**Performance**

**Report**

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| Name of service: | Absolute Home Care Pty Ltd |
| Service address: | 2/15 Hall Street LYNEHAM ACT 2602 |
| Commission ID: | 201396 |
| Home Service Provider: | Absolute Home Care Pty Ltd |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 24 January 2023 |
| Performance report date: | 7 March 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 Home Care Pty Ltd (**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 Home Care, 26966, 2/15 Hall Street, LYNEHAM ACT 2602

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 23 February 2023.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

**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.

**Requirement 3(3)(a)** - Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

(i) is best practice; and

(ii) is tailored to their needs; and

(iii) optimises their health and well-being.

**Requirement 3(3)(b)** - Effective management of high impact or high prevalence risks associated with the care of each consumer.

**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.

**Requirement 8(3)(d)** - Effective risk management systems and practices, including but not limited to the following:

(i) managing high impact or high prevalence risks associated with the care of consumers;

(ii) identifying and responding to abuse and neglect of consumers;

(iii) supporting consumers to live the best life they can

(iv) managing and preventing incidents, including the use of an incident management system.

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(b) | Care and services are culturally safe | 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 |

Findings

I have found the two requirements assessed to be Compliant. As not all requirements were assessed an overall rating for the Quality Standard is not provided.

The service demonstrated that it ensures care and services are culturally safe. Consumers and/or their representatives interviewed did not raise concerns in relation to cultural safety and awareness. They stated that they were satisfied with the manner in which staff treated them, showed respect, and knew what was important to them.

Support workers explained that they respected everyone no matter their backgrounds. Another described that communication was the key to providing culturally safe care and having an open dialogue was one way to ensure they did not offend consumers. Management had provided evidence of training on ‘The Importance of Cultural Safety in Aged Care’ and ‘Cultural Diversity in the Workplace’. The care plan template sighted by the Assessment Team included sections prompting staff to ask about religious and spiritual needs, cultural needs and beliefs and values.

The service also demonstrated that information is current, accurate and timely. Consumers and/or their representatives did not raise concerns about the information provided by the service. For example, one consumer stated that the staff had been very accommodating when they requested things.

Staff indicated that when consumers had challenges with communication or comprehension that they would speak with their representatives/family. Staff explained that they had not experienced needing to engage an interpreter but knew that this resource was there if they needed it. The package manager described that if possible, they allocated the staff with the same background as the consumer. In relation to monthly statements/budget, staff articulated that the in-house folder included a mock budget/statement that explained how to read this document.

The Assessment Team sighted the service’s in-house file which included a HCP consumer fee schedule and an explanation of new statement layout – this document included examples of how the budget, fees and contribution worked. The Assessment Team sighted the budget and statements for some consumers, which demonstrated they were easy to understand, services were itemised and package management fees were clearly stated.

# 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. | Non-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)(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 |

Findings

The Quality Standard is assessed as Non-compliant as I have found that one (1) of the three requirements that were assessed is Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

The Assessment Team found that the service could not demonstrate that assessment and planning, including consideration of risk to the consumer’s health and well-being, informs the delivery of safe and effective care and services. The Assessment team found that the service undertakes assessment in the form of completing an initial service request form. These are completed by the home care package managers (HCPM) in consultation with the consumer and their representative where possible. HCPM said the assessment is completed in conjunction with consumers My Aged Care (MAC) assessment to identify specific risks, including a falls screening, and how this may impact the delivery of services. Consumers are offered a clinical assessment with a Registered Nurse (RN) if the consumer wishes to opt in at an additional charge. HCPM said the RN will complete a cognitive assessment and assessment on consumers activities for daily living.

