**Performance**

**Report**

**1800 951 822**

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| Name of service: | ADS Care Pty Ltd |
| Service address: | Norwest Macarthur Point, 203, 25 Solent Circuit Norwest Blvd NSW 2153 |
| Commission ID: | 201368 |
| Home Service Provider: | Ads Care Pty. Ltd. |
| Activity type: | Quality Audit |
| Activity date: | 27 March 2023 to 29 March 2023 |
| Performance report date: | 14 June 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 ADS 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:**

* ADS Care, 26221, Norwest Macarthur Point, 203, 25 Solent Circuit, Norwest Blvd NSW 2153

# 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.
* the provider’s response to the assessment team’s report received 9 June 2023.

# 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 service is Compliant as six of the six specific requirements have been assessed as Compliant.

The service is:

* Demonstrating that consumers’ identity and culture is captured, respected, and valued.
* Ensuring that care provided to consumers is culturally safe.
* Demonstrating that consumers are supported to exercise independence when making decisions about their care, involving family members, friends, or others in those decisions, communicating regarding their decisions, and maintaining their relationships.
* Supporting consumers to take risks to enable them to live their life the best they can.
* Providing information that is current, accurate and timely, and ensuring it is communicated in a way that consumers understand.
* Respecting the privacy of consumers and ensuring personal information is kept confidential.

All consumers/representatives said both office and care staff treat them with dignity and respect when delivering care and communicating with them. Consumers also said that they are confident that staff know about their identity, culture and background, and the things that are important to them.

Care staff were able to speak about consumers with knowledge and respect to their individual services. Coordination staff said that they keep in contact with each consumer frequently to ensure they build rapport and build relationships with consumers where they speak about their background, culture, and identity to ensure these characteristics of consumers are respected and valued.

12 consumer files were reviewed and assessments and care plans contained information on consumer culture, diversity, life history, relationship information and care preferences. All notes were documented in a respectful manner. Policies and procedures and other organisational documentation include LGBTIQA+ strategy, privacy, confidentiality and dignity policy, Aboriginal and Torres Strait Islander cultural protocols and a cultural awareness policy.

Consumers/representatives said staff understand their preferences and culturally sensitive aspects of their services which makes them feel valued and culturally safe. Care staff interviewed were able to describe how they delivery culturally safe care and how services can be tailored to suit a consumer’s individual preferences relating to their culture. Coordination staff said that the information system, includes information about a care worker’s background so that they can match consumers to care workers based on preferences and similarities and language where appropriate.

Policies and procedures and other organisational documentation include Aboriginal and Torres Strait Islander cultural protocols and cultural awareness policy and training. Consumer file documentation also includes fields for capturing any cultural needs.

Consumers/representatives described how they can exercise choice and independence, make their own decisions regarding the way that their services are delivered and who they would like to be involved in those decisions and their care. Care staff were able to describe the methods they use to encourage, promote, and educate consumers and their representatives on informed decision making in relation to their care. Coordination staff said that they always ensure a holistic approach to consumer care planning specifically in relation to who consumers choose to include in their care. This information is recorded in their documentation. They also said that they keep in touch with a consumer during the first few days of a new service to seek feedback on aspects like the care worker allocated, time of service and any other general concerns to inform future services.

12 consumer files were sighted and all contained information on consumer’s relationships, support person/representative and their contact details. There were also instructions on who to contact for next of kin or emergencies.

Policies and procedures and other organisational documentation include Decision Making and Choice policy, which outlines procedures for staff to support consumers to exercise choice and independence in making decisions about their care and the way that services are delivered, including who they choose to involve in those decisions.

Consumers/representatives said the care and services they receive supports them to remain living at home and staff encourage them to be independent. None felt there were any particular risks they needed support for but felt the service would assist them if there were. Feedback was received on how any individual risks they may have are managed.

Care staff were able to demonstrate how they support consumers to live life fully and take risks if they wish, for example, go out into the community even though they may have mobility risks. They felt they were provided with information on individual consumer risks and how to manage these. Management and coordination staff said consumers are provided with information about dignity of risk and informed decision making. They are supported to take risks if they wish and risks are assessed. They are always encouraged to live the best life they can and are supported in their choices.

Policies and procedures and other organisational documentation include Decision Making and Choice policy, Duty of care & dignity of risk and Risk mgt of service users policy, which covers relevant documentation that includes identification of risk, assessment, and ongoing review. There is also a risk register that includes consumers’ individual risks that is reviewed on a regular basis.

