**Performance**

**Report**

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| Name of service: | Absolute Care & Health Packages |
| Service address: | Level 3, 199 Toorak Road SOUTH YARRA VIC 3141 |
| Commission ID: | 300943 |
| Home Service Provider: | Absolute Care and Health Pty Ltd |
| Activity type: | Quality Audit |
| Activity date: | 27 March 2023 to 29 March 2023 |
| Performance report date: | 10 May 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Absolute Care & Health Packages (**the service**) has been prepared by G. McNamara, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* Absolute Care and Health, 26904, Level 3, 199 Toorak Road, SOUTH YARRA VIC 3141
* Absolute Care and Health, 27681, Level 3, 199 Toorak Road, SOUTH YARRA VIC 3141

# Material relied on

The following information has been considered in preparing the 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.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

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

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The Quality Standard for the Home Care Package services is Compliant as six of the six specific requirements have been assessed as Compliant.

The service is:

* delivering dignified, respectful and inclusive services and supports;
* respecting consumer choices and preferences and supporting their independence to enable them to live the best life they can;
* protecting and respecting consumers’ privacy and confidentiality;
* providing each consumer with information that is accurate, clear, easy to understand.

Consumers and representatives expressed in various ways how each consumer is respected and valued as an individual. Staff interviewed, including case managers and support workers, provided examples of implementing dignity and respect into practice. Care planning documentation detailed background information for each consumer and what is important to them. The system for promoting consumer dignity and respect includes a documented commitment to a ‘client centric’ approach to consumer experience, informing consumers about their rights, and a staff code of conduct.

Consumers and representatives said in different ways that the service understood consumers’ cultural needs and care is delivered in alignment with their preferences and values. While not all staff interviewed could recall cultural and diversity training, they demonstrated an understanding of consumer’s diversity and described ways they consider cultural safety including accepting and respecting consumers’ cultures and ways of life, showing an interest in consumer backgrounds and respecting individuals’ life experiences. Consumer care planning documentation include ‘cultural considerations’ relating to backgrounds, family connections, and gender preferences. Management reported the service has a very diverse workforce and discussed cultural, linguistic and gender preferences when providing care to consumers and to ensure the ‘right fit’ where possible when allocating care workers. The service has a code of conduct that promotes the cultural safety, participation and empowering of individual consumers.

Management demonstrated ‘person centred care’ training delivered to staff which included topics relating to cultural safety and ‘compassion, dignity and respect’, however stated that while cultural diversity training is mandatory they are aware that not all staff may have completed the training. A Diversity and Inclusion policy is in place and management advised this is being reviewed to make it ‘more robust’.

Consumers/representatives interviewed are satisfied they can independently make and communicate choices and decisions about how services are delivered and who is involved in their care. Staff interviewed described how they assist consumers to make choices and decisions and maintain relationships and connections with family and community. A case manager described supporting a consumer with language barriers, by accommodating the consumer’s communication preference of ensuring their daughter is present at face to face visits and involving their family in group email communications and updates. Management said the service will always focus on involving the consumer in making decisions about their services and will support them to involve family and representatives in their care.

Consumers and representatives interviewed did not provide specific examples of consumers taking risks, however said in various ways that the service supports consumers to live well. Staff described support and assistance measures to ensure consumers are as safe as possible including discussing consequences and alternative options with consumers, assisting consumers to mobilise safely, and encouragement to use mobility equipment. Case managers demonstrated their understanding of dignity of risk and described supported consumers to make risky decisions. Consumer file documentation is reflective of identified risks and appropriate risk mitigation strategies are documented. Management reported open discussions with staff in relation to supporting consumers with risky decisions and the service has processes that address identification of risks for consumers. A case manager discussed a consumer who was experiencing difficulties with falls and had declined an occupational therapy assessment for a falls assessment. They described supporting him to understand the risks and discussing various options.

Consumers and representative interviewed for this requirement are overall satisfied with the clarity and suitability of information to assist their choices and decisions related to care and services. Management and staff described a range of ways to provide information to consumers and said language and interpreter resources are available when required including Auslan. Case managers discussed keeping consumers informed with monthly telephone contacts and meetings. Management discussed how consumers is are updated with information about topical information or matters that may interest them such as changes to statements, and COVID-19 updates and infection control measures. The Assessment Team reviewed the consumer information booklet provided during onboarding process that contained information relating to fees and charges, contact options for appeals and advocacy support, and for access to interpreters. and consumers rights to privacy. The Charter of Aged Care Rights is provided with the home care agreement and accompanying home care package starter kit that encompasses complaint procedures and the Commission’s contact details for external complaint avenues. Management described how it identified and rectified issues with some inaccuracies in opening balance amounts due to a system-wide outage.

