**Performance**

**Report**

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| Name: | Advanced Care Australia |
| Commission ID: | 700922 |
| Address: | 1 Heidi Street, KULUIN, Queensland, 4558 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 25 September 2023 to 27 September 2023 |
| Performance report date: | 23 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: 7177 Advanced Care Australia Pty Ltd  
Service: 26214 Advanced Care Australia

**This performance report**

This performance report for Advanced Care Australia (**the service**) has been prepared by M Franco, 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.
* the provider’s response to the assessment team’s report received 18 October 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 | **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, as not all requirements have been assessed.** |
| **Standard 7** Human resources | **Not Applicable, as not all requirements have been assessed.** |
| **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)(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

During a Quality Audit conducted in December 2021 the service did not demonstrate information provided to each consumer is current, accurate and timely, and communicated clearly, easy to understand and enables them to exercise choice. Consumers/representatives said that the information in the monthly statements is not easy to understand, including the services provided during that month and the funds available, so they know how much money they can spend on care and services.

Performance against this non-compliance was reviewed by the Assessment Team on site on 25 September 2023 to 27 September 2023. Consumers/representatives sampled said they are receiving the right information, at the right time and in a way they can understand. Care managers met with all HCP consumers/representatives to explain the modified statements and to share how their feedback resulted in the improved layout and design. Staff said there are no vision or hearing-impaired consumers and that if there were, they would work with them and their representatives to customise an effective method of communicating up to date information. Staff said the existing consumer base speak English and if this changed, they would access third party language services to assist. Management said system and process changes were made to make the statements itemised, easy to understand and up to date.

The Assessment Team reviewed documentation evidencing that each consumer and their representative has all the information they need to make informed choices and decisions about all aspects of care and services.

Based on the evidence summarised above I find the service compliant with Requirement 1(3)(e).

# 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)(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

During a Quality Audit conducted in December 2021 the service did not demonstrate 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. Performance against this non-compliance was reviewed by the Assessment Team on site on 25 September 2023 to 27 September 2023. The service demonstrated the process of assessment and planning, which includes considering risks to the consumer's health and well-being, is informing the delivery of safe and effective care and services. Staff and management have indicated that key risks and medical conditions are identified during initial assessments and annual reviews. The Assessment Team reviewed 6 consumer care plans and associated electronic documentation. The service demonstrates assessment and planning processes enable consumers, their representatives, care staff and others to work together in developing safe and effective care and services plans. All consumers/representatives said their care is well planned to meet their needs, they feel safe and confident because care staff take the time to listen and understand how to support their health and wellbeing. The Assessment Team reviewed all consumer care plans which evidenced guidance for relevant staff to inform the delivery of safe and effective care and services.

During a Quality Audit conducted in December 2021 the service did not demonstrate 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. Performance against this non-compliance was reviewed by the Assessment Team on site on 25 September 2023 to 27 September 2023. The service demonstrates it is listening to and understanding what is important to the

consumer and working out how their goals and preferences can be met. All consumers/representatives sampled said they have been listened to and their care and services are planned around what is important to them, such as their relationships, spirituality and culture. Consumers/representatives are happy with their care and services plan and feel it covers how they want their care services delivered. Staff demonstrated knowledge of advance care planning and understand the consumer’s decision-maker should be consulted in medical decisions including consent, refusal and/or withdrawal of treatment. Staff involved in assessment and planning described how it’s facilitated to meet the consumer’s needs, goals and preferences. The Assessment Team evidenced a framework of policies and procedures that support a consumer-centred approach to assessment and planning. Policies and processes describe how assessment and planning are to be facilitated and the matters to be considered, such as the consumer’s need for communication assistance.

During a Quality Audit conducted in December 2021 the service did not demonstrate 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. Performance against this non-compliance was reviewed by the Assessment Team on site on 25 September 2023 to 27 September 2023. All consumers/representatives sampled said they have been offered a copy of their care and services plan and it is in a format that is clear and easy to understand. Consumer/representatives described the detail of their care and services plan, who will provide the care services and that they are involved if changes are made. Staff described processes for documenting the outcomes of assessment and planning in a care and services plan. All staff sampled said they use the care plan as a guide to their role in delivering safe and effective care services and as a resource for understanding consumer diagnosis and what to look out for. The service demonstrated it communicates assessment and planning information in a way the consumer and representatives understand. Policies and procedures explain the service’s systems so that outcomes of assessment and planning are fully documented and are available where care and services are delivered.

