Home Instead Senior Care

Performance Report

Unit 19, 19 - 23 Bridge Street
PYMBLE NSW 2073
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**Commission ID:** 201296

**Provider name:** Raykay Pty Ltd

**Quality Audit date:** 12 April 2021

**Date of Performance Report:** 30 July 2021

# Publication of report

This Performance Report **will 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 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **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** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | 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 Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers were treated with dignity and respect, could maintain their identity and were supported to take risks. They said staff respected their cultural beliefs, individual preferences and supported consumers to maintain their independence and access to the community. Consumers confirmed staff respected consumers’ preferences including their preferred days, times and care staff. They said the service communicated with them regularly and provided enough information about their services including the outcomes of assessments, care plans, budgets, statements and their rights and responsibilities.

Consumers and representatives were encouraged to provide feedback about their services through phone calls, service reviews and surveys. They confirmed staff protected their personal information and consent was sought prior to the release of information to third parties for the purposes of care delivery.

Staff were familiar with consumers’ backgrounds and individual needs. Consultations were evident between Care managers, consumers and representatives during assessment and review processes. Staff had a shared understanding regarding consumers’ preferred representatives or those people they chose to maintain relationships with. Staff had received training in relation to supporting consumers to take risks to live the way they choose. Staff were aware of how to access interpreter services and could support consumers to access My Aged Care and human service processes. Management advised the service has planned improvements to improve the security of consumers’ personal information which includes a secure login process.

Consumer documentation included detailed assessments and care plans which included information regarding their cultural backgrounds and were signed by consumers or their nominated representatives to evidence their involvement. The service maintained a vulnerable person register which detailed the individual risks associated with each consumer.

Care files reflected the charter of aged care rights and service agreements for each level of packaged care. Consumers files evidenced that consumers and their representatives were provided with information about privacy and confidentiality through their service agreement and information pack.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# 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 confirmed they felt like partners in the ongoing assessment and planning of their care and services. They said staff were available to discuss their end of life care needs and consumers could request specific care staff if this was their preference. Consumers and representatives confirmed the service ensured services were delivered on time and consumers were informed regarding the outcomes of their assessments and information in their care plan.

Assessment and care planning documentation included information regarding risks for consumers including, but not limited to, allergies, medical and infections, falls, mobility, dietary needs and home environmental safety. Care plans reflected service delivery types provided to support consumers to reside safely in their homes. Information regarding consumers’ end of life planning and advance care directives were recorded in the service’s electronic database. Care documentation reflected the inclusion of others who the consumer wished to be involved in assessments, care reviews, case conferences and communications including electronic mail correspondence and phone calls.

Contracted nursing and allied health services were involved in the assessment and planning of care and services. Assessments were completed by a Care manager and a registered nurse when required, in consultation with the consumer or their representative. Care plan review schedules were monitored to ensure consumers’ needs, goals and preferences were reviewed regularly. Care information evidenced care was adjusted to accommodate changes in the needs and preferences of consumers including, but not limited to, additional service hours, changes in service days and times, referrals to allied health services and the trial and purchasing of equipment.

Care staff accessed care plan information through their online roster and in-home folders to ensure consumers’ needs and preferences were met. Information regarding consumers’ needs and preferences was effectively communicated between the service and other providers of care including contracted nursing and allied health services. Care and service reviews were scheduled every 12 months however, reviews were also completed at the request of the consumer or representative, following an incident, change in health status or when a consumer returns from an extended stay in hospital.

Policies and procedures were available, and an organisational operations manual was available to provide staff with guidance in relation to the services’ assessment, review and care planning processes. Consumer and representative survey results reflected positive feedback and were complimentary to the services’ communication processes and managements responsiveness to their changing needs. The service introduced development meetings in February 2021 which required the organisation’s owner, Operations manager and care managers to collaboratively review the needs of sampled consumers

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 COMPLIANT 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

Consumers and representatives confirmed the care and services they received met their individual needs and preferences. They said staff from the service, including the Care manager and office personnel contacted consumers frequently to ensure their care and service needs were being met.

Consumers and representatives confirmed their individual risks were managed appropriately by staff. They confirmed the service reviewed their needs regularly, when required and supported consumers in their application for higher-level packages when their care needs increased. Several consumers and representatives advised they were supported to access allied health services and had received equipment to support their activities of daily living.

Environmental and clinical risks including those in consumers’ homes and clinical conditions were assessed and managed appropriately. Care documentation evidenced incidents and changes in consumers’ conditions were followed up appropriately. Care information reflected the delivery of personal and clinical care for consumers in line with their needs and preferences.

Staff had a shared understanding of the high-impact and high-prevalence risks for consumers which included, mobility, falls, skin integrity, wounds, pain management, medications and unplanned weight loss. End of life pathways focused on maximising comfort and preserving the dignity for those consumers receiving palliative care.

Care documentation evidenced regular reviews of consumers’ services and clinical needs and included adequate information to support the effective and safe sharing of information.

Consumer files evidenced timely referrals to other providers of care and services including, but not limited to, allied health, home modification services, Dementia Services Australia, social workers, Vision Australia and palliative care services.

Care staff were provided with training relevant to their role and their practices were monitored by management. Care staff reported any changes in consumers’ overall health and well-being which was followed up by management and nursing services when indicated. Registered nurses were employed through contracted services to assess, monitor and deliver ongoing clinical care including, but not limited to, wound management and indwelling urinary catheter care.

Care staff had a shared understanding of how the delivery of care changes when consumers were receiving end of life care. Staff confirmed care and services were reviewed regularly and they could access enough information to provide safe and effective care.

