**Performance**

**Report**

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| Name of service: | Alfred Health Home Care Services |
| Service address: | 260 Kooyong Road CAULFIELD VIC 3162 |
| Commission ID: | 300093 |
| Home Service Provider: | Alfred Health |
| Activity type: | Quality Audit |
| Activity date: | 12 December 2022 to 15 December 2022 |
| Performance report date: | 13 February 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 Alfred Health Home Care Services (**the service**) has been prepared by M Murray, 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:**

* Alfred Health, 18607, 260 Kooyong Road, CAULFIELD VIC 3162

**CHSP:**

* Care Relationships and Carer Support, 24669, 260 Kooyong Road, CAULFIELD VIC 3162
* Community and Home Support, 25877, 260 Kooyong Road, CAULFIELD VIC 3162

# 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 2 February 2023.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Non-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 | **Non-compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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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 | **Compliant** |
| **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

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

* Ensure all consumers and staff understand that the Social, Community, Home Care and Disability Services Industry Award allows for an employee to see more than one consumer in a two-hour period.
* Ensure a workforce is available to deliver services based on the consumer’s assessed need. That is that the care delivered is fit for purpose and is not longer in duration than is required to meet the need.

# Standard 1

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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. | Non-compliant | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected, and personal information is kept confidential. | Compliant | Compliant |

Findings

**Evidence in relation to compliance**

Consumers and representatives described in various ways how consumers are respected and valued as individuals. Staff interviewed provided examples of ways they show consumers dignity and respect by giving them time and space. Care documentation reflects background information for each consumer, including ‘about me’ information. Staff sampled showed they are familiar with the cultural backgrounds of individual consumers, they may speak the consumer’s preferred language and said they have participated in cultural diversity training. Consumer file documentation identifies consumer choices and decisions about care and services and any substitute decision makers. Care documentation noted individual consumer risks and vulnerabilities, individual strategies to support consumers live independently and mitigate identified risks are also documented. The service has established systems to enable a balanced approach to risk management. Consumers and representatives interviewed expressed satisfaction with respect for privacy and confidentiality.

**Evidence in relation to non-compliance**

**Requirement 1(3)(e) Home Care Package Consumers**

In reviewing all the available evidence, I have made a decision that the service provider does not comply with Requirement 1(3)(e) in relation to home care packages and as a result does not comply with Standard 1.

In May 2022 and July 2022, the approved provider wrote to all consumers with a home care package.

The letters note a decision by the Fair Work Commission in regard to the Social, Community, Home Care and Disability Services Industry Award 2010 and describe a minimum engagement period for care staff of two hours. The July 2022 letter describes to the consumer a number of options to consider in adjusting their care and services if the consumer’s care worker is subject to the Award.

The payment and management of staff is a matter for the approved provider/business. A business may, for example, make a decision to adjust its pricing schedule if staffing costs increase and they need to increase their income to meet the increase in overheads.

A change in an award payment does not translate to a need for a consumer to take any action as the design of their care and services is driven by their assessed needs, goals and preferences.

I am satisfied, in reading the letters that a consumer would reasonably conclude that their particular care service needed to be of a two-hour duration, when, in fact, a care staff member can be rostered to deliver care to multiple consumers during the staff member’s two-hour (minimum) engagement period.

The approved provider’s response argues that these letters were generic and have been misinterpreted by the Assessment Team, noting the letters were followed up with a one-to-one conversation with each consumer.

I am not persuaded that the one-to-one conversations were more informative and note in documentation submitted by the approved provider follow the quality audit that case managers / social workers undertaking one-to- one conversations with consumers recorded in care documentation words to the effect that shifts need to be brought up to a two-hour minimum in line with the Award.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

Case Managers described how they assess consumers’ needs and risks at the commencement of services. Care planning documents evidenced validated risk assessments being applied to understand consumers’ risks. These include risk of falls, consumers self-managing medication, consumers with cognition or communication barriers, requiring continence care and those at risk of poor nutrition or poor self-care.

