**Performance**

**Report**

**1800 951 822**

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| Name of service: | Afea Care Services |
| Service address: | Level 6, 11 Help Street CHATSWOOD NSW 2067 |
| Commission ID: | 201273 |
| Home Service Provider: | Afea Pty Ltd |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 29 September 2022 |
| Performance report date: | 19 October 2022 |

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 Afea Care Services (**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.

# Services included in this assessment

**Home Care:**

* Afea Pty Ltd, 26450, Level 6, 11 Help Street, CHATSWOOD NSW 2067

# Material relied on

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

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by a 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** |
| **Standard 3** Personal care and clinical care | **Not applicable** |
| **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 as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable** |

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 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. | Not applicable |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Not applicable |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Not applicable |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Evidence analysed by the Senior Quality Assessor showed the service was able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. Evidence analysed by the Senior Quality Assessor showed feedback and complaints are submitted by phone, email and more recently, through an online form available on the service’s website which provides anonymity.

Evidence analysed by the Senior quality Assessor showed all feedback and complaints received are allocated a severity score using a risk matrix, documented and responded to by the appropriate staff member, based on severity, reviewed weekly at the services team by the care coordinator, service manager of home services, and shortly the new incumbent of the workforce coordinators role.

Evidence analysed by the Senior quality Assessor showed all feedback and complaints are presented monthly at the quality and risk team meeting where performance of home services including feedback and complaints is tabled in a report and are resolved using open disclosure.

Evidence analysed by the Senior quality Assessor showed the quality and risk team decide any course of action including the actions that were taken, contributing factors leading to the complaint and lessons that can be learnt.

Management when interviewed by the Senior Quality Assessor reported that current trends continue to highlight ‘no shows’ where staff haven’t arrived at the consumer’s home for scheduled visits. The Senior Quality Assessor noted complaints for ‘no shows’ were recorded in the quality and risk meeting documentation from June to September 2022 and the complaints register. The Senior Quality Assessor analysed evidence which showed as a response to the complaint of staff ‘no shows’, the service has appointed a workforce coordinator who will be commencing shortly. Refer to Standard 7(3)(d) regarding the training and recruitment of the workforce and role of the workforce coordinator.

The Senior Quality Assessor analysed the employee handbook and noted that it is signed by all staff noting the complaints handling process, timelines for completion of complaint handling, and hierarchical chain of minor to severe complaints.

# 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. | Not applicable |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Not applicable |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Not applicable |
| 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. | Not applicable |

Findings

Evidence analysed by the Senior Quality Assessor showed all staff are required to provide a copy of the following documents on commencement:

* All qualifications relevant to the role;
* First aid certificate;
* Drivers licence;
* NDIS Workers screening and Working with Children check; and
* Vaccination status.

Evidence analysed by the Senior Quality Assessor showed on commencement, staff are required to undertake induction training, orientation, and work buddy shifts. Evidence analysed by the Senior Quality Assessor showed position descriptions are provided to staff prior to and on commencement.

Evidence analysed by the Senior Quality Assessor showed the service demonstrated that it has implemented ongoing mandatory training for aged care workers and were able to evidence ongoing scheduled training through training schedules which were analysed by the Senior Quality Assessor. Evidence analysed by the Senior Quality Assessor showed training for staff working with aged care consumers includes dementia, managing challenging behaviours, incident management, professional boundaries and infection control. Management when interviewed by the Assessment Team stated all staff have now undertaken dementia training, and this statement was substantiated by training completion documentation.

The Senior Quality Assessor noted where an issue, service or support has been identified as requiring additional training, management reported that the service utilises a registered nurse to provide appropriate internal clinical training and a learning and development specialist responsible for managing, designing coordinating, and developing training. Evidence analysed by the Senior Quality Assessor showed the staff handbook requires staff to undertake internal and external training.

Evidence analysed by the Senior Quality Assessor showed the service has identified that carer ‘no shows’ feature prominently in complaints data. The Senior Quality Assessor noted the service has responded and appointed a workforce coordinator whose role is to provide ongoing engagement with staff including mentoring, engagement and scheduling; in addition to liaising with consumers and/or representatives providing feedback and complaints.

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)