Consumers and representatives interviewed for this requirement were satisfied consumer privacy and confidentiality are respected. Staff discussed ways they protect consumers confidentiality and privacy, stating that consumers private information must be respected, and that consumer or service information is never shared with others. Staff workers access consumer information with a password protected application on their mobile telephones and cannot access consumer records and progress notes unless they are assigned to a shift. The service maintains the protection of consumers’ private information through password protected systems and levels of staff access to consumer information is determined by roles. Management advised that permissions are restricted to the management team for release of information regarding medical information and that clinical information is treated as sensitive and can only be accessed by the clinical team.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

The Quality Standard for the Home Care Package services is Compliant as five of the five specific requirements have been assessed as Compliant.

The service is:

* demonstrating that assessment planning includes consideration of risk to the consumer’s health and well-being to inform the delivery of safe and effective care and services
* identifying consumers’ individual needs, goals and preferences
* partnering with the consumer and others the consumers wishes to involve in assessment and planning
* engaging in consumer’s care and services to ensure they are regularly reviewed for effectiveness when circumstances change or when incidents impact on consumers' needs, goals and preferences.

Consumers and representatives interviewed said in various ways they were satisfied with assessment and care planning processes. Three case managers interviewed described assessment and planning processes. Initial assessments are conducted in the consumer’s home, using the service provider's health assessment tool which incorporates the service level assessment from My Aged Care, consumer medical history, general risk assessments and a home safety check-list which includes assessment of consumer environment, falls risks, equipment needs and mobility support requirements. A care plan is then developed utilising information garnered from the health assessment tool, and discussions with consumers and representatives. Where risk is identified, case managers and nursing staff use assessment tools as appropriate. Support workers confirmed they received the information required to deliver safe and effective care and management of risk associated with the care of the consumer. All reviewed files confirmed assessment and care planning processes and documented care plans with care directives contained within a care summary.

Consumers and representatives expressed satisfaction that consumer care has been planned according to what is important to them. Support workers interviewed demonstrated an awareness of what is important to each consumer, including their needs and preferences for care. Care documentation was reflective of current assessments and related needs.

A case manager discussed raising the topic of advanced care planning with consumers to encourage them to complete an advanced care directive with a medical practitioner, while another case manager stated that advanced care planning is normally conducted during hospital visits with relevant documents uploaded to consumer files as part of the post hospital assessment process. Evidence of individual consumers' advance care documentation were observed by the assessment team during file review. Management identified that not all consumers' advanced care requirements were being met however, a new initiative has been put into place to create an emergency management plan for each consumer, which will include advanced care planning. Management advised that about ninety-five emergency management plans have been completed at the time of this assessment.

Consumers and representatives spoke of their involvement in care planning and were satisfied with communication and consultation between consumers, representatives and case managers. Care staff discussed how they work in partnership with the consumer and/or representative to understand consumer needs and minimise the impact of risk. Case managers interviewed demonstrated how assessment and planning involves consensual collaboration with consumers, their representatives and others including organisations, individuals, care staff and other providers. Care documentation evidenced the involvement of others in the assessment and planning documentation, including the general practitioner, nursing staff and allied health practitioners.

Consumers and representatives interviewed could accurately describe the services delivered. Support workers interviewed explained how they received care information via a mobile phone application or directly from consumers' case managers while also taking instruction from consumers as appropriate. Support workers were able to describe how they could access progress notes from previous care shifts and from documented care directives to provide safe and effective care and services, stating that case managers update care documentation and call them when changes occur. Care documentation reviewed showed all consumers had care plans that informed care requirements.

All consumers and representatives interviewed said in various ways that consumers’ care and services are reviewed at regular intervals or when there is a change in a consumer’s situation. Case managers interviewed described how care is formally reviewed annually and as needed when circumstances change, or incidents occur. Care documentation showed regular care plan reviews and, for consumers with changed circumstances, showed updated progress notes and relevant referrals. Documented care planning procedures are in place to guide the regular, and as needed, review of care and services.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

The Quality Standard for the Home Care Package services is Compliant as seven of the seven specific requirements have been assessed as Compliant.