Consumers/representatives said that on commencement of services, they recalled being provided with a handbook that provided lots of information and a client agreement for their package. They also received a budget and get sent monthly statements regarding their package funds. They felt the statements were clear and easy to understand.

Management said that standard process is for coordination staff to go on home visits for newly commenced consumers and their representatives to go through information in the client handbook and monthly statements and budgets to ensure consumers understand information provided to them. The Assessment team reviewed monthly statements for consumers, which are itemised and clearly dated.

The ‘client handbook’ was sighted and includes multiple fields, including key policy summary, family involvement, advocacy, consent, person-centred planning, dealing with complaints, stopping/refusing services, safety in the home and the Charter of Aged Care Rights.

All consumers/representatives sampled said they felt that staff respect their privacy and keep their personal information confidential. Consumers did not raise any concerns regarding their privacy. They said if they are having private conversations at home with family staff are mindful of this and give them privacy at this time.

Staff members were able to describe the methods they employ to ensure consumer information is kept secure. All staff interviewed confirmed that consumer information is mostly kept digitally, through a password protected system. There is also a hard copy file with basic information, which are kept in locked cupboards in the office.

All consumer files included consent. Policies in place also include privacy, dignity and consent, informed consent, and consent to release information.

# 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 service is Compliant as five of the five specific requirements have been assessed as Compliant.

The service is:

* Ensuring consumers and representatives are involved in ongoing assessment and planning of their care.
* Guiding staff practice through a range of organisational policies and procedures and assessment and care planning templates.
* Using electronic information management systems to ensure care staff consistency in delivering services in accordance with the consumer’s identified care needs, goals, and preferences.
* Making sure consumers are receiving the services they need through assessment/care planning processes and ongoing reviews and monitoring.

Consumers/representatives provided positive feedback on assessment and care planning processes. They confirmed they received an in-home assessment that included discussion of their needs, goals, and preferences prior to commencement of services and an in-home environmental safety assessment was also conducted. They also described their individual services and noted how the service assesses their individual risks.

Care staff are provided with consumer care plans, accessed through their phone application, guiding them in consumer needs and individual or environmental risks. Care staff interviewed felt they get enough information on the needs of the consumers and how to deliver safe care. They confirmed they have regular staff meetings and training, which supports them in providing safe services to consumers. Care staff described non-response processes, which was consistent with the service’s policy on this. Risk assessment is included in the consumer’s support and completed as part of the assessment process. Referrals are made for additional services, such as occupational therapists, for home modifications and equipment when needed.

Relevant policies were sighted on assessment and care planning processes. Coordination staff confirmed assessment processes, which were consistent with information evidenced on consumer files. All consumer files evidenced initial assessments, addressing any individual risks.

Consumers/representatives felt the service takes their preferences into account when providing care, including any goals and preferences. All consumers confirmed services are provided according to which days and times they have requested and if changes are needed based on roster changes they are always advised/consulted. They confirmed they were offered the opportunity to discuss advanced care planning and end of life care at the assessment and at care reviews but confirmed they have not wanted to provide this information to the service yet.

Care workers said they are always provided with information on the specific care needs of consumers, including any individual preferences. Coordination staff advised needs, goals and preferences are always discussed and documented, and this was evidenced in the consumer files sighted.

Consumers/representatives are also offered discussions regarding advanced care planning/end of life care and this is documented on their file, however coordination staff noted often they do not wish to discuss this. This is offered again at each review or when care needs increase.

Consumers/representatives advised they are fully involved in assessment and care planning processes and provided positive feedback on how the coordination staff involve them and provide them with information. They also confirmed they received ongoing reviews of their needs and where they have indicated they wish family or others involved in discussions this always occurs.

Other processes evidenced include:

* Policies and processes include consumer and representative involvement in care planning processes and working with other providers of services.
* The involvement of representatives on an ongoing basis where the consumer has requested this.
* Liaison with other services as required, for example, occupational therapists, home modifications and allied health services.
* Documentation sighted on consumer files show consumer and representative involvement in assessment and care planning processes. They also note where other agencies are providing services.

Consumers/representatives interviewed confirmed they participated in assessments, and also ongoing reviews on a regular basis. They confirmed they had received copies of their care (support) plans and felt they were well informed by coordination staff of the services they could access through their package. They were able to provide details of what services they receive, including frequency and relevant care staff and these were noted to match with care plans sighted in their files. All consumers/representatives said the services they receive meet their current needs, goals, and preferences.