However, while consumer and representative feedback was generally positive regarding services and supports received, and staff felt the provision of information was adequate, the Assessment Team noted the absence of important information regarding consumers’ care and service needs in documentation has the potential to compromise consumers’ safety, especially in a scenario where a new staff member is providing care and services. The Assessment Team reviewed care planning documents for 9 consumers sampled. Care planning documentation did not evidence comprehensive assessment and planning for all of the sampled consumers, including the use of validated risk assessment tools to identify risks to the consumers’ health and well-being. While some key risks had been identified and documented for consumers sampled, assessment and care planning did not outline documented care strategies to support staff to manage risks and deliver safe and effective care. For consumers identified with dementia, there was no evidence of assessment of behaviours and individualised behaviour management strategies to guide staff. For one consumer receiving wound care their care plan did not provide instructions for staff to change dressings. For another consumer, while there was evidence of assessment of behaviours and individualised behaviour management strategies provided by Dementia Australia and an OT to assist with their personal care, these strategies were not documented in the care plan to guide staff. The Support Worker (SW) was unsure of the strategies provided by Dementia Australia and the OT and said they did not have access to the consumers care plan. Another consumer’s care plan was incomplete. It did not contain details relating to the services to be provided, the agreed schedule or strategies to guide the SW when delivering care and services.

In its written response the approved provider gave information on its staffing profile and staffing improvements it was implementing, and gave some context on the challenges encountered in securing relevant information on consumers from other parties. It also provided some context in relation to consumers identified and their care needs and care provision. It identified improvements in ensuring appropriate and sufficient information in relation to consumers was provided to it.

However, I am not satisfied that this demonstrated that all relevant information regarding consumers’ care and service needs was available in care documentation. In its written response noted that it provided was not seeking to excuse these matters, and stated it agreed that more detailed information would benefit the consumer and support staff.

In relation to identifying and addressing consumer’s current needs, goals, and preferences, including advance care planning and end of life planning if the consumer wishes, the Assessment Team found that assessment and planning had not consistently identified and addressed consumers’ current needs, goals, and preferences. While staff could discuss different consumers and what they do to meet their consumer’s individual needs, care plans reviewed did not include strategies to guide staff in how to provide care that was tailored to the individual needs of the consumers and how it supported their functional abilities. However, I have considered that information under requirement 2(3)(a).

Regarding communication and documentation of outcomes, the service maintains electronic care and service plans that are accessible to staff. Consumers/representatives are provided with an in-home folder that contains a copy of the care plan and the service schedule that is kept in the consumer’s home for reference. The care plan contains details of all brokered services and equipment providers. Consumers report the services they receive, and the frequency of service are explained to them on commencement and when changes occur. Most SWs sampled reported having access to the care and services plan and said it contains all the information they need to provide services in line with the consumer’s preferences. SWs are provided with information in various ways; they have access to consumer care plans in consumer’s homes and on their mobile devices and also receive alerts on their mobile device app. While some deficiencies in assessment and planning have been identified, I have considered them in requirement 2(3)(a).

# 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. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-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. | Non-compliant |

Findings

The Quality Standard is assessed as Non-compliant as I have found that three of the three requirements that were assessed are Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

In relation to the provision of safe and effective clinical care, the Assessment Team recognised that the service had undertaken significant steps to rectify previously identified issues, and noted that the service would benefit from streamlining its processes and so there is consistency and clarity around their procedures and practices. However, the Assessment Team found that the service was unable to provide adequate evidence to demonstrate that personal care and clinical care were safe and effective, in line with best practice, tailored to the needs and optimises health and well-being. In particular, for one consumer who requires wound care, their care plan did not consistently capture consumer needs or provided adequate guidance for staff to follow. There were no identifiers included in the photos taken of the consumers wounds (e.g. consumer name and date photo was taken) and no measuring device. This did not comply with the service’s policy on wound management. In addition, the Assessment Team identified insufficiencies and lack of clarity in that consumer’s wound management. Wound care charts (indicated in the policy) were not provided. Further, that consumers wound treatment instructions were not documented in a centralised area, as such there was a risk of staff using outdated treatment information.

In relation to that consumer the approved provider submitted some information to clarify the care responsibilities for that consumer, but also noted that Support staff and its clinical team members will be provided with education sessions, including on the use of compression stockings and an RN on taking photos of wounds, and the reasons behind the importance of the disposable rulers. In addition, it stated that consumer’s care plan would be updated to include ‘take photo including measurement disposable ruler’ once support staff have been appropriately trained by the Registered Nurse, to enable a better assessment of wounds from the nominated RN. An updated care plan for the consumer identified with wounds was provided.