The service is:

* ensuring consumers are receiving safe and effective personal and clinical care to optimise their health and wellbeing
* managing high impact or high prevalence risks associated with each consumer.
* making appropriate referrals and sharing consumer information with others who share responsibility for care and recognising and responding to deterioration.
* recognising and addressing the needs of consumers nearing the end of life.
* minimising infection related risks are minimised through a range of processes and promoting antibiotic stewardship.

Consumers and representatives expressed satisfaction in general with the personal and clinical care provided, commenting in various ways that staff knew what care was to be delivered and the care and supports they receive meet current needs. Support workers interviewed said in different ways that advice and support on best practice care provision is always available when needed by calling the case manager and nurse manager. Care documentation showed that the delivery of support is monitored by the service. Management stated that the organisation is in the process of updating existing policies, procedures and work instructions to compliment current best practice guidance for staff.

Consumers and representatives interviewed were satisfied that consumer care provided by the service is safe and right for them and said in various ways and that risks are well managed. Management and case managers interviewed said high impact, high prevalence risks included falls, dementia related behaviours, cognitive decline, nutrition and isolation. Care documentation showed risks associated with the care and services for sampled consumers were documented. While instructions to guide staff in managing risks varied in detail, support workers described individual consumers’ risks, explained the techniques they use to manage risks during care and service provision and said they had enough information to manage risk.

The service demonstrated the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. Although there are currently no consumers receiving palliative care or nearing end of life, the service demonstrated they able to provide care and support to consumers who have been referred for or are receiving palliative care services. Case managers and clinical staff outlined processes they follow to support consumers, representatives and family who are nearing end of life. A case manager discussed the support they had provided in the past, to a palliating consumer including arranging an increase in care and services to maximise the consumer’s comfort and increasing support worker numbers to provide additional support and serve as a “buffer’ to ensure twenty-four-hour care. They reported supporting family and significant others with respite, connections with support networks and hospitalisation for advanced palliative care needs. Advanced care directives were discussed as being an important part of the palliative care process. A registered nurse described how they provided palliative care to a consumer who has recently passed away. The explained how they supported the consumer with his goals to help make him comfortable, maintained contact with the consumer’s general practitioner, and checked in with his family for guidance and to provide emotional support.

The service demonstrated deterioration or change in a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. While consumers and representatives interviewed did not provide specific examples of deterioration and response, two representatives expressed confidence that staff would know if a consumer’s health or condition changed and respond appropriately. Support workers are aware of their responsibilities in reporting deterioration or change in the consumer immediately to the case manager and described the process of providing feedback, including contacting the office immediately depending on the urgency of a consumer’s situation and completing an incident report, if applicable. Case managers interviewed demonstrated knowledge of details of consumer deterioration and how they are recorded and managed. A nurse described how they monitor consumers for signs of deterioration and will refer to case managers for immediate review. Care documentation reflected that changes in a consumer’s health or condition are reported, documented, and actioned accordingly.

Consumers and representatives interviewed generally expressed satisfaction that the consumers’ condition, needs and preferences are documented and communicated within the organisation and with others where care is shared. Support workers interviewed expressed satisfaction with the information provided at point of care and were confident that if they required more information, would be able to immediately refer to their nurse manager or the consumer’s case manager. The service has electronic systems for the transfer of consumer information within the service and to others involved in care. There is evidence in care documentation, including progress notes, referrals and referral reports, and information being appropriately communicated to others involved in care.

When asked about referrals, consumer and representatives were aware that, when needed, other services would be involved in their service delivery. This included, for example, podiatry for foot health, physiotherapy for strength building and falls management, general practitioners and carer support services. The nurse manager and case managers demonstrated understanding of referral networks and are guided by documented procedures on making referrals and a registered nurse discussed how they would refer for specialist treatment as required. There was evidence in care documentation showing referrals were made against identified need with referral reports and recommendations actioned accordingly. Case managers spoke about recognising other supports that may be required, and how referrals are initiated to enable appropriate support from other providers such as general practitioners for home care package upgrades. There was information in care planning documentation of referrals to allied health therapists.

Consumers and representatives were satisfied with the measures staff conducted to protect the consumer from infection. Staff confirmed the service ensures access to ample supplies of personal protective equipment, discussed their methodology for the use of personal protective equipment and asked screening questions prior to entering a consumer's home. Clinical support workers described the use of aseptic no touch technique and sterile gloves for procedures such as wound care. The service has infection control plans, processes, intranet resources and provides staff with infection control training. Management confirmed that all staff have participated in mandatory vaccination programs. While the service does not prescribe antibiotics, management report staff are encouraged to create an awareness with consumers and representatives in the use of and the risk of increasing resistance to antibiotics.

