

Home Care Standards



Final Quality Review Report

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|---------------------------|---|
| Service provider name | Yaandina Family Centre |
| Service provider outlet/s | Yaandina Family Centre |
| Service provider address | Hampton Street, Roebourne |
| Service delivery region | Pilbara |
| Contact person | Deb Ryan |
| Contact number | 9182 1143 or 0437 419 545 |
| Number of Service Users | 18 |
| Number of Staff | 3 |
| Number of Volunteers | Nil |
| HACC Services Provided | <input type="checkbox"/> Allied Health (Care received at centre) <input type="checkbox"/> Allied Health (Care received at home) <input type="checkbox"/> Assessment <input type="checkbox"/> Carer Groups <input checked="" type="checkbox"/> Centre-Based Day Care <input type="checkbox"/> Client Care Coordination <input type="checkbox"/> Counselling Support Information & Advocacy (Carer) <input checked="" type="checkbox"/> Counselling Support Information & Advocacy (Care Recipient) <input type="checkbox"/> Country Mobile Unit Programs <input checked="" type="checkbox"/> Domestic Assistance <input type="checkbox"/> Education <input type="checkbox"/> Goods & Equipment <input type="checkbox"/> Home Maintenance <input type="checkbox"/> Information <input type="checkbox"/> Training <input checked="" type="checkbox"/> Meals at Home <input type="checkbox"/> Meals received at Centre/Other <input type="checkbox"/> Nursing (Centre) <input type="checkbox"/> Nursing (Home) <input type="checkbox"/> Other Food Services <input checked="" type="checkbox"/> Personal Care <input type="checkbox"/> Product Information <input type="checkbox"/> Public Awareness Programs <input checked="" type="checkbox"/> Respite Care <input checked="" type="checkbox"/> Social Support <input type="checkbox"/> Training Prepare to Care <input checked="" type="checkbox"/> Transport - CBDC <input checked="" type="checkbox"/> Transport |
| Brokered Services | Nil |

Scope of the review

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|----------------------|-----------------------------------|
| Date of the review | 25/05/2016 |
| Quality Consultant/s | Cheryl Cartlidge and Marleen Roch |

Evaluation trail

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|---|-----|--------------------------------------|----|
| Number of service users interviewed | 0 | Number of service user records/files | 5 |
| Number of representatives interviewed | 0 | | |
| Number of staff interviewed | 1 | Number of staff records/files | 2* |
| Number of volunteers interviewed | 0 | Number of volunteer records/files | 0 |
| Additional reports viewed relevant to this review | Nil | | |

*Although full staff records/files were not viewed, a small amount of general staff records were evaluated related to regulatory compliance.

Standard 1 Effective management

| Outcomes for 2011-2014 | | Outcomes for 2014-2017 | |
|--|-------------|--|-------------|
| Expected outcome | Met/Not Met | Expected outcome | Met/Not Met |
| 1.1 Corporate governance | Met | 1.1 Corporate governance | Met |
| 1.2 Regulatory compliance | Met | 1.2 Regulatory compliance | Met |
| 1.3 Information management systems | Met | 1.3 Information management systems | Met |
| 1.4 Community understanding and engagement | Met | 1.4 Community understanding and engagement | Met |

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| 1.5 Continuous improvement | Met |
| 1.6 Risk management | Met |
| 1.7 Human resource management | Met |
| 1.8 Physical resources | Met |

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|-------------------------------|-----|
| 1.5 Continuous improvement | Met |
| 1.6 Risk management | Met |
| 1.7 Human resource management | Met |
| 1.8 Physical resources | Met |

Standard 2 Appropriate access and service delivery

| Expected outcome | Met/Not Met |
|--|-------------|
| 2.1 Service access | Met |
| 2.2 Assessment | Met |
| 2.3 Care plan development and delivery | Met |
| 2.4 Service user reassessment | Met |
| 2.5 Service user referral | Met |

| Expected outcome | Met/Not Met |
|--|-------------|
| 2.1 Service access | Met |
| 2.2 Assessment | Met |
| 2.3 Care plan development and delivery | Met |
| 2.4 Service user reassessment | Met |
| 2.5 Service user referral | Met |

Standard 3 Service user rights and responsibilities

| Expected outcome | Met/Not Met |
|--|-------------|
| 3.1 Information provision | Met |
| 3.2 Privacy and confidentiality | Met |
| 3.3 Complaints and service user feedback | Met |
| 3.4 Advocacy | Met |
| 3.5 Independence | Met |

| Expected outcome | Met/Not Met |
|--|-------------|
| 3.1 Information provision | Met |
| 3.2 Privacy and confidentiality | Met |
| 3.3 Complaints and service user feedback | Met |
| 3.4 Advocacy | Met |
| 3.5 Independence | Met |

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|------------------------------------|---------------|------------------|-----------------|
| 2011-2014 Total outcomes 18 | Met 18 | Not Met 0 | TOTAL 18 |
|------------------------------------|---------------|------------------|-----------------|

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|------------------------------------|---------------|------------------|-----------------|
| 2014-2017 Total outcomes 18 | Met 18 | Not Met 0 | TOTAL 18 |
|------------------------------------|---------------|------------------|-----------------|

General overview

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| Review history |
| Scope of this review |
| Outcome |
| Plan for continuous improvement |
| Date of final report |

Yaandina Family Centre was reviewed by CommunityWest against the Home Care Standards in June 2013. All expected outcomes were met at that time.

Before the review, various information was considered to determine its scope, i.e. the self-assessment, changes in the service provision profile, outcomes from the site's previous quality review, information in the current and past Plans for Continuous Improvement and feedback from the Project Officer. It was agreed that a desktop review would be conducted. A representative sample of documentation was reviewed electronically off-site and no interviews were conducted with service users or staff, apart from with the HACC Coordinator.

Evidence supported that standards of service provision demonstrated in the previous quality review visit have been maintained. All expected outcomes reviewed were met. Yaandina's Plan for Continuous Improvement was current and demonstrated a commitment to continuous improvement. This was corroborated by other documentation sighted. Evidence reviewed indicated that the service user/carer is at the centre of decision-making, there is a commitment to maintaining service users' independence, and there are processes in place for promoting independence, collecting feedback, disseminating of information and upholding privacy and confidentiality. However, the organisation has found it necessary to overhaul its strategies and practices to achieve greater consistency, probity and compliance and is currently starting to do so. The new HACC Coordinator is in the process of reviewing current practices and planning for enhanced service provision. Discussion was held surrounding:

- how Part D in support plans can be improved to show more clearly how services are delivered and what the service user's responsibilities are in order to encourage and support independence;
- how feedback may be made more useful by providing incentives to participate and fostering a sense of ownership of the process within clients and other stakeholders;
- how internal audit plans may benefit from including more clarity around timeframes.

It is expected that the organisation's service provision will benefit once these practices are embedded.

Service providers are required to have a plan for continuous improvement (PCI) in place, regardless of when they are reviewed. This is to be provided on request by the WA HACC program or CommunityWest.

27/05/2016

Disclaimer

The review is a snap shot of the organisation at that particular time.

The methodology used for the Quality Reviews has been designed to allow a reasonable degree of flexibility in the assessment and evaluation process.

The review may not cover all areas where services are delivered. The evaluation involves a reliance on multiple sources of evidence, including observations, feedback and some written records. The accuracy of written records cannot always be completely verified.

The evaluation will involve the Quality Consultant/s interviewing a sample of service users, and or their representatives/carers. The sample of service users may not necessarily reflect the circumstances of the whole group.

CommunityWest does not accept responsibility for the authenticity of information provided by the organisation as part of this Quality Review.