The initial assessment is conducted and care (support) plans developed by coordination staff, in consultation with consumers and representatives, based on consumers’ needs and preferences. Coordination staff confirmed all consumers are provided with a copy of their care plan and care plans were sighted in all sampled consumer files. Reviewed care plans were also sighted in consumer files, where they had been receiving services for longer than twelve months.

All consumers and representatives confirmed reviews of care and services are conducted on a regular basis. Most said they speak to them quite often, with most saying they speak to the coordination staff every week about something or other. They confirmed they are advised by coordination staff they can change their preferences or ask for a review at any time.

Coordination staff document new individual care (support) plans with each consumer formally on an annual basis, with the involvement of relevant advocates. However it was noted they have minimum monthly face to face visits and regularly weekly contact with all HCP consumers. This was evidenced in progress notes sighted on the consumers’ files.

Detailed coordination staff notes were also sighted in the database that reflected changes in needs based on reviews, referrals and upgrades to a higher level package and discussions with care workers. Care workers said they tend to see the same consumers regularly and are able to identify deterioration in their physical and mental wellbeing, and relay this to the coordination staff, who follow-up and keep them informed of any changes. They also record regular notes in their phone application on services delivered, noting any changes in consumer overall wellbeing.

# 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 service is Compliant as seven of the seven specific requirements have been assessed as Compliant.

The service is:

* Ensuring systems are in place for the delivery of safe and effective personal and clinical care through assessing clinical needs by a qualified RN. This enables any high impact and high prevalent risks to be identified and managed through assessment, care reviews and ongoing monitoring.
* Training staff to provide safe personal care that takes into account consumer needs and preferences.
* Monitoring service provision through coordination and subcontracted nursing staff. Care workers report any changes in the consumer’s overall health and wellbeing and these are noted in the consumer’s file and followed up as appropriate.

Consumers/representatives receiving personal care services were sampled through interviews. They confirmed they are satisfied with care and services they receive and did not have any issues to raise regarding their services or the care workers providing them. They said the service takes time to assess and understand their care needs and care workers consider individual preferences when providing direct care.

Management advised they do not currently have any consumers receiving clinical care services; however they use subcontracted nursing services when required for both assessment and direct clinical care. A comprehensive assessment is conducted for all consumers by coordination staff and clinical needs are assessed by an RN where clinical needs are identified. An RN is also able to conduct additional assessments using validated tolls, or supplementary assessments as required, for example, for wounds.

Sampled consumer files included details of personal and clinical care provided. For example one consumer, although not currently receiving clinical care, had previously received some wound care. Details on their file included subcontracting through Integral nursing and evidenced a photo and emailed notes. Coordination staff also advised they may receive verbal feedback by phone and they would then make a note on the consumer’s file regarding this.

Consumers/representatives provided positive feedback with regards to individual risks identified regarding consumers. For example, several consumers said staff know if they need to use a walker or walking stick and make sure they always have it with them when they go out. Several representatives said care is taken by the service to assess the home environment to make sure it is safe for the consumer and staff. They also advised they are notified of any issues regarding their relative’s overall health or any incidents that may occur or if they do not respond when the care worker comes to provide care.

Care workers interviewed advised the service is good at following up on any incidents or hazards they report. There is also a non-response process they follow. Care workers were able to describe strategies used in the home to minimise the risk of falls or other risks for individual consumers and these matched with what was detailed in the consumers’ care plans. Care workers advised they have trained in dementia care as part of their role.

Coordination and clinical staff provided examples of where high impact and high prevalence risks were identified for consumers. These included mobility/falls, skin integrity/wounds, pain management/medications or issues around the consumer’s overall health and wellbeing. The RN completes PAS assessments to check eligibility for the dementia supplement where required. Referrals can be made for medication reviews and behaviour support plans are developed as needed.

The service has risk management systems in place to monitor, identify and manage risks relating to the care of consumers and plans in place to improve systems. The incident management system informs consumer risk profiles and relevant information is communicated to care workers. Incident data is reviewed by management and appropriate actions are taken to reduce consumer risk and adjust service delivery based on consumer needs. The service keeps a separate risk register that records individual consumer risks. For additional information on the organisational management of high impact high prevalence risks refer to Requirement 8(3)(d).

Policies and procedures were sighted relating to risk management and consumer file review demonstrated consumers are assessed for risks in relation to their overall health and wellbeing with any risks documented.

Consumers/representatives interviewed recalled the offer by coordination staff to discuss advanced care directives/end of life care but those interviewed said they didn’t want to discuss this at this stage. Coordination staff advised they provide information on advanced care directives/end of life planning where the consumer or representative indicates interest in this and this is offered to all consumers through the assessment and review processes and as care needs change. This was evidenced through the review of all sampled consumer files. They advised services would be provided in line with the consumer’s and representatives’ wishes and based on any cultural preferences. They did not have any current example of consumers on end of life care.

