Huntley Home Care

Performance Report

Shop 20, 115 Uhlmann Road
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**Commission ID:** 700937

**Provider name:** The Hub Family Medical Centre Pty Ltd

**Assessment Contact - Site date:** 30 September 2020

**Date of Performance Report:** 4 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

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| --- | --- |
| **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 COMPLIANTOngoing 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 stated to the Assessment Team that they were involved in the initial assessment and ongoing planning of their care and were informed about the outcomes of assessment and planning. They said they had access to their care and services plans if they wished. Consumers and representatives confirmed the service sought input from others who contributed to the consumers’ care, including their medical practitioner, allied health professionals and family members.

The Assessment Team identified that care plans were developed in consultation with the consumers and their representatives and they were reviewed regularly and updated when changes occurred. Discussions were undertaken with consumers and representatives regarding advance care planning and end of life planning if they wished. Care plans were individualised and contained information relevant to the risks to each consumers’ health and well-being. Care documentation detailed the individuals’ current needs, goals and preferences and reflected the involvement of representatives and other people important to the consumers, including medical officers and other health professionals. 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.

Managers advised that care documentation was included in consumers’ files kept in a secure location at the service. Care plan documentation was also available at the consumer’s home which could be accessed by the consumer or care staff.

Organisational policies, procedures and process steps were available to guide staff practice in relation to assessment and planning. The policies incorporated Consumer Directed Care principles. The service had validated assessment tools for falls, mobility, medication and use of mobility scooters. Risk assessment tools were utilised to identify actual and potential risks. The risk assessment included environmental risks, risks to the consumers wellbeing and risks specific to each consumer.

Staff said they were aware of risks identified for each consumer from the information provided in care plans and communicated in meetings or emails. Staff demonstrated their understanding of risk identification such as declining mobility or function, behaviour or mood, weight and skin integrity.

The service’s business continuity plan and emergency management plan identified and managed identified 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.

Managers described the incident reporting process including the escalation of incidents or any changes in a consumer’s condition, needs or preferences which may initiate a reassessment. Staff reported to managers if consumers were displaying changes in health conditions such as a change in behaviour or mood, a change in weight or skin integrity, or a decline in mobility or function. When reports were received, the service followed incident management protocols to ensure an immediate review of the consumer’s health and wellbeing was undertaken involving a medical officer or other health professionals if necessary, and a reassessment of environmental risk if appropriate.

Managers stated that the service conducted three-monthly reviews of care plans unless changes in a consumer’s condition initiated a review. Care plans for consumers evidenced review on a regular basis and when circumstances changed or incidents occurred.

Consumer budget and statement documentation reflected the services identified in care planning documentation. The monthly statements specified the services that were delivered including the number of hours for each service delivery. Changes in the consumer’s circumstances initiated a review of the care plan, service schedule and budget to determine if a change in care and services was necessary.

Managers advised the Assessment Team that staff attended video presentations, on-line learning sessions and face-to-face education sessions on subjects such as understanding dementia, manual handling and reporting on incidents and hazards. Staff meetings were held every six weeks to discuss care needs and training requirements.

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.*

The service demonstrated there were practices in place to minimise infection-related risks. There were procedures in place to promote the appropriate prescribing of antibiotics. The service had an antimicrobial stewardship policy and an infection control policy and procedures. Managers advised that all consumers were reviewed by the Medical Pharmacist, including a review of antibiotic use.

Consumers and representatives said staff incorporated infection control practices in their service delivery by wearing masks, gloves and aprons where appropriate and washing their hands regularly. They said staff informed them about any current COVID-19 alerts that may have impacted on them and they received information from the service about COVID-19 in newsletters or emails or with their monthly statements.

Staff demonstrated their understanding of the appropriate use of personal protective equipment and standard precautions to support infection control practices. Staff said they were provided with necessary personal protective equipment and hand sanitiser.

Staff completed a set of COVID-19 questions prior to commencing duties and they asked COVID-19 related questions to consumers and other occupants of the consumer’s home prior to entering their homes. Consumers and representatives notified the service if consumers were unwell and services were postponed until COVID-19 testing had occurred.

Staff provided examples of how they monitored consumers for signs of infection or any changes in a consumer’s condition. If any were detected, they were immediately reported to managers of the service.

The Assessment Team found that the service’s documentation evidenced the service was prepared in the event of an outbreak. All staff had completed COVID-19 learning modules. Entry screening processes and hand sanitiser was available at various locations in the office environment. Staff and visitors to the office were screened on arrival, including the taking of temperatures. Density, social distancing and cough etiquette signs were displayed. A workforce strategy for staff and key personnel has been considered to enable continuity of service delivery.

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.