# Standard 4

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| Services and supports for daily living | | HCP |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Quality Standard for the Home Care Package services is Compliant as seven of the seven specific requirements have been assessed as Compliant.

The service is:

* providing services and supports for daily living that optimise consumers’ independence, health, wellbeing and quality of life.
* supporting consumers’ emotional, spiritual and psychological wellbeing.
* assisting consumers to have social relationships and pursue activities of interest and making referrals as appropriate.
* providing suitable meals for consumers in social support settings and offers suitable pre-made delivered meal options.

Consumers and representatives generally responded positively about how the service supports activities of daily living to enable the consumer to optimise independence and wellbeing. Support workers described the ways they provide individualised and effective services and supports for daily living. Assessments and care plans identify, and outline services and supports to safely promote individuals’ independence and enhance quality of life. Supports include assistance with shopping, companionship, in home respite, and strategies to promote independence.

Consumers and representatives interviewed expressed in different ways their general satisfaction with the supports for daily living the received. Support workers were able to describe how they recognise and support consumers when they are feeling low including, being familiar with their interests, encouraging them to talk, going for a walk, providing emotional support where needed, and identifying their progress or improvement. Care documentation provided examples of how emotional, spiritual and psychological support could be provided to consumers.

Consumers and representatives interviewed stated that consumers are assisted to participate in the community, go out for coffee, shopping or do activities that they enjoy. Support workers described examples of how they support consumers such as talking to consumers about shared interests and asking what they would like to do. Care documentation did not detail consumer interests to guide service delivery such as specific activities or hobbies, however care plans generally documented plan goals reflective of people and interests important to the consumer.

Consumers and representatives interviewed said they are satisfied with the way consumer services and supports are coordinated. Case managers and support workers described how current information about each consumer is shared through verbal updates, emails, telephone calls and a mobile telephone application, and how the service is notified when changes occur. Care documentation overall showed that with consumer consent the service communicates with others, internally and externally, to ensure services are coordinated. Support workers interviewed consistently stated that information about services and supports for consumers’ needs can be accessed via a mobile telephone application which includes access to progress notes left by others who provide care and the ability to leave their own progress notes after each shift. Three support workers described communication with case managers who provide updates via progress notes and in the case of urgent information, will contact them by telephone.

Consumers and representatives did not provide specific examples about referral processes, however indicated their awareness that referrals are made, such as for equipment or external supports. Staff described processes for making referrals for consumers for a range of services and supports for daily living, including My Aged Care, carers support networks and allied health services for equipment recommendations and safety in the home. Care documentation showed examples of referrals such as allied health services, carer support network, gardening, personal safety alarms and home modifications being actioned as required.

Consumers can source their choice of prepared meals, or the service can assist consumers to set up a self-managed meal delivery service where menus and ordering systems are provided to the consumer by the meal provider. Consumer file documentation showed food allergies and dietary requirements, however did not always reflect food preferences. Support workers will sometimes assist consumers with a range of meal preparation tasks in their home. Consumer food preferences are not always met, due to difficulty acquiring appropriate support workers. However, alternatives such as referrals to external providers and pre-cooked meal services are being offered. Management stated that meal delivery is partially funded through the home care package with the consumer contributing the balance.

The service demonstrated where equipment is provided, it is safe and suitable to meet the consumer’s needs. Support workers generally take responsibility for cleaning equipment, conducting safety and functionality inspections, and notifying the service if maintenance is required. Equipment provided includes shower rails, recliners, lift beds, standing hoists, wheeled mobility frames, mobility aids and pressure relieving equipment.

# Standard 5

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| Organisation’s service environment |  |

The organisation does not provide a service environment therefore this Quality Standard is Not Applicable and was not assessed.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The Quality Standard for the Home Care Package services is Compliant as four of the four specific requirements have been assessed as Compliant.

The service is:

* supporting consumers to make complaints and provide feedback.
* providing information about advocacy and translating services to consumers and representatives as needed
* responding to complaints and an open disclosure process is used when things go wrong
* implementing mechanisms to review feedback and complaints to ensure improvements in service delivery.