Care workers demonstrated an awareness of how services may change for consumers nearing the end of life, for example, changing from showering to bed baths and providing in-home social support rather than taking them out into the community. They were confident care plans would be updated and coordination staff would advise them of any necessary changes, as they do when other changes are made to care and services.

Consumers/representatives said care workers knew consumers well and were confident they would identify and report changes to overall health and wellbeing. They indicated referrals have also been made as needed to allied health, such as occupational therapists for equipment and home modifications, and physiotherapists due to increasing mobility needs.

Care workers confirmed they inform coordination staff regularly about the consumer’s overall health and wellbeing and note any changes to this. They said follow up occurs quickly when things are reported. Following care reviews, they are then notified of any changes in care. They said they are updated when changes are made to needs or services following care reviews.

Discussions with coordination staff confirmed care is reviewed regularly and reviews were noted in documentation sighted. Progress notes are also submitted by care staff and calls made for urgent concerns or emergency situations. Examples were provided of consumers where deterioration or incidents had been identified and suitable actions taken.

All consumer files contained regular progress notes from care workers and coordination staff. Notes were very detailed and reflected a number of discussions with care workers regarding consumers. Some consumer files contained referrals to allied health services based on deterioration in their condition and where conducted, examples were sighted of allied health reports. No sampled consumer files showed any evidence of deterioration that seemed to be unnoticed or not responded to.

Consumers/representatives confirmed their needs and preferences are effectively communicated to care staff, as they did not have to repeat the same information to new care staff. Some said discussions with care workers confirmed information had been passed onto them by the coordination staff.

Care workers also said they submit regular notes through the app on their phone and this was evidenced on consumer files. They may also receive phone contact from the coordination staff from time to time. With COVID they said there has also been regular communication re where services had to be changed based on the care worker or consumers becoming COVID positive.

Coordination staff described how changes in a consumer’s care and services are communicated within and outside the service, with those sharing care of the consumer, and are fully documented on their file. However noted that since they are case managing the consumers’ packages they are usually making notes on all the service types, day to day services and any referrals. This was evidenced on all sampled consumer files and included communication with, for example, nursing agencies.

Consumers/representatives were satisfied with referral processes and confirmed they are assisted to access external services as needed, for example physiotherapy, occupational therapists, podiatrists and such. They said this usually happens in a prompt manner. Several consumers and representatives said they have been referred for equipment or home modifications and were satisfied with the process and services/equipment they received.

Care workers were not responsible for consumer referrals, however, generally knew when referrals had been made by coordination staff as care plans had been reviewed or amended. They said they will sometimes also get verbal feedback from coordination staff.

Coordination staff said they assist consumers with referrals back to MAC for a higher-level package when this was needed due to a change in care needs. Ad hoc referrals are also made to the subcontracted RN for initial and ongoing clinical assessments and for the provision of direct clinical care. The service also has arrangements in place with allied health professionals, such as occupational therapy, physiotherapy, podiatry and dietician services, who are available to deliver services according to individual consumer’s needs and care plans. Coordination staff liaise closely with allied health professionals on an as needs basis and monitor the outcomes for consumers. Please refer to Standard 4 for further information on referrals for home modifications and equipment.

Consumers/representatives interviewed confirmed care workers take steps to protect them from infections including wearing masks and washing/sanitising their hands during services. They said they had also been provided with information from the provider regarding safe practices for them during the COVID period. All consumers and representatives felt staff practices kept them safe.

Care workers advised they had completed training on COVID and the use of PPE. They have also been kept up to date with the changing COVID situation. They described safe practices such as hand sanitising, handwashing and using gloves, masks and additional PPE when required. They conduct self-checks on their health daily and check the health of consumers when attending to provide care. Any issues are reported to coordination staff, who advised they report to management.

Management advised COVID has impacted on the delivery of care and services to consumers in some cases and to minimise these impacts regular management meetings include discussions regarding this and scheduling processes to assess the impact on care and services.

# 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. | Not applicable |
| 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 service is Compliant as six of the six applicable requirements have been assessed as Compliant.

The service is:

* Providing consumers with effective supports for daily living that enable them to live independently. Consumers and representatives confirmed this occurs and provided examples of the way the service enable them to participate in their community and to experience a good quality of life.
* Making sure care staff have a good understanding of the consumers they care for and what was important to them. They are able to access this information through the app on their phone and information may be provided directly from coordination staff from time to time.
* Referring consumers back to My Aged Care for higher level home care packages to meet their needs.
* Organising additional services as needed, such as home modifications or equipment and allied health services.