For another consumer, it was identified that there were challenges in attending to that consumers personal hygiene. That consumers representative expressed disappointment that the service was unable to trial strategies to encourage that consumer to shower. In relation to that consumer, reports from Dementia Australia and an Occupational Therapist (OT) report were sighted, both of which listed several recommendations and strategies regarding personal care and of ways to encourage that consumer to have a shower. However, the service was unable to provide evidence that specialists’ recommended strategies were implemented or at least trialled, and outcomes communicated/documented. The Assessment Team was unable to sight evidence of other plans/approaches tried by the staff to encourage/support the consumer to attend to their personal hygiene prior to the suggestion of changing the service to respite care. Furthermore, the care plan did not appropriately identify and document a consumers behavioural and psychological symptoms relating to their dementia.

In relation to that consumer no direct response was given on the implementation of the recommended strategies, however the approved provider provided evidence to indicate its awareness of the care difficulties, and had agreed, in relation to Standard 2, that more detailed information would benefit the consumer and support staff.

In relation to high impact and high prevalence risks, the Assessment Team found the service utilised an opt-in approach to risk assessments. Staff indicated that when a risk was identified (e.g. falls risk), the procedure was to ask consumers if they would consent to a clinical assessment conducted by an RN. Staff would explain that the clinical assessment included a nursing fee. If the consumer refused the clinical assessment, the staff would speak to the consumer’s family. If the consumer or their representatives still refused, that choice was respected. The staff did not indicate discussions relating to ‘dignity of risk’ with the consumers and/or their representatives were undertaken. For the selected consumers, the service was unable to provide documented evidence that risk assessments were completed or documented refusals for the clinical assessment, despite issues such as falls risk, mobility issues or pain.

The service was unable to provide the Assessment team with a risk management policy/procedure or other evidence of how it monitored high-prevalent and high-impact risks. There was no centralised register or monitoring process to easily identify and manage high-risk consumers including consumers from vulnerable and special needs groups.

In its written response the approved provider noted that it aimed to improve communication within and to its organisation, but felt there was currently good communication. However, I am satisfied that the service was unable to demonstrate that risks identified through the assessment and planning process were consistently documented and risk mitigation interventions clearly outlined.

In relation to documentation and communication of information, consumers and/or their representatives stated that they were attended to by regular SWs and this ensured continuity of care. Staff interviewed stated that they were able to write progress notes in the in-home folder or through the mobile application which is linked to the client management system. Most staff interviewed indicated that they would only write progress notes when attending to wound care, something important occurred (e.g. doctor visited) or anything out of the ordinary.

When asked about access to care plans, most staff indicated that this was available in the consumer’s homes and not via the mobile application. Regarding care plans having sufficient information, most staff indicated that they relied on the fact that they knew the consumers and/or information provided by consumers/representatives. In relation to consistency of information through various documentation, it was indicated that that once care plans were completed/reviewed, consumers/representatives were asked to sign the care plan and this is then left in the consumer’s homes. However, the care plans reviewed for the selected consumers demonstrated that the service was not ensuring that it consistently provided sufficient detail to enable staff to deliver personal and clinical care. For further information, refer to standard 2.

# 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 I have found four of the four specific requirements to be Compliant.

The service was able to demonstrate that:

* It encourages and supports consumers, their family, friends, carers, and others to provide feedback and make complaints. All consumers interviewed stated that they are encouraged and supported to provide feedback on the service. The service demonstrated it has implemented processes and procedures which provides access and information to the consumers and their families so they feel supported to provide feedback and make complaints.
* It makes consumers aware of and have access to advocates, language services and other methods for raising and resolving complaints. Most consumers interviewed stated that they were aware of advocacy and language services but had not had the need to use these services. Management explained that all advocacy and language services information is provided to the consumer via the in-home folder. This included information on OPAN (Older Persons Advocacy Network) and ADACAS (ACT Disability, Aged and Carer Advocacy Service). This information was sighted by the Assessment Team as included in the in-home folder. The Assessment team sighted the complaints policy which included information on different methods for consumers to raise a complaint with the service.
* It ensures appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. All consumers stated that the service followed up with them in a timely manner if they provided feedback. Support Workers were aware of the meaning of open disclosure and stated that they would be open and honest with the family and the service if an incident occurred. They explained how they had received training regarding the complaints process and open disclosure and were aware of the services complaints policy. Management stated that all complaints, feedback, and incidents are documented in the complaints and incident register. It is the role of the Quality Improvement Officer to address all complaints/feedback and provide a response to the consumer. They stated that training is provided to the staff at the service on open disclosure via the Ausmed platform on an annual basis. Management stated that the service will conduct staff meetings biannually, commencing in March 2023. Here they will discuss changes to the service, new form implementation, provide an education session and have a platform for a Q&A session. The minutes from this meeting will be circulated to all service employees. The Assessment Team sighted a policy titled ‘Open Disclosure’, dated December 2022, that outlines the framework for staff regarding treating the consumer with empathy, honesty, and transparency when an incident occurs. This policy supports the statement by management regarding mandatory annual training for all staff on Open Disclosure.
* It reviews and uses feedback and complaints to improve the quality of care and services. The Assessment Team sighted minutes from the December 2022 QCC. Discussion was documented on the number of complaints, falls, injuries and other incidences within the previous month with actions against each incident. The specific details of the complaints/incidences were attached and discussed at the meeting. The service has a complaints policy that states that trends will be analysed, reported via the incident register and collated for quality improvement purposes.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |

Findings

I have found the one (1) requirement assessed to be Compliant. As not all requirements were assessed an overall rating for the Quality Standard is not provided.

Consumers and representatives interviewed said their coordination staff and SWs treat them with kindness and respected them as individuals. Several consumers said the staff and SWs were always friendly and cheerful when providing services and knew them well. Several consumers said the SW respect the things that are important to them. Coordination staff and SW said their interaction with the consumers are conducted in a kind and respectful way. They listen to their consumers and respect their privacy, cultural values, and decisions.

Management advised the service is tailored around relationship-based care program which encourages staff to build kind and caring relationships which respects professional boundaries. Management advised their new care plan template includes information on consumers cultural and religious backgrounds, language profiles, interests and goals. This information is useful to rostering staff to assess compatibility of support workers with the consumers preferences.

There was evidence in staff training through AUSMED, a learning platform with staff having completed training in cultural diversity in the workplace and the importance of cultural awareness in aged care. Organisational policies and procedures like social inclusion, diversity, sexuality and relationship and code of conduct guide and reflect the service’s expectation that staff behave in respectful way.

# Standard 8

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| Organisational governance | | HCP |
| 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. | Non-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 is assessed as Non-compliant as I have found that one (1) of the three requirements that were assessed is Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

The service was:

* able to demonstrate its governance framework that provides for effective engagement of the consumers and workforce through information and feedback to achieve continuous improvement
* able to demonstrate it has clinical governance framework in place which brings together incident and complaints management system and quality improvement systems in the provision of clinical care.

However, the service was not able to demonstrate it has effective risk management systems and practise which is consistently applied to manage high impact or high prevalence risks.

Management outlined their risk management framework which underpin their operations and strategic planning process. Risks are identified through numerous channels including:

* Consumer clinical assessment to identify and respond to high impact and high prevalence risks
* Incident reporting systems including the completion incident forms
* Risk matrix (traffic light) to determine severity of the risk

However, when the Assessment Team reviewed the consumer care plans there were inadequate information on consumer risks, strategies to address those risk and lack of clarity in the roles of the SW, RNs and other external professionals in assessment and provision of clinical services. Care plans for three consumers were seen to have omissions in regard to best practice approach in the delivery of safe and quality care. In addition, the Assessment Team was unable to confirm if the service had a centralised register or monitoring process to easily identify and manage high-risk consumers including consumers from vulnerable and special needs groups.

SWs said they can identify any abuse and neglect of consumers and refer on their concerns to the coordination staff. Staff are aware of aged care abuse line, advocacy agencies and demonstrated that they can source support for their consumers if required. In relation to consumers being supported to live the best life they can, individual care plans outlined consumer preferences except in cases of consumers with clinical needs, living with dementia or high falls risks. The sample group of consumers care plans lacked adequate strategies to manage or mitigate those risks as detailed in standards 2 and 3. SWs interviewed were able to describe how they support consumers to live their best lives.

The service was able to demonstrate their Incident Management System which is overseen by the QIO and reports and data discussed considered by the QCC. The Assessment team noted the incident management system influenced the service’s quality improvement plan.

I am satisfied that the service did not demonstrate it had adequate systems to effectively managed high-risk or high prevalence risks associated with the care of consumers or to support them to live the best life they can.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)