The service engaged with external organisations and accessed resources to support best practice including, but not limited to, dementia training Australia, the Aged Care Quality and Safety Commission’s website and the Department of Health. The service’s incident reporting system was reviewed and followed up by the Director or relevant Care manager. Policies and procedures were available for staff to access electronically including palliative care, clinical deterioration, communication systems, referral processes and infection control.

The service was able to demonstrate its preparedness for a COVID-19 outbreak including, but not limited to, the development of a pandemic plan, additional infection control training for staff, sourcing of additional personal protective equipment staff and consumer risk screening questions and the implementation of a COVID-19 register and the Quick Response code at the office entry.

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

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

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

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### 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.*

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Consumers and representatives said they were encouraged to stay active and maintain their physical independence. They said staff engaged in regular conversations to see how they were feeling. Consumers were assisted to access the community for shopping trips and social outings and were supported to maintain relationships and pursue activities of interest.

Consumers and representatives confirmed the service’s communication systems ensured care staff were aware when changes in consumers’ care and services had occurred. They said when consumers were referred to other organisations and individuals, office staff were responsive to ensure extra services were allocated to ensure appointments could be attended. Consumers who received equipment through their packaged funds confirmed it was supplied quickly and good quality.

Care plan information reflected services and supports and included consumers’ individual interests, needs, preferences and goals to optimise their health and well-being. Care information evidenced how the service supported consumers’ emotional, spiritual and psychological well-being. Assessment and care planning information reflected information regarding consumers’ interests and what activities they enjoyed attending in the community including, but not limited to, hairdressing and medical appointments, visiting friends and church services.

Care information was updated to ensure information regarding consumers’ conditions, needs and preferences were effectively communicated to staff and with others where responsibility for care is shared including allied health services. Referrals to social groups, day centres and places of worship were evidenced in assessment and care planning documentation. Home modifications and equipment provided through packaged funds were reflected in care information.

Staff had a shared understanding of consumers’ individual needs and preferences and how they could support consumers in their daily living. Management advised strategies to support consumers’ emotional, spiritual and psychological well-being during COVD-19 lockdowns included, the facilitation of online communication platforms to attend church meetings. Staff could access information in the social profiles of consumers to support the continuity of relationships of importance.

Care staff confirmed they were provided with sufficient information regarding consumers’ needs and preferences through care plans, electronic mail correspondence and roster documentation.

Consumers’ in-home care plans were updated to inform staff when care and services required changing and when referrals had been made to other service providers. Equipment supplied through packaged funds was monitored by the service and referred to the supplier for ongoing maintenance and staff received training when new equipment was provided.

The organisation had policies and procedures relating to this requirement. Individual contractor arrangements were evidenced through contractual agreements. All consumers were provided with a copy of the Charter of Aged Care rights to ensure they were aware of their rights to make decisions about the personal aspects of their daily living, financial affairs and possessions.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Consumers and representatives were aware of the service’s feedback mechanisms and felt comfortable providing feedback. The representatives of consumers did not report any concerns with the service’s communication processes. Consumers and representatives expressed confidence in the service’s responsiveness to concerns they had raised. They said positive changes had occurred in response to feedback from consumers.

Staff encouraged and supported consumers to provide feedback and escalated feedback and concerns to management. Management were aware of the service’ open disclosure processes and how they could support consumers to access advocacy and interpreter services.

The service’s handbook included information regarding internal and external complaints mechanisms and advocacy services. The service maintained a list of representatives who spoke different languages and could assist with translation during consultation meetings when required.

Complaints were recorded in the service’s complaints negative feedback register and evidenced appropriate action had been taken by the service. The organisation’s incident management policy included guidance for staff regarding open disclosure processes. The organisation had documented processes in relation to complaints.

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

## Assessment of Standard 6 Requirements*.*

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Consumers and representatives did not raise any concerns regarding the adequacy of staffing. They said staff were always on time and they were generally provided with the same care staff member. Consumers and representatives confirmed staff were kind, caring and respectful in their interactions and had the knowledge and skills to effectively perform their roles.

Staff confirmed they had enough time complete their required tasks and spend time doing things consumers enjoyed. Staff completed mandatory training upon induction and on an ongoing basis. Staff received training regarding the service’s communication processes and while a tertiary certificate in aged care was not a prerequisite for employment, care staff were encouraged to complete this within the first 18 months of their employment.

Staff were provided with additional training in response to incidents, consumer and representative feedback and annual performance appraisals. All care staff who provide medication assistance were provided additional training regarding this role.

The organisation had a process to monitor the completion of mandatory training for staff. All staff received a position description for their specific roles which outlined their responsibilities. The organisation’s performance management policy outlined the service’s expectations for all staff to undertake an annual performance review.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT 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

Consumers were engaged in the development, delivery and evaluation of their care and services. Management actively promotes a culture of safe inclusive quality care and services and ensured systems and processes supported the effective delivery of safe quality care. Established policies and procedures provided staff with guidance ensuring the promotion of a culture of safe, inclusive and quality care which is respectful of consumers’ identity, culture, care and service needs,

The organisation had effective governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints.

Care staff had a shared understanding regarding the identification and escalation of risks and the organisation’s incident management processes. The organisation’s client safety and risk assessment policy reflected the organisations’ support for a restraint free environment. An established work place health and safety committee oversees the organisation’s incident management processes to ensure they are actioned appropriately.

The organisation had a detailed clinical governance framework and effective risk management processes in place including, but not limited to, the COVID-19 pandemic.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### 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.*

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# 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.