Consumers/representatives said they are encouraged to stay active to maintain their physical independence. They are referred for additional services through MAC, such as Occupational Therapists when needed, who may recommend equipment or home modifications to help them stay safely at home. They provided positive feedback regarding care staff helping them do the things they want to do through in-home or community based social support services.

Care workers gave examples of individual consumer needs and preferences and how they help consumers maximise their health, wellbeing and quality of life. Care plans sighted on consumers’ files were written in a way that is consumer focused and included their individual interests, needs and preferences, including personal goals. Reviews and progress notes also documented any changes with regards to individual needs and preferences and supports for daily living.

Consumers/representatives advised they enjoy services and feel comfortable, happy and safe with their care staff while receiving care. They said care workers check how they are on each visit and if they have any concerns will report this to the coordination staff. They also provided positive feedback on how being socially connected also helps them emotionally. They said they develop an ongoing relationship with their regular care staff, which helps meet their emotional and psychological needs and improve their overall health and wellbeing.

Care workers said if they have any concerns they discuss this with coordination staff, who can make appropriate referrals if needed. Care workers demonstrated a good knowledge of individual consumers’ needs, personalities and interests, as did the coordination staff interviewed. Coordination staff were able to give examples of how they meet the emotional, spiritual and psychological needs of consumers. Sampled consumers’ files demonstrated the assessment of emotional, spiritual or psychological needs. Identified needs are input to care plans and reviewed on an ongoing basis. Progress notes sighted on consumers’ files document any changes in needs relating to emotional, spiritual or psychological wellbeing, with care plans updated as required.

Consumers and representatives provided feedback on opportunities they have to build and maintain relationships and pursue activities of interest in the community. They said they have plenty of opportunities to do things that are meaningful to them and the care workers will take them wherever they wish on their social support services.

Care workers were able to give descriptions of relationships important to their consumers, such as family and friends, and social activities they enjoy, such as attending particular shopping centres, going for walks or drives in the local community. They felt their rostered time gave them enough time to meet the needs of their consumers and build a good relationship to meet their emotional needs.

Coordination staff gather information on consumers’ life stories and social needs on entry to the service. They said this was so important to ensure they could facilitate the continuity of any relationships and aid in communication, for example contacting the nominated person on the consumer’s behalf or transport them to visit friends or relatives.

Sampled consumers’ assessment and care planning documentation on all files contained information on important people and relationships in the consumers’ lives as well as consumers’ individual interests and preferred activities.

Consumers and representatives were satisfied the service had good communication systems in place to ensure care workers knew their needs and when changes occurred with their care. They knew care workers reported back regarding aspects to ensure their safety, such as when they didn’t respond to a scheduled visit or when they were ill and they may call an ambulance for them.

Care workers said they were satisfied with the information they receive, as it helps them identify any consumers who may need additional support, such as help while mobilising in the community. They also said they are provided with updated information as care needs change and have access to all consumers’ care plans through their phones. They also complete regular progress notes through the app. They advised coordination staff are quick to act on anything they have reported.

Coordination staff advised they communicate with family and other representatives as required and provide information or make referrals as needed for additional services, often to improve mobility and hence community access. For example notes evidenced liaison regarding home modifications, meals and with equipment providers.

Consumers and representatives said referrals are made from time to time, with their permission. A number of consumers and representatives said they had been referred to occupational therapists for home modifications or equipment.

Coordination staff outlined referral processes and noted the importance of timely referrals for consumers. They may also refer carers to the Carer Gateway as required for information and respite services. Care workers advised they have frequent contact with coordination staff regarding consumers and their increasing needs and report back after each service and they may be advised of referrals made.

Progress notes on consumer files included information, referrals and assistance to access other services such as allied health and home modification services. This was evidenced in progress notes sighted on electronic consumer files. Many consumers and representatives advised they had received equipment through their package to assist with their mobility and were satisfied with the quality of the equipment and range of equipment to choose from. They said they can also claim the costs of maintenance when needed through the package.

Care staff advised equipment is listed in the consumer’s care plan and they receive instructions for it’s safe use. They said they check equipment for safety as needed and would report back any issues to the coordination staff. They also receive information on any aids the consumers may use.

Coordination staff advised consumer equipment is accessed based on individual needs and provided through individual package funds. Details are included in care plans for more complex equipment such as lifters and whether the consumer uses any other mobility equipment. If they have not saved enough in their package to purchase the equipment renting it is also an option. There are also policies and procedures in place to guide staff practice regarding equipment.