Representatives interviewed said they knew how to give feedback or make complaints and that they were comfortable raising concerns with the service. Staff interviewed described how they would support a consumer to complain. Management explained the complaints management process and the service’s commitment to deal with complaints and feedback promptly and fairly. Management advised all staff at the service are required to complete mandatory training in the feedback and complaints management process and which is also covered in induction and event reporting. Feedback and complaints avenues are provided in the consumers’ information pack and home care agreement and through website contact. Related policy and processes document that feedback and input from consumers and others is sought and used to inform individual and organisation-wide continuous improvements.

While consumers and representatives interviewed did not provide specific feedback regarding this requirement, they expressed confidence they could approach the service for support lodge complaints. Staff interviewed said they can help consumers with feedback and complaints however two support workers interviewed were not familiar with external avenues for consumers to lodge complaints. Case managers stated they would support consumers to approach the Commission with any concerns and discussed supporting consumers with culturally diverse backgrounds to access interpreter service.

The consumer information pack includes information on how the service will support consumers to connect with the Commission and encourages them to contact case managers for further information. Information on other elder supports such as Seniors Rights Victoria or Older Persons Advocacy Network (OPAN) was not evidenced. Management acknowledged feedback from the Assessment Team and will consider including this information for consumers. On balance I consider this requirement is Compliant, however the approved provider is encouraged to consider this as a required improvement.

While consumers and representatives interviewed generally said they have not had to complain, one representative who had made complaints was satisfied that appropriate action and open disclosure occur. Relevant management and staff explained the principles of applying open disclosure. Case managers provided examples of how they effectively managed consumer complaints including providing an apology, and management detailed actions taken to address and resolve complaints in the complaints register. Management discussed a ‘culture of no blame’ to encourage staff with supporting consumers to report complaints or provide feedback on their behalf. The service has a feedback and complaints management policy that incorporates open disclosure principles to guide management and staff response.

In addition to documenting, reviewing and resolving complaints the service seeks consumer feedback about the service and supports through regular consumer audits. Management described how the findings from feedback and complaints are investigated, discussed and used to improve services. A review of the feedback and complaints register and plan for continuous improvement identifies feedback and complaints that inform the continuous improvement plan. Management said that current complaint trends related to errors being reflected on consumers’ monthly statements for February 2023. Case managers discussed common trend in complaints raised by consumers about using their home care package funds to purchase excluded items. They described complaint escalation processes as required and management and how they discuss ways to improve consumer understanding knowledge about using their package funds. Management discussed improvement initiatives to refine the complaint management processes for staff, and to encourage them to support consumers with raising complaints by lodging on their behalf. Staff are able to access a compliments, complaints and feedback form on the organisation’s SharePoint which is linked to an incident reporting tree. Prompts are included for staff to consider whether an incident needs to be reported as a result of the complaint or feedback, and once submitted, is work flowed to the appropriate manager to action.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The Quality Standard for the Home Care Package services is Compliant as five of the five specific requirements have been assessed as Compliant.

The service is:

* Actively planning and recruiting to ensure staff levels, respond to consumer diversity needs and provide continuity of care and services for consumers
* Ensuring staff are kind, caring, respectful, qualified and competent to support a culture of consumer directed care
* Monitoring workforce performance and promoting some workforce training to relevant staff roles.

Two representatives expressed satisfaction with the delivery of safe and quality care and services by staff. Staff interviewed said they have time to complete required tasks, although one support worker indicated feeling rushed from time to time. Management has been focussing on the recruitment and retention of support workers and discussed related measures to maintain adequate staffing levels for continuity of care and services. Management described how personal care services for consumers are prioritised when unplanned workforce leave occurs. The service has workforce planning policies and procedures.

Management reported some unfilled shifts in the last month prior to this Quality Audit due to sick leave or support workers not showing up for their shift. Replacement shifts were offered however some unfilled shifts related to consumers who opted to wait for their usual worker. Management said alternative options are always offered and personal care shifts are prioritised. The service has a full-time routers model in the West and Northern regions which enables the service to seek support workers to specifically fill personal care shifts. While there is no routers model in the South, the service will seek assistance to fill personal care shifts across the whole workforce. Appropriately trained office staff and the nursing team are able to assist as needed.