During a Quality Audit conducted in December 2021 the service did not demonstrate 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. Performance against this non-compliance was reviewed by the Assessment Team on site on 25 September 2023 to 27 September 2023. Consumers/representatives said the service regularly communicates with them about their care and services, seeks feedback, and makes changes to meet their current needs and preferences. Consumers/representatives said when an incident occurs, such as a health issue that requires hospitalisation, the service communicates with them about this and seeks their input to update their care and services plan. Staff demonstrated how they reassess a consumer’s needs, goals and preferences, how they involve the consumer and how reassessment information is used to update care and services plans.

Based on the evidence summarised above I find the service compliant with Requirement 2(3)(a), Requirement 2(3)(b), Requirement 2(3)(d) and Requirement 2(3)(e).

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |

Findings

During a Quality Audit conducted in December 2021 the service did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Performance against this non-compliance was reviewed by the Assessment Team on site on 25 September 2023 to 27 September 2023. Consumers and representatives sampled said they believe their care is safe and right for them. They said care and support staff explain risks to their wellbeing and they get to have input into the steps to reduce the risks. Staff were able to describe how they identify, assess, and manage high-impact or high-prevalence risks to the safety, health and wellbeing of each consumer when delivering personal or clinical care. Staff involved in assessment and planning described how it is undertaken to meet the consumer’s needs, goals, and preferences. Staff said they know how to access people with relevant knowledge or qualifications to provide information to consumers on end-of-life planning or palliative care if the consumer wishes to include these in their emergency and disaster response plan.

During a Quality Audit conducted in December 2021 the service did not demonstrate 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. Performance against this non-compliance was reviewed by the Assessment Team on site on 25 September 2023 to 27 September 2023.Consumers and representatives sampled said they are confident that care workers know them and would pick up a change in their condition, health, or abilities. All consumers/representatives said the service has responded well to change and deterioration in condition, health, or ability when they needed to. Care staff said they use the care plan as a guide for identifying different situations where a change in a consumer’s condition, health or abilities is identified and what response they should take. The Assessment Team reviewed policy and procedures that outline the service’s processes for responding to deterioration or change in a consumer’s condition, health, or abilities, relevant to the services they provide.

During a Quality Audit conducted in December 2021 the service did not demonstrate 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. Performance against this non-compliance was reviewed by the Assessment Team on site on 25 September 2023 to 27 September 2023. Consumers and representatives said they are fully informed and consent to information being shared with others about them. Consumers and representatives said their personal and clinical care is consistent. They have continuity of care and don’t have to repeat their story or their preferences to multiple people and that care staff have correct up to date information regarding their health and wellbeing.

Based on the evidence summarised above I find the service compliant with Requirement 3(3)(b), Requirement 3(3)(d) and Requirement 3(3)(e).

# Standard 4

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| Services and supports for daily living | | HCP |
| 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)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

During a Quality Audit conducted in December 2021 the service did not demonstrate information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. Performance against this non-compliance was reviewed by the Assessment Team on site on 25 September 2023 to 27 September 2023. Consumers and representatives advised staff and subcontracted providers have a good knowledge of their needs and preferences. Care planning information and progress notes demonstrate regular communication occurs between subcontracted organisations and the service.

During a Quality Audit conducted in December 2021 the service did not demonstrate where equipment is provided, it is safe, suitable, clean, and well maintained. Performance against this non-compliance was reviewed by the Assessment Team on site on 25 September 2023 to 27 September 2023. Staff explained how the service requests assessments where there is an identified need for equipment to support consumer independence, safety, and wellbeing. Care staff explained the process should unsafe or ineffective equipment be found in a consumer’s home.

Based on the evidence summarised above I find the provider in relation to the service compliant with Requirement 4(3)(d) and Requirement 4(3)(g).