Assessment and care planning documentation sighted for sampled consumers identified where equipment was provided in the home or where consumers were using particular aids. Progress notes sighted also included referrals to OTs for assessments where required.

# Standard 5

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| Organisation’s service environment |  |

Findings

The organisation does not provide a service environment therefore this 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 service is Compliant as four of the four specific requirements have been assessed as Compliant.

The service is:

* Encouraging consumers, their representatives, and others to provide feedback and make complaints.
* Supporting consumers to provide feedback or make a complaint.
* Supporting consumers in accessing advocacy or language services, or the external aged care complaints service.
* Taking appropriate action in response to complaints and utilizing the process of open disclosure.
* Regularly reviewing or using feedback and complaints to improve the quality of care and services.

All consumers/representatives sampled said that they are aware on how to provide feedback or make complaints and would feel comfortable doing so. One consumer confirmed they had made a complaint and provided information on this.

All staff were able to describe how consumers, their representatives and others may provide feedback and complaints, and how they are encouraged to do so. Mechanisms for feedback and complaints include verbal feedback provided to care workers, calling coordination staff, feedback through reviews or a consumer satisfaction survey.

Management advised at commencement of services, consumers are provided with a handbook that includes an information booklet on feedback and complaints. This indicates the methods a consumer can use to make a complaint, including the external aged care complaints through the Commission. There was also a complaints and feedback brochure written in simple English available.

All consumers/representatives confirmed they have been made aware of advocates, language services and other methods for raising complaints. They said it was included in their information provided at assessment.

Staff could demonstrate consumers have been made aware of, and have access to, information about advocates, language services and the external aged care complaints service (the Commission). The service could show documentation that supports consumers to access these services including advocacy services OPAN and Elder Rights Service. It also included the complaints process offered by the Commission and how to make a complaint to the Commission, as well as language and translation services available to access.

Management and coordination staff said that if it is apparent a consumer does not appear to have family supports, lives alone or any other apparent vulnerabilities they will encourage the consumer to contact an advocacy service, and ensure the consumer is aware of what an advocate can do for them.

Consumers interviewed said that they felt that appropriate action had been taken by the service in response to their feedback and complaints, and that staff had apologised when something had gone wrong. One consumer stated they had made a complaint regarding staffing, and thought the issue was handled pretty well and was dealt with very quickly.

Staff interviewed demonstrated an understanding of open disclosure and how it is implemented in service delivery. All staff said if there was a problem they would apologise to the consumer or representative and resolve the problem to the best of their ability. Care staff said they would escalate to the coordinator for action.

Policies and procedures and other organisational documentation include policies on feedback and complaints and advocacy; Internal feedback form and complaints register.

Consumers/representatives said the service regularly seeks their feedback and suggestions for improvement on the services they receive. They are invited to provide feedback through satisfaction surveys, verbally through care workers or directly to coordination staff by phone, email or in person.

The Assessment team reviewed the Complaints Register which noted very few complaints overall regarding HCP services. All were provided through verbal phone contact. No particular trends were noted in register, although the provider advised trends mostly relate to not being able to have their regular care staff due to last minute staffing changes and general staff shortages. Follow up actions were noted against all complaints in register. Most changes relate to individual consumer services, however management advised they do trend analysis through their meetings to see if overall improvements can be made based on feedback.

Policies and procedures were sighted relating to complaints, feedback and continuous improvements in the organisation.

# 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 service is Compliant as five of the five specific requirements have been assessed as Compliant.

The service is:

* Ensuring the workforce is planned to enable the delivery and management of safe and quality care and services.
* Ensuring workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity.
* Ensuring the workforce is competent and they have the qualifications and knowledge to effectively perform their roles.
* Ensuring the workforce is recruited, trained, equipped, and supported to deliver outcomes.
* Completing regular assessment, monitoring and review of performance of staff members.

The service sufficiently demonstrated that there is an effective system in place to support sufficient staff numbers of skilled and qualified staff, particularly in the event of unplanned or planned leave. Management acknowledged that there have been challenges with staff recruitment and retention, particularly for care workers.

The service uses subcontracted workers to backfill rosters when needed or based on consumer request. Management and coordination staff said some consumers have established rapport and relationships with care workers from subcontracted agencies, and the service does their best to ensure when services are organised, the requested care workers provide those services. Management advised when recruiting care workers, they ensure a mix of language proficiencies and availabilities for shifts are indicated to ensure consumer services and preferences are appropriately delivered. Regular rosters ensure consumers have their preferred care workers scheduled as per their request. When a care worker is unable to attend, they give a consumer as much notice as possible and the opportunity to request a different day or time, or different care worker if they choose. Nursing and allied health services are arranged as needed through a subcontracted service delivery model at a day/time agreed with the consumers/representatives.

