Enrich Living Services - Metro

Performance Report

Level 1, 27-31 Troode Street   
WEST PERTH WA 6005  
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**Commission ID:** 500008

**Provider name:** MyHomeCare Pty Ltd

**Assessment Contact - Site date:** 12 August 2020

**Date of Performance Report:** 26 October 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by review of documents and interviews with staff, consumers/representatives and others
* the Approved Provider did not submit a response to the Assessment Team’s report.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

During an assessment contact on 12 August 2020 the Assessment Team assessed Standard 8 Requirement (3)(c) and have recommended this Requirement is met. The Approved Provider did not submit a response to the Assessment Team’s report.

Based on the Assessment Team’s report I find the service Compliant with this Requirement. The reasons for my decision are detailed below.

The Assessment Team reviewed documents confirming the organisation has a governance structure including a range of committees in place to oversee the delivery of safe and quality care and services, and keep the governing body sufficiently informed to support their decision-making. Committees contribute information to a report that is provided to the Board monthly.

Policies and procedures are available to guide all aspects of this Requirement. Staff are provided with updates to policy and procedures via email.

In relation to information management, an electronic record management system, implemented in March 2020 is accessible using a two-factor authentication process. This has improved efficiency in record keeping and enables prompt escalation of concerns for clinical review. The associated mobile application gives staff access to information about each consumer when they arrive at their homes to provide support.

In relation to continuous improvement, the organisation has a national framework, including a committee that meets four times each year. Information collected in the form of feedback flows into a central continuous improvement database/process and is used to identify trends and opportunities for improvement. Staff providing care and services to consumers can lodge compliments, concerns, hazards and risks relating to each home visit using their mobile application. The electronic system prompts staff to consider this when finalising each home visit. Consumers are provided with feedback forms in their home files. An annual mail out to all consumers requests feedback, all of which is added to the continuous improvement system for follow-up.

Management said, and consumers confirmed, consumers are encouraged to provide feedback either in writing, by telephone or to support workers directly when they visit. Face to face workshops were previously held to collect feedback. These have been postponed due to COVID-19 restrictions. A client portal to give consumers and/or their representatives access to service information is under development as a result of feedback from a consumer.

In relation to financial governance, consumers are involved in discussing their budget and deciding how their funds will be used. The electronic record management system referred to above enables automatic invoicing once each home visit is complete. Variances in scheduled visit length greater than 10 minutes are recorded in the online portal and are included in a time-keeping exception report. A manual review of each variance is undertaken to determine why the scheduled visit time was not adhered to, ensuring consumers are not charged for services they did not receive. Trends in unscheduled, extended visit times are analysed and may result in consultation with consumers to determine if their care needs have changed, and additional support is required.

Consumers are provided with monthly statements, detailing the services received and charged for during the preceding month. The statements identify the type of service, the date, the time and the charge. Queries about statements are directed to case managers who investigate the concern and provide feedback to consumers.

In relation to workforce governance, all staff are provided with job descriptions. Newly employed staff complete a one-week orientation and training specific to their role prior to commencing home visits. Online mandatory training includes risk management, infection control, COVID-19, the Quality Standards and recognising and responding to abuse. Mandatory classroom training includes manual handling, continuous improvement (complaints and feedback) and skills validation assessments for manual handling and handwashing.

New staff are supported by two full days of buddy shifts prior to providing care and services on their own. The Human Resources team make contact with new staff at the end of weeks one and two to determine if additional support or training is required. This support is ongoing throughout the six months probationary period to ensure staff are sufficiently supported and all training requirements are identified and addressed. Performance appraisals and some essential skills training sessions are conducted annually. Training specific to an individual consumer’s care needs can be completed in the consumer’s home as required.

Consumers interviewed expressed satisfaction with the competency of staff. Staff said they were satisfied with the training and support provided to them and could describe mandatory reporting requirements and their role in this.

In relation to regulatory compliance, the dedicated integration and strategy area are responsible for integrating all legislative changes into the organisation’s policies and procedures and communicating these changes to all relevant staff via email. Significant changes are incorporated into specific training sessions and included in the mandatory annual training program as deemed necessary, as was done when the Aged Care Quality Standards were introduced.

The organisation has a process to ensure all staff are reminded when their police clearances are due to expire to ensure new clearances are applied for.

In relation to complaints, all are risk rated and dealt with at the appropriate level depending on risk. Initial attempts to resolve complaints are made at the service level. The Executive Operations Manager oversees the complaints process and reports finding and trends to the board for consideration. A monthly project meeting involving executive level personnel includes discussion about trends in complaints.

Consumers interviewed said they knew how to make a complaint but had no reason to do so. Staff confirmed they lodge continuous improvement suggestions on behalf of consumers on a regular basis.

For the reasons detailed above I find MyHomeCare Pty Ltd, in respect of Enrich Living Services – Metro, Compliant with this Requirement.

## Assessment of Standard 8 Requirement (3)(c)

### Requirement 8(3)(c) Compliant

*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.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.