they are satisfied with the changes made to their program when the needs arise.	

Expected outcome 2.5 – Service user referral	Met
The expected outcome requires that “the service provider refers service users (and/or their representatives) to other providers as appropriate”.	
Reasons for findings for CHSP service: The service provider has systems to ensure care recipients are referred to the appropriate health professional. Referrals are made to internal and external allied health professionals and therapists as care needs change, on request, or if the care recipients’ goals of care change. Care recipients are informed about the collection, care and disclosure of their personal information and referrals are made to therapy services, podiatry and general practitioners as issues are identified.	

Standard 3: Service user rights and responsibilities

Principle:

Each service user (and/or their representative) is provided with information to assist them to make service choices and has the right (and responsibility) to be consulted and respected. Service users (and/or their representative) have access to complaints and advocacy information and processes and their privacy and confidentiality and right to independence is respected.

Expected outcome 3.1 – Information provision

Met

The expected outcome requires that “each service user, or prospective service user, is provided with information (initially and on an ongoing basis) in a format appropriate to their needs to assist them to make service choices and gain an understanding of the services available to them and their rights and responsibilities”.

Reasons for findings for CHSP service:

Each care recipient, or prospective care recipient, is provided with information initially and on an ongoing basis in a format appropriate to their needs to assist them to make service choices and gain an understanding of the services available to them including their rights and responsibilities. The admission pack and recently implemented information handbook include information about fees, services available, rights and responsibilities, complaints and advocacy processes and privacy and confidentiality. The Charter of care recipients’ rights and responsibilities is displayed on the day therapy noticeboard and staff reported they understand the care recipients’ rights and responsibilities. Care recipients said they receive letters with up-to-date information and are satisfied with the way information is provided.

Additional information

- Although information about the care recipients’ rights and responsibilities has been provided via a letter, the recently developed information handbook now reflects the requirements of the commonwealth home support program. Management advised, and meeting minutes verified, the information handbook and the care recipients’ rights and responsibilities were discussed at the care recipients’ meeting conducted in February 2016. On the day of the review visit copies were distributed to the care recipients in attendance at the day therapy centre. Management advised the remaining care recipients who attend the centre on Fridays will be provided with a copy at the next Friday group. This information will be explained and provided in Italian as required.

Expected outcome 3.2 – Privacy and confidentiality

Met

The expected outcome requires that “each service user’s right to privacy, dignity and confidentiality is respected including in the collection, use and disclosure of personal information”.

Reasons for findings for CHSP service:

Each service user’s right to privacy, dignity and confidentiality is respected including in the collection, use and disclosure of personal information. Care recipients give signed consent for the collection, use and disclosure of personal information. Information about privacy and confidentiality is provided and explained. There are policies and procedures for staff regarding privacy and confidentiality, and staff sign a confidentiality agreement. Documents were observed to be stored securely with access by authorised staff only, and electronic information is password protected. Staff are knowledgeable about care recipients’ rights. Care recipients reported they are confident their private information is

Expected outcome 3.2 – Privacy and confidentiality	Met
managed appropriately and their privacy, dignity and confidentiality are respected.	

Expected outcome 3.3 – Complaints and service user feedback	Met
The expected outcome requires that “complaints and service user feedback are dealt with fairly, promptly, confidentially and without retribution”.	
<p>Reasons for findings for CHSP service:</p> <p>Systems ensure complaints and service user feedback are dealt with fairly, promptly, confidentiality and without retribution. The admission pack includes information regarding the internal/external complaints process and advocacy services. A review of completed complaint forms showed complaints and feedback are monitored for appropriate and timely action, and there is a link with the organisation’s continuous improvement system. Staff interviews verified they follow the organisation’s processes when a care recipient approaches them with a complaint and are satisfied with the way issues are addressed. Documentation reviewed verified the results are communicated to the complainant and other relevant stakeholders. Care recipients reported they are aware of how to make a complaint and when they have done so are satisfied with how complaints are managed.</p>	

Expected outcome 3.4 – Advocacy	Met
The expected outcome requires that “each service user’s (and/or their representative’s) choice of advocate is respected by the service provider and the service provider will, if required, assist the service user (and/or their representative) to access an advocate”.	
<p>Reasons for findings for CHSP service:</p> <p>The service provider respects each service user’s choice of advocate and each service user is assisted to access an advocate if required. Information about external advocacy is provided at commencement of services and is also available in the therapy centre. Staff described how to access advocacy services and understand the care recipient’s right for advocacy. Care recipients understand their right for advocacy and how to access advocacy services.</p>	

Expected outcome 3.5 – Independence	Met
The expected outcome requires that “the independence of service users is supported, fostered and encouraged”.	
<p>Reasons for findings for CHSP service:</p> <p>Care recipients’ independence is encouraged and promoted. Each care recipient’s level of independence and goals of care are identified, and independence, preferences and decision making are promoted. Goals and outcomes are based on care recipients’ current capabilities, desired levels of independence and social interactions. Staff are aware of the importance to support care recipients to maintain their independence. Care recipients reported they are satisfied with the support they receive from staff to maintain their independence.</p>	