All consumers/representatives sampled said staff they dealt with when receiving services treated them with kindness, respect, and dignity. Consumers also said their preferences were respected regarding choice of care worker and timing for their services. All consumer files reviewed indicated a use of respectful language to each consumer and their individual circumstances.

Mandatory training for all staff includes identifying and responding to elder abuse and neglect and cultural diversity. All staff confirmed they have received training. Discussions with care staff reflected they are aware of consumers individual circumstances and all spoke respectfully regarding consumers. The Assessment team observed coordination staff participating in phone calls with consumers that appeared to be conducted in a kind, caring and respectful manner.

Consumers and representatives said they feel staff know what they are doing when they interact with them and feel as though they can have their questions about services answered confidently.

Management described having a recruitment process and an initial onboarding process to ensure that the workforce that is hired is competent to perform their roles. Recruited staff must have relevant qualifications specific to their roles or be willing to undertake the necessary training. All relevant qualifications for staff are recorded in their electronic system. Discussions with care workers reflected they had completed training in Certificate III.

Management said they oversee the delivery of services by subcontracted agencies, and all subcontracted staff have relevant qualifications and knowledge to perform their roles. The Assessment team sighted some subcontractor agreements but these were noted to be quite brief and did not include information around the need for police checks or note the checking of relevant training/qualifications or insurances. As there were no issues identified with regards to training this has been addressed under Requirement 8(3)(c).

The service regularly seeks feedback from consumers about the performance of subcontractors and would record this on the complaints register if any issues arose. They confirmed currently all their subcontractors are performing well and consumers are satisfied with their services. Some consumers who receive subcontracted services were interviewed and noted they were satisfied with services.

Management advised that all staff must complete mandatory training during onboarding and induction, and every 12 months thereafter. Ongoing training and support are offered to all staff where it is required. The induction checklist for all staff demonstrates a robust recruitment and induction procedure for onboarding staff.

Staff training included cultural awareness, elder abuse and neglect, infection control and WHS. The Assessment team confirmed that all staff have completed training in the last 12 months and this varied based on their role. Although the organisation has its own code of conduct that is similar to the industry one, current training is being arranged for staff in the new code of conduct for aged care and SIRS.

Management advised that the service offers annual training to staff, which due to COVID has largely been done online. Although ongoing online training will still be conducted, they are looking at recommencing some face to face training sessions in the upcoming year. The Assessment team sighted training records on recent training sessions and online training completed. Staff provide feedback on any training received and can also provide suggestions for future training. Coordination staff said they have a regular meetings online with the care workers and discuss training, feedback and concerns and any other issues. They are also in continuous contact with care workers providing additional support where required. Discussions with care workers confirmed this occurs.

Management advised the service has an annual performance management system in place for ongoing monitoring and reviewing of the performance of each staff member. The Assessment team reviewed samples of appraisals for coordination and care staff, which had been completed within the last 12 months, and included sections completed by the employee and the respective line manager.

Staff interviewed said that they are supported in the performance appraisal and review process and have regular meetings with their supervisor. Staff also said that they receive feedback from management and have appraisals as required.

Regarding subcontracted staff, feedback is regularly sought from consumers and representatives on their performance and any issues would be addresses through ongoing discussions with relevant agencies. Agencies with ongoing performance issues would be terminated and new ones organised as needed.

# 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 service is Compliant as five of the five specific requirements have been assessed as Compliant.

The service is:

* Ensuring consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.
* Promoting a culture of safe, inclusive, and quality care and services and is accountable for their delivery.
* Using effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints.
* Using effective risk management systems and practices, including managing high impact rinks, identifying, and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents.
* Implementing an effective clinical governance framework
* Taking and implementing measures to address concerns in relation to effectively monitoring sub-contracted services.

As to Compliant requirements:

Consumers were able to provide examples of times that they have provided feedback to the service, both informally and formally and the service could demonstrate when they have used this feedback to develop and improve services. Consumers sampled said they have provided feedback about the readability and accuracy of their monthly statements, which the Assessment team sighted on both the complaints register and the continuous improvement plan. The service has implemented consumer suggestions to improve the statement mechanisms. Management advised consumer feedback and suggestions are collated and trended and informs the continuous improvement register/plan. This information is primarily gathered from consumer satisfaction surveys and informal feedback.