However, in most cases consumers will choose to wait for their preferred support worker. Recruitment staff explained the how they refer to a vulnerable consumer list which is maintained to inform complex and highly vulnerable care needs and to mitigate the risks related to unfilled shifts

Management and recruitment staff said that workforce planning is based on a number of variables, for example, the type of care required, language spoken and location of consumer. Management and staff explained recruitment initiatives including a word of mouth incentive program to consider referrals from within the existing workforce for suitably qualified workers. Staff described how they ensure the right worker for the role, including minimum qualification requirements and to aim to match consumer needs and preferences. The service maintains a planner board to plan and anticipate recruiting for potential vacancies or additional staff. Management reported the service currently has workforce capacity to deliver care and services however they are always anticipating recruitment drives to maintain adequate numbers where necessary. The service has recently recruited one case manager for the home care package program.

The service identified an attrition rate of staff within the first six weeks of entering the service. In response strategies were implemented to focus on the retention of staff during the initial phase of their employment in conjunction with recruitment and engagement processes. Management report that attrition rates have now decreased to less than ten percent within a period of six months.

Consumers and representatives interviewed said in various ways that interactions with staff and support workers who provide care and services were kind, caring and respectful. Staff interviewed said that care delivery is guided by what the consumer identifies is right for them and demonstrated awareness of individual consumers conditions, needs and cultural preferences.

Recruitment processes ensure consumers are supported by staff with appropriate qualifications and knowledge. Consumers and representatives interviewed indicated that staff are competent to effectively perform their roles. Staff interviewed described how they know their consumers and meet their care and support needs with confidence due to their qualifications and knowledge. Management and relevant staff described how recruitment and ongoing processes consider the qualifications, skill mix and knowledge and experience of staff. The organisation has a workforce management framework and training processes to ensure the workforce is competent and have the qualifications and knowledge to effectively perform their roles. The service monitors staff qualifications and use information from feedback mechanisms, incident management, conduct audits and review monitoring tools to identify deficits in staff knowledge.

The service recruitment and selection processes including reference checks and consider staff qualifications, knowledge and competency to effectively perform their roles. There was evidence in the human resources records of staff having minimum qualifications specific to their roles. Support workers who provide personal care, are required to have a minimum Certificate II in aged care or equivalent. All staff have to undergo the organisations induction and orientation process and undertake mandatory training as appropriate

Consumers and representatives interviewed expressed in various ways their confidence in the ability of staff to deliver quality care and services. Staff interviewed were satisfied with the support they receive from the service, however provided mixed feedback regarding the provision of ongoing training by the service. Management discussed recent challenges impacting on staff training relating to recover from the COVID-19 pandemic and focus on infection control. They described how the organisation recruits, trains and supports staff with ongoing processes, including recruiting based on minimum qualification requirements and skill mix. The organisation has an education framework to ensure the provision of a competent safe workforce.

Management discussed the service’s induction and orientation program for staff. Recruitment processes ensure staff possess appropriate skill sets and skills are assessed for competency during the induction process. All case managers are familiar with required skills and competencies, and management stated that feedback regarding additional training needs are immediately reported and actioned. New staff attendance at induction and mandatory training is monitored by the completion of induction check checklists.

The organisation has a workforce management framework including policies and procedures for the recruitment, monitoring and performance management of staff. Consumers and representatives interviewed said in various way that they were satisfied with staff performance. While not all staff interviewed could recall a formal discussion about their work, they described how their performance is consistently reviewed. Management reported that performance appraisals are not up to date, however this is currently being addressed and is progressing. Performance is monitored through informal reviews processes, requests for regular consumer feedback initiated by the service, staff feedback, complaints and incidents and performance conversations, and management said competency issues are addressed immediately. Management reported how they are reliant on the consumers and referrers feedback regarding the performance of sub-contracted care.

Management demonstrated the service’s process of monitoring and appraising staff performance. Consumers are regularly contacted by the coordinator team to seek feedback about how staff are performing in the delivery of care and services. Staff are also assessed against performance measures such as reliability, communication clinical performance and responsiveness. A scoring system is then applied in relation to the performance measure outcomes and consumer feedback. The resulting scores will determine if a performance conversation is required and then fed in to the performance review records for the staff members. A cohort of staff are assigned to each coordinator to manage and ongoing and regular monitor performance appraisal processes. Staff members interviewed confirmed the service will contact consumers for feedback about their performance and the Assessment Team viewed performance review records and appraisal scores for staff members..

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| Requirement 8(3)(d) | 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. | Compliant |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

The Quality Standard for the Home Care Package services is Compliant as five of the five specific requirements have been assessed as Compliant.

