**Performance**

**Report**

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| Name: | Absolute Home Care Pty Ltd |
| Commission ID: | 201396 |
| Address: | 2/15 Hall Street, LYNEHAM, Australian Capital Territory, 2602 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 29 November 2023 |
| Performance report date: | 10 January 2024 |

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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 6869 Absolute Home Care Pty Ltd  
Service: 26966 Absolute Home Care

**This performance report**

This performance report for Absolute Home Care Pty Ltd (**the service**) has been prepared by A.Grant, 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.

# Material relied on

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

* The assessment team’s report for the Assessment contact (performance assessment) – site 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 | Not Applicable |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not Applicable** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Not Applicable** |
| **Standard 7** Human resources | **Not Applicable** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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 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. | Not Applicable |
| 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. | Not Applicable |
| 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. | Not Applicable |
| 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. | Not Applicable |

Findings

**Requirement 2(3)(a)**

All consumers and representatives interviewed by the Assessment Team stated that they recalled a recent assessment or care plan review process. Consumers interviewed stated that this took place in their home, face to face with a coordinator. Management said that the service has recently introduced new and improved care plan and assessment templates, including an environmental risk assessment and dignity of risk consultation (where required).

Management when interviewed by the Assessment Team stated the new assessment process includes discussion of their needs, goals, and preferences, as well as consideration of any risks to their health or well-being. An environmental safety assessment is conducted for the safety of the consumer, visitors, and service staff members. Outcomes of discussions around planning are documented in a care plan which addresses risks such as falls, clinical risks or health diagnosis, list of regular medications, mobility concerns and equipment used, vision and hearing impairments and allergies.

The clinical nurse manager when interviewed by the Assessment Team stated that all HCP level 3 and 4 consumers are offered a comprehensive clinical assessment with no extra charge. The clinical nurse stated that if a consumer refuses the assessment, a dignity of risk process will be undertaken, and further consultation with the consumer’s family or representative or GP is considered if appropriate.

Evidence analysed by the Assessment Team showed the service has a clinical assessment, care plans and case management policy that outlines the assessment and planning process for all staff, including considerations of risks to the consumer’s health and wellbeing. The Assessment Team noted the policy states that the responsibility of the staff is to regularly review and evaluate the effectiveness of the care plan and take appropriate action to ensure a high quality of care is provided and maintained.

# 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. | Not Applicable |
| 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. | Not Applicable |
| 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. | Not Applicable |
| 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. | Not Applicable |

Findings

**Requirement 3(3)(a)**

Consumers and representatives when interviewed by the Assessment Team stated that they are satisfied with the level of care and services they receive and the quality of that care. Consumers when interviewed stated that staff take the time to assess and understand their care needs, consider their goals and preferences and request feedback. The Assessment Team noted the service employs a clinical nursing manager, five registered nurses and six enrolled nurses who attend to clinical assessments and clinical care across home care package and DVA clients. The Assessment Team noted nurses complete clinical assessments for level 3 and 4 consumers with their consent when a care plan is completed or reviewed.

The clinical nursing manager when interviewed stated that they will regularly attend training about best practice methods for clinical care to keep them up to date. They will share relevant information with the Registered Nurses (RN), Enrolled Nurses (EN) and broader staff where appropriate. The Clinical nursing manager also stated when interviewed that clinical care is only attended to by appropriately qualified staff, such as RNs and ENs, and support workers are continuously educated about the scope of their responsibilities when providing other services to consumers. The service’s clinical assessments, care plans and case management policy states that consumer care must be guided by accepted principles and protocols for care practices within agency guidelines, which are based on evidence and best practice.

**Requirement 3(3)(b)**

Consumers and representatives when interviewed by the Assessment Team stated that they were satisfied with the level of support provided by staff, and that staff took care when providing services to them, particularly consumers who have risks identified during the assessment process.

Management and clinical staff when interviewed by the Assessment Team stated that they have continuous communication with consumers and other staff about any hazards, incidents or near misses whilst providing care in the home or in the community. Staff said they know the consumers well and would notice any risk and escalate issues to clinical staff or management when required.