The Assessment Team sighted assessment and care planning documentation that captures the consumer’s needs, goals and preferences and evidence that advance care planning discussions occur. Care planning documentation reviewed confirmed that care instructions are provided to personal care workers and nurses in line with the consumer’s needs and preferences. Care planning goals are shared with brokered services as required. The Community and Ambulatory Common Assessment prompts discussion on advance care planning and referrals to Alfred Health’s advance care planning team can occur.

Consumers generally said they are involved in deciding which care and services are provided. Case managers described how consumers and/or representatives are involved in assessment and planning of care and services on an ongoing basis. Documents reviewed evidenced consumers and their representatives are involved in the assessment and planning of consumer’s care and services. Where care is shared with brokered providers, there are communication channels to support coordinated care to occur.

Case managers advised the outcomes of assessment and planning are discussed with consumers and/or their representatives and documented in care plans. Consumers confirmed copies of their care documentation have been provided to them.

Consumers and representatives said consumers’ care and services are reviewed regularly and they can change their services if required, including when their circumstances change. Care planning documents reviewed evidenced that consumers’ care and services are reviewed as required.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

Consumers and representatives interviewed said consumers get tailored, safe and effective services. Staff provided examples of tailored nursing, personal care and CHSP services provided to consumers. Management demonstrated how they support best practice care. The Assessment Team’s report noted that the frequency and or type of services being delivered has recently been reduced for some consumers due to the high percentage of clinical services being brokered to other service providers and changes to an employment award.

The approved provider disputes the Assessment Team’s evidence and submitted additional documentation which calculates while some episodes of care have been redistributed overall there has not been a change.

Case managers employed generally have an allied health registration and are aware of contemporary practice.

The Assessment Team reviewed consumers requiring catheter care, wound management, dementia support and allied health services and found these clinical risks to be well managed.

Personal care workers described how they are aware of individual consumer’s risks and described the process they would follow if they observed an incident or became aware of an incident that had happened.

Alfred health has an established palliative care pathway and demonstrated coordinated palliative care is occurring

Staff were alert to signs of consumer deterioration and care planning documents showed evidence that consumers’ care and service needs are reviewed and changed in response to changes in the consumer’s condition. The Assessment Team were satisfied deterioration had been effectively identified for a number of consumers including those experiencing a fall, becoming confused and reporting increased pain.

A range of documentation evidenced relevant information is shared to support the consumer’s wellbeing. Brokered staff described communication and information sharing within their organisations.

Referrals are made as required. External organisations said referrals from the approved provider have sufficient information for them to act on.

Consumers and representatives interviewed confirmed that staff who provide services use personal protective equipment (PPE) and follow infection control procedures. Staff advised they use PPE and have received training on infection control.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers and representatives described how the services and supports for daily living enhance consumers’ well-being and quality of life. Staff described what is important to consumers and care planning documents evidenced that the service has identified and documented consumers’ day to day needs, preferences and goals.

Staff described how they support consumers’ emotional and psychological well-being and outlined the referral pathway within Alfred Health for counselling services if needed.

Consumers described various benefits of the services they receive including staying connected, remaining independent and keeping up their interests.

Staff said they receive information when initially rostered to a consumer and build on this overtime. Social support staff have a good knowledge of consumers who attend the various needs and preferences. Staff said in various ways, they have sufficient information to support a quality service being delivered.

The Assessment Team reviewed referrals for additional support needs and noted they are timely and appropriate. Further noting when a consumer accesses other services through Alfred Health this information flows through to care coordination staff who can ensure relevant referrals are followed up.

Consumers and/or representatives provided positive feedback about the meals provided at the centre-based respite service. Staff described how the consumer’s dietary and cultural needs and preferences are considered to inform meal provision.

Consumers confirmed that where they have received equipment from the service it has been fit for purpose.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not applicable | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not applicable | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Compliant |

Findings

This Quality Standard does not apply to Home Care Package consumers.

The Assessment Team observed consumers undertaking group activities and interacting with each other and staff. Consumers who attend the various centre-based respite programs said they feel welcome, safe and comfortable at these services. The Assessment Team were satisfied cleaning and maintenance programs are effective and observed furniture, fittings and equipment to be clean and appropriate for the client base.