Staff also said thought the service was well run and management is responsive to consumer feedback, particularly regarding feedback received about staffing. Staff said the service is flexible to assigning care workers to meet the requests of consumers.

The governing body remains accountable for the delivery of safe, inclusive, and quality care by being continuously informed through internal reporting and meeting mechanisms. All staff said that they are aware of best practice support for consumers regarding both clinical and non-clinical care and that the service supports them to deliver these outcomes, primarily through ongoing training developed from key risk areas, consumer feedback and staff feedback. Management demonstrated the service has organisation-wide governance systems and processes that promote the governing body’s responsibility to providing safe, inclusive, and quality care. These include risk management systems and regular staff meetings and discussions.

All staff are aware of the individual circumstances and services of each consumer and can communicate this effectively to the governing body. Individual consumer risks are monitored through the consumer risk register. Any organisational risks are included on a separate register and there are reviewed and updated regularly as needed.

As to Non- Compliant requirement 8(3)(c) which I find to be Compliant

Regulatory Compliance

In relation to Regulatory Compliance, the service monitors internal staff compliance with regulations such as police checks, car registrations and insurances for operational staff, and vaccinations for COVID19 and influenza and relevant documentation was sighted by the assessment team to confirm these are regularly reviewed and renewed when needed. However, an issue was identified with regards to the monitoring of the above with regards to subcontracted services. The organisation did have some brief agreements in place with subcontracted agencies but none addressed the discussed items. Discussions with management also reflected that copies/details of police checks, insurances, vaccinations or relevant qualifications/training, for example, AHPRA registrations are not sought or checked.

Management agreed this was a gap and advised they will strengthen their current agency agreement to be more comprehensive and include the areas discussed above and will ensure they conduct the necessary checks. They plan to implement agreements with all their agencies to address the deficits.

In its response received on 9 June 2023 the approved provider detailed improvements it had or would implement in relation to the content of agreements with subcontracted agencies, including police checks, insurances and relevant qualifications/training. I consider that the approved provider has now addressed the areas of concern and find this requirement Compliant.

No concerns were identified in relation to all other sub-requirements of this Standard as follows:

Information management

The service has a centralised information management system for consumer and operational staff information. Staff said they think the system is easy to navigate and includes all basic information they need to access to perform their day-to-day duties. The system feeds into an app care workers have on their mobile phones and they can access care plans and it also requires them to input a progress note after each shift, which aligns with their sign off time. Coordination staff monitor the progress notes for any changes or deterioration to consumers.

All consumer documentation such as care (support) plans, risk assessments and agreements are scanned into the system and also consumer hard copies are kept with information such as current care plan, agreement, etc. These are kept in secure storage on site. Risk, feedback and incident registers are all kept electronically and are easily accessible for relevant staff.

Continuous Improvement

The service demonstrated they show initiative in identifying opportunities for continuous improvement through consumer and staff feedback, identified risks and incidents and internal audits. The Assessment team sighted the continuous improvement register/plan, which is monitored by management for progress. The register has items organised by relevant quality standard requirement, and all have issues identified, planned actions, planned completion date and potential outcomes.

Financial Governance

Management confirmed that financial governance systems are in place to manage finances to ensure the organisation delivers safe and quality care. Management confirmed that ongoing review occurs of consumer’s funds and there are no consumers currently with high amounts of unspent funds or debits that are not being monitored by staff. Management has oversight of the service’s income and expenditure, and this is reviewed regularly and discussed through upper management meetings and reports.

Workforce Governance

The Assessment team reviewed job descriptions for care workers and coordination staff. Management confirmed all staff members, both operational and management, have job descriptions in place that include clear explanations of roles and responsibilities. All staff interviewed are aware of their roles, accountability, and responsibilities. They confirmed they have reviewed their job descriptions.

All staff are provided with adequate training, both mandatory and ongoing, to support them in their role. Staff are also supported by their supervisors/managers and participate in regular meetings with their team and the wider organisation to ensure the service runs smoothly. For further information please refer to Standard 7.

Feedback and Complaints

The service has effective systems and processes in place to ensure consumer and staff feedback is captured, and that information is used by management to inform and improve services. Management confirmed consumers complete satisfaction surveys regularly and also feel comfortable providing feedback verbally through care and coordination staff. This was evidenced through viewing the feedback register. This information is discussed at team meetings and information is communicated to management in the form of complaint trends, data and plans for continuous improvement. For additional information please refer to Standard 6.

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)