Management when interviewed by the Assessment Team stated they will review reported incidents or severe risks and speak with the coordinators or the clinical nurse manager about any additional home visits, assessments or welfare checks required based on the severity of the risk. The Assessment Team noted the service has risk management systems in place to monitor, identify and respond to risks, there is an incident and risk register that is regularly reviewed by staff, and the Quality Control Committee meets monthly where risks and incidents are discussed, and mitigation strategies are implemented. Evidence analysed by the Assessment Team showed Incident data is reviewed by management and appropriate actions are taken to reduce consumer risk and adjust service delivery based on consumer needs.

**Requirement 3(3)(e)**

Consumers and representatives when interviewed by the Assessment Team stated that they usually have regular support workers and nurses who know their condition, needs and preferences well, and they do not have to repeat information or instructions.

Staff interviewed by the Assessment Team stated that they get enough information about a consumer’s needs, goals and their condition to provide services effectively. Staff stated that they can check the mobile app where the care plan and progress notes are located, and that all consumers now have an in-home folder where the care plan and assessments are located, which contain service instructions if they need to check.

Management when interviewed by the Assessment Team stated that where a consumer receives multiple services, there is ongoing communication between those service providers regarding consumer risks, continuity of care and communication with the consumer. The Assessment Team noted examples of this kind of communication was present in reviewed consumer files.

# 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. | Not Applicable |
| 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. | Not Applicable |
| 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. | Not Applicable |
| 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. | Not Applicable |

Findings

**Requirement 8(3)(d)**

Managing high impact or high prevalence risks

Evidence analysed by the Assessment Team showed the service has robust processes in place to manage risks associated with the care of consumers. Management when interviewed by the Assessment Team stated that they have recently implemented a consumer risk register, in which each consumer is classified against a risk criteria and given a risk rating from low to high. Based on the risk rating, welfare check phone calls and additional support is provided to consumers.

The Assessment team sighted the risk matrix and risk register, which outlined the criteria for the risk ratings, including personal and clinical care risk factors like wounds, falls risks and environmental vulnerabilities such as living alone or low levels of family support.

Management when interviewed stated that a roster of ‘welfare check’ phone calls are scheduled for each consumer based on their risk rating, for example a high-risk consumer will receive a weekly check in phone call from the HCP coordinator to ask about their condition and if any additional support is required. The Assessment Team noted case notes are logged in the information management system so that the coordinators can check for any changes, deterioration, or trends in consumer conditions. Management reported that these phone calls have been well received by consumers.

Evidence analysed by the Assessment Team showed consumer assessment and planning includes a suite of risk assessment and consideration, including high impact and high prevalence risks relating to clinical care. The Assessment team reviewed multiple consumer care plans and files that demonstrated environmental risk assessments and comprehensive clinical assessments are completed for consumers, and risks and mitigation strategies are recorded.

Identifying and responding to abuse and neglect of consumers

All staff interviewed by the Assessment Team stated they have completed mandatory training on identifying and responding to abuse and neglect of consumers and were able to describe the process they would follow in this situation. The Assessment team sighted the training plan from 2023, which confirmed all staff have completed the training.

Supporting consumers to live the best life they can

Consumers and representatives when interviewed by the Assessment Team stated that staff have built rapport with them and know what is important to them. Consumers during interviews stated that the services they receive allow them to remain independent, living in their own home and continue with the lifestyle and activities that they enjoy.

Managing and preventing incidents

Management when interviewed by the Assessment Team stated that the service manages an incident register through the information management system, and incidents are organised into three categories: falls, medication incidents, and all other incidents, such as hazards, near misses, injuries etc. Management stated that all staff are trained and have the responsibility to report incidents as they occur, and this is done through forms on the service website, which are generated and sent to management once they are reported.

Staff when interviewed by the Assessment Team stated that they are aware of the incident management process, and if there is a serious incident, injury, or consumer deterioration they will also add progress notes and call office staff to alert of the incident, as well as completing the form.

Management stated that there is a Quality Control Committee (QCC) that meets monthly, and a standing agenda item of incidents and any trends identified. The Assessment team reviewed several minutes and sighted incident trending PowerPoints of the QCC meetings that identified several consumer interviews, such as falls. Management when interviewed stated that the clinical nurse manager is engaged in these conversations, and risk mitigation strategies are identified and discussed during the meetings and fed down to relevant staff for implementation.

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