The service is:

* demonstrating an organisation wide approach to regular engagement of consumers in the development, delivery and evaluation of care and services
* demonstrating that the governing body promotes and is accountable for the delivery of a culture of safe, inclusive, quality care
* demonstrating effective governance systems in relation to information management, continuous improvement, financial governance, workforce governance and feedback and complaints
* demonstrating systems to assess risks to the health, safety and wellbeing of consumers
* has clinical governance framework in place.

While consumers and representatives interviewed overall did not provide specific feedback in relation to their engagement in the development, delivery and evaluation of care and services, however two representatives interviewed said they had participated in or received surveys. Staff interviewed for this requirement said they felt the service was well run. The service engages consumers and representatives through regular surveys and through communication touchpoints including telephone contact, newsletters from time to time, and staff feedback. The service uses feedback, complaints, incidents and annual consumer audits to check consumer satisfaction and trended issues that may lead to improvements are discussed at senior leadership team meetings and at quarterly governance meetings. Management advised the service has conducted adhoc consumer engagement session meetings and discussed initiatives to implement a consumer panel and engagement framework to involve consumers in service improvements as part of their continuous improvement plan.

The service has recently posted a link on their website to invite future expressions of interest from consumers to participate in establishing a consumer panel to promote consumer engagement. Management discussed how audits are targeted to consumers and demonstrated audit results for a consumer engagement survey (January 2022). The survey requested feedback from consumers regarding experiences with service delivery including initial onboarding and set up experience, quality of services being provided, experience of making a complaint and the areas of the service that consumers considered most important to quality delivery of care and services. Overall results indicated that consumers are ‘very satisfied’ with care and services provided.

The organisation’s Board consists of the organisation’s Chief Executive Officer and directors. The Board meet quarterly and receive a range of reports from the senior leadership and management teams in relation to complaints and compliments, incidents, operational reports and finance reports and updates. Practice review meetings are held monthly to review, discuss and report daily clinical and operational management activities and challenges. Strategic meetings to discuss the organisation’s strategy projects are held twice a year.

Review of meeting agendas and monthly reports identified results from audits, surveys, incidents, complaints, and feedback and continuous improvement measures are discussed to inform the Board that consumers are receiving safe, inclusive, and quality care and services. Management reported the organisation is in the process of forming a new governing body. Management was able to describe the audit process in place for monitoring sub-contractor compliance and to confirm that services have been provided in line with regulatory compliance. Management advised feedback is sought from consumers, representatives and staff regarding the workforce who deliver care to consumers.

The service demonstrated that the organisation has effective governance systems including information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints.

Information management

Management and staff are provided with password protected access to electronic systems and levels of administrative access related to each role applies. An information technology team monitors and manages security of information management systems. Cloud based electronic information backup systems and cybersecurity arrangements apply and are reviewed against required information management standards. Staff report access to information that is relevant to their roles through organisation wide systems. Regular senior management meetings, management meetings and staff meetings occur to discuss standing items including quality workforce management, incidents, complaints and feedback.

Continuous improvement

The service has a plan for continuous improvement. Improvements are initiated through multiple internal and external audits, external audits of the service’s quality system, feedback and complaint and incident reporting systems, staff and strategy meetings and staff engagement surveys. The service demonstrated they monitor, analyse and use feedback and complaint data to improve the quality of care and services. The service demonstrated their plan for continuous improvement is monitored, regularly reviewed and target dates are detailed for actions to be completed.

Financial governance

The Commercial Director detailed the organisation’s financial governance systems to ensure the continuing safe delivery of care and services to consumers. Monthly financial planning is reported to the Board and an external accountant who is representative of the Board conducts regular audits and performs financial oversight of fiduciary matters. Financial forecasting includes annual budgeting and daily cash flow updates to monitor potential shortfalls and quarterly budgeting reforecasts occur to address industry changes such as the Social, Community, Home Care and Disability (SCHADS) award changes.

Management advised the service will track consumers’ use of their packages including underspend and overspend of funds.

Workforce governance

The organisation has governance processes including the assignment of clear responsibilities and accountabilities. Ongoing recruitment and workforce planning occur to ensure the workforce is competent, skilled and equipped with the knowledge to effectively undertake the roles. The service demonstrated the workforce is supported and equipped to safely deliver quality care and services to consumers. Reviewed position descriptions outlined specific responsibilities and accountabilities. Staff interviewed, demonstrated a clear understanding of their role, their responsibilities and accountabilities. The service demonstrated ongoing audits of sub-contracted service providers is undertaken to ensure that they meet probity checks. Monitoring of subcontracted services, occurs primarily through consumer feedback

The service has policies and procedures in place that govern the workforce.