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

During a Quality Audit conducted in December 2021 the service did not demonstrate the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards. Performance against this non-compliance was reviewed by the Assessment Team on site on 25 September 2023 to 27 September 2023. Consumers and representatives said staff were competent and had a good understanding of how to support consumers and their specific needs. Staff outlined the induction program which includes buddy shifts with an experienced team member. Management demonstrated how a spreadsheet was developed outlining each consumer’s care needs and how they have ensured care staff working with those consumers have received the appropriate training. A new training platform has been introduced on which all staff complete mandatory and ongoing training.

Based on the evidence summarised above I find the provider in relation to the service compliant with Requirement 7(3)(d).

# 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

During a Quality Audit conducted in December 2021 the service did not demonstrate consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Performance against this non-compliance was reviewed by the Assessment Team on site on 25 September 2023 to 27 September 2023. Management advised consumers/representatives were asked if they were interested in providing feedback to the service through a local focus group. As the service had only just had a Quality Audit and consumers/representatives had an opportunity to feed into that process, due to the small number of consumers, they declined. Management said they instead have changed the review form to obtain consumer feedback and have annual consumer surveys. Staff advised how the care plan review has specific targeted questions to obtain feedback from consumers not only about their specific service needs but prompts them to think about the broader service and what can be done to improve services overall. Management advised how consumer feedback is utilised when making changes to services.

During a Quality Audit conducted in December 2021 the service did not demonstrate the organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. Performance against this non-compliance was reviewed by the Assessment Team on site on 25 September 2023 to 27 September 2023. Management advised the previous board director was not actively engaged in the service, so they sort the services of a new board director who has the clinical experience needed to govern the service. The leadership team remains informed of the service’s operations through regular meetings and data driven reports. The Assessment Team sighted examples of reports provided to the service’s governing body which included relevant details to enable the monitoring of safe and effective services, including but not limited to, complaints, clinical incidents, workforce updates, training updates and concerns raised by staff in team meetings. Staff advised they are kept informed of the governing body’s focus on safe and effective care through emails received from the quality team, which outline key messaging. An email sighted, dated 22 September 2023, had a focus on consumer privacy, use of consumer photographs and conflict of interest.

During a Quality Audit conducted in December 2021 the service did not demonstrate effective organisation wide governance systems. Performance against this non-compliance was reviewed by the Assessment Team on site on 25 September 2023 to 27 September 2023. Since the last Quality Audit, the service has taken steps to ensure an effective governance system is in place relating to information management, continuous improvement, financial governance, workplace governance, regulatory compliance and feedback and complaints.

During a Quality Audit conducted in December 2021 the service did not demonstrate effective risk management systems and practices. Performance against this non-compliance was reviewed by the Assessment Team on site on 25 September 2023 to 27 September 2023. Since the last Quality Audit, the service has taken steps to ensure high-impact or high prevalence risks are identified, incident management processes are in place, abuse and neglect of consumers is identified and they support consumers to live the best life they can. Risk assessment tools are used to identify health and well-being risks to consumers and care planning documentation provides detailed information to guide service delivery. Management and staff demonstrated an understanding of what high-impact or high-prevalence risks are associated with the consumers of the service. Emergency disaster and response plans are completed with consumers on intake. Systems are in place to identify and report any abuse and neglect of consumers. All staff receive training in abuse and neglect as part of induction and this is discussed at staff and management meetings. The service has an incident management system and policies and procedures in place to manage risk.

During a Quality Audit conducted in December 2021 the service did not demonstrate where clinical care is provided—a clinical governance framework. Performance against this non-compliance was reviewed by the Assessment Team on site on 25 September 2023 to 27 September 2023. The service demonstrated it has a clinical governance framework that includes infection control, antimicrobial stewardship, minimising the use of restraint and open disclosure. Clinical incidents are discussed at monthly clinical governance meetings with trends reported to the governing body. Minutes of clinical governance meetings demonstrate discussions in relation to current clinical concerns, staff training needs and clinical policy review. Management advised when they identified an increase in clinical incidents relating to medication management for a particular consumer, there was an investigation into the reason for the increase and strategies put in place to reduce these incidents.

Based on the evidence summarised above I find the provider in relation to the service, compliant with Standard 8.

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)