Home Instead Senior Care - Brisbane West

Performance Report

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**Commission ID:** 701071

**Provider name:** Masajoda Pty Ltd

**Assessment Contact - Site date:** 23 September 2020

**Date of Performance Report:** 3 November 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 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(g) | 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 a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Consumers and representatives advised the Assessment Team they were involved in the initial assessment and ongoing planning of their care. They said they were informed about the outcomes of assessment and planning and have access to their care and services plan if they wished. Consumers and representatives said the service sought input into the planning and assessment process from medical officers, allied health professionals and family members.

Care plans were developed in consultation with consumers and their representatives and they were reviewed regularly and updated as required. Care plans were individualised and contained information relevant to the risks to each consumers’ health and well-being. Care documentation included risk assessments undertaken on entry to the service and during annual consumer reviews. The risk assessments included environmental risks, risks to the consumers wellbeing and risks specific to each consumer. The care plans included information relevant to the consumer’s needs, including cognitive and sensory loss, communication, continence, wound management, hygiene, mobility, skin care, activities of daily living and lifestyle preferences.

Clinical staff completed initial assessments in consultation with consumers and their representatives and with the involvement of the consumer’s medical officers and other health professionals as required. The assessments reflected discussions about recommended service delivery and frequency, the equipment required and options to meet the consumer’s needs within budget. The consumer’s preferences in relation to advance care planning and end of life planning were reflected in care planning documentation for the consumers that wished it. Consumer budget and statement documentation reflected services identified in care planning documentation.

Staff demonstrated to the Assessment Team that they were aware of the consumers’ needs and preferences and strategies to follow to ensure needs and preferences were met. They said they had access to current and accurate information on a mobile device that outlined each consumer’s care and service needs. Staff were informed of any changes to consumers’ needs and preferences through the electronic management system and staff were able to provide immediate feedback on consumers’ needs through the electronic management system or by telephone calls to the service. Staff said they reported and escalated concerns or changes in consumers’ care needs to the clinical manager through their mobile App and by telephone calls. Managers advised the App is password protected to maintain consumer confidentiality.

Staff said they were able to access training on the online education platform on a variety of topics, including information on dementia, Parkinson’s disease and palliative care. Managers said mandatory staff training was monitored for completion. Managers said staff providing end of life care were provided with information so that they were aware of the consumers’ and families’ wishes relating to their cultural, spiritual, social and emotional needs or supports. Organisational policies, procedures and process steps guided staff practice in relation to assessment and planning.

Care plans showed evidence of review on a regular basis and when circumstances changed or incidents occurred. Care plan documentation reflected care plans were updated following reassessment of consumers when their care needs changed, following feedback from consumers and staff, or on return from hospital. Staff completed a report on each consumer after each visit and included any changes to consumers’ needs.

Documentation demonstrated that the service’s business continuity plan and emergency management plan identified and managed risks to the consumers, staff and the organisation. The service’s ‘vulnerable client’ list identified consumers who would require support in the event of a disaster or an emergency.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

### Assessment of Standard 3 Requirements

The Assessment Team did not assess all requirements of this Standard and therefore an overall compliance rating for the Quality Standard is not provided.

###  Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

Following interviews with consumers and representatives, the Assessment Team found that staff who provided personal or clinical care wore personal protective equipment when appropriate and where necessary during service delivery. Consumers and representatives said they provided handwashing amenities although staff brought hand sanitiser, gloves and aprons with them. They said staff asked consumers prior to entering their homes whether occupants exhibited signs and symptoms of a cold or of being otherwise unwell, whether any occupant had contact with a person who had travelled overseas, who was unwell or had been tested for COVID-19 in the past 14 days. The consumers understood the circumstances in which staff could not then deliver services depending on the consumer’s response. Consumers and representatives demonstrated an understanding of their responsibilities to notify the service if they were feeling unwell. Consumers and representatives said staff provided information to them about COVID-19 alerts that may have had an impact on them. They also said they received information from the service via the telephone or in newsletters or emails.

Staff demonstrated their understanding about appropriate use of personal protective equipment and standard precautions to minimise risk of infection. Staff said they were provided with necessary personal protective equipment and sanitiser.

Staff expressed an understanding of the requirement to ask consumers COVID-19 related questions each time a service was delivered at a consumer’s home. They understood the need to report to managers any responses that may have impacted on their ability to deliver the scheduled service.

Staff demonstrated to the Assessment Team a knowledge of monitoring consumers for signs of infection. Staff stated any changes in a consumer’s condition or signs of infection would be immediately reported to the clinical manager.

The Assessment sighted an ‘antimicrobial stewardship fact sheet’ and documents to support the service’s pandemic plan and response to COVID-19, including a checklist and an infection control and life-threatening illnesses policy.

The service provided online education for staff on infection control practices and donning and doffing of personal protective equipment.

Managers stated they were aware of State and Commonwealth legislative alerts and updates regarding COVID-19.

COVID-19 screening and infection control precautions were evident at the service’s office environment, including entry screening, signage to notify and remind visitors and staff about social distancing, and hand sanitiser and wipes were available for use.

Based on the Assessment Team’s findings summarised above, this requirement is Compliant.

# 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.