Regulatory Compliance

Management advised there are no adverse findings by another regulatory agency or oversight body in the last 12 months. The quality team and management receive and monitor changes to aged care legislation primarily through updates from peak bodies, government notifications and subscriptions, and the Commission. Key information about regulatory changes is communicated to staff through various communication channels including meetings, emails, policies and procedures. All inhouse staff have current credentials including police checks and relevant qualifications and registrations. The service conducts regular audits to ensure credentials are up to date. All active staff have followed mandatory infection control processes with immunisations. The service maintains a register of subcontracted providers to monitor and track documentation including police checks, insurances and registrations. In the case where consumers source their own preferred third-party provider a credentialing process is in place to obtain relevant document and probity checks. The Assessment Team evidenced the collection of relevant documentation for allied health professionals who had been sourced by a consumer.

Feedback and Complaints

The organisation has a feedback and complaints system, and feedback and complaints are discussed at staff and management meetings. Reporting and trending of complaints is provided to senior management and Board meetings to inform continuous improvement.

The service demonstrated an organisational risk management framework and risk matrix, with systems and practices to oversee and manage high impact of high prevalence risks, identify and respond to abuse and neglect of consumers, and support consumers to live their best life, and to manage and prevent incidents.

In relation to high impact or high prevalence risks, management said that finding and retaining staff is the main risk facing the organisation. The organisation’s framework includes an incident reporting system, policies and procedures, and auditing and reporting processes to enable the identification and control of risk.

In relation to supporting consumers to live the best life they can, consumers and representatives report being well supported and treated with respect and kindness and provided positive feedback about their supports. The service has indicated a focus of providing culturally and linguistically appropriate services to consumers from diverse backgrounds. The assessment identifies the consumers’ preferences including language, cultural and lifestyle supports.

In relation to identifying and responding to abuse and neglect of consumers, management confirmed that staff training in elder abuse forms part of the organisations mandatory training framework induction processes however stated that ongoing online module training is required and will be implemented. Policies and procedures and code of conduct guide staff to identify and respond to confirmed and suspected abuse or neglect. Management expressed confidence that staff will recognise signs of abuse and neglect and are aware of reporting requirements. Staff interviews, and care planning documentation review showed emergency plans, assessment and review processes are used to monitor consumer wellbeing and safety.

In relation to managing and preventing incidents the organisation has an Incident Management System (IMS) and identified incidents are work flowed to the appropriate manager for action and escalation.

The organisation demonstrated a clinical governance framework that encompasses the services approach to antimicrobial stewardship, minimisation of restrictive practice and open disclosure as they relate to home services. The organisation is informed by best practice measures and internal audit activities. Management advised that clinical issues are investigated and trended and reported to the Board. The identification of clinical care needs and risks, and the ongoing clinical oversight and monitoring is consistently applied within the home care package program. The nursing team closely monitors clinical issues and will provide feedback to the nursing manager and related team meeting discussions occur with case managers. Case managers who are also registered nurses maintain oversight of clinical services and treatment provided to consumers.

In relation to antimicrobial stewardship, the organisation has infection control policy and procedures including a Covid-19 safe plan. Management detailed infection control policies and mandatory vaccination requirements for staff. Staff undertake mandatory training in infection control thereby minimising the use of antimicrobial use.

Management said that clinical roles and responsibilities are identified in the organisation through job descriptions and delegation policies. The clinical lead oversees clinical governance responsibilities, clinical roles in the organisation and monitors staff practice. The organisation’s infection control policies detail clinical governance in the event of an outbreak and outlines roles and responsibilities within the organisation and how issues are escalated, and decisions are made.

The service has procedures in place for minimising the use of restraint. Management advised that occupational therapists are engaged to assess restrictive practices or the reason for the use of the restrictive practice such as bed poles. A policy is in place to report the use of restrictive practice if it is identified. Management said there are no consumers subject to the use of restraint. The service also has policies and procedures that incorporate open disclosure, referencing offers apology and open and honest discussions in the case of a consumer complaint or adverse event. Consumer and representative feedback, and management and staff interviews demonstrated that open disclosure occurs.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)