# Standard 6

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| Feedback and complaints | | HCP/STRC | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Consumers and representatives interviewed said they understood how to give feedback or make complaints. Staff interviewed described how they would support a consumer to complain by encouraging them to contact the service. Management and staff gave examples of encouragement and supports for consumers and others to provide feedback and make a complaint. For example, a ‘Tell us what you think’ form, website feedback form, telephone calls with staff, volunteer calls for CHSP consumers, satisfaction surveys and face to face contact. The service provides consumers with information about ways to comment and complain, including reminders in newsletters.

All consumers and representatives interviewed said they would feel safe raising concerns. Case managers, team leaders and personal care staff demonstrated their knowledge of complaint and advocacy services.

Relevant management and staff explained the principles of applying open disclosure and gave examples of how open disclosure has been implemented when things go wrong. Consumers said that issues are resolved once raised and management described the feedback process, to consumers on the outcome of any issue raised.

Management described how monitoring of feedback and complaint data for trends occurs, are aware of complaint trends and actions to address these trends are progressing. Staff described the development of a ‘Tell us about yourself’ tool to streamline the initial assessment for consumers as an improvement developed from consumer feedback.

# Standard 7

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| Human resources | | HCP | CHSP |
| 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

All direct service delivery, with the exception of CHSP allied health and therapies, is provided to consumers through brokered staff from external providers. For HCP and CHSP consumers, internal teams provide case management or program coordination and leadership as appropriate. Management said CHSP respite staff have a high retention rate and service is working with the organisation to sustain the allied health workforce.

While HCP consumers made comment that changes to care and service arrangements have been requested by the approved provider consumers and representatives interviewed were overall satisfied that care is delivered as planned. Two consumers representatives were dissatisfied with workforce planning refer to Standard 8 for further information.

Consumers and representatives said in different ways staff safely deliver quality and staff said they have time to complete required tasks.

Consumers and representatives interviewed said in various ways that staff are kind, caring and respectful. Staff interviewed gave examples of ways they show kindness and respect to consumers, including giving them time and space, talking to them politely and being subtle and respectful when asking about personal care matters. Position descriptions and service agreements document expectations of staff performance. The service has a code of conduct policy and discussion with staff about the new Code of Conduct has occurred. An unacceptable behaviour policy further guides service expectations.

Consumers said staff know how to do their job. Management described how recruitment processes such as position descriptions consider the qualifications, skill mix, experience and knowledge of relevant staff, including those employed through of brokered service providers.

Five staff interviewed said their performance is reviewed throughout the year. Management demonstrated they monitor internal staff performance through regular supervision and support meetings across CHSP and HCP services, formal supervision and performance appraisals.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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. | Non-compliant | 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 | 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 | Compliant |

Findings

**Evidence in relation to compliance**

The Assessment Team’s report outlines selected service information is overseen by the Board as appropriate to ensure consumers are receiving safe, inclusive and quality care and services. The organisation promotes its commitment to inclusive and equitable quality services.

The service demonstrated it actively seeks and supports the involvement of consumers and representatives in the development, delivery and evaluation of care and services. Management showed evidence that consumers participate in the evaluation and development of care and services through avenues such as annual surveys.

The service has a continuous improvement plan that is monitored and informs improvements.

Documentation including annual reports reflect independent auditing occurs.

Regulatory and legislative changes are regularly monitored and communicated to management via peak bodies, state-wide provider meetings, committee of practice meetings, government bulletins, network meetings and online Government forums.

The organisation’s feedback and complaints system supports consumers and representatives to provide feedback.

The organisation’s risk management framework includes an electronic incident reporting system, a risk register and policies and guidelines to manage risk. There are risk mitigation strategies, flowcharts and staff education to support the management of the service’s identified high impact, high prevalence risks.

The organisation has a clinical governance framework in place.

**Evidence in relation to non-compliance**

**Requirement 8(3)(c) Home Care Package Consumers**

In reviewing all the available evidence, I have made a decision that the service provider does not comply with Requirement 8(3)(c) sub requirement (iv) workforce governance and as a result does not comply with Requirement 8(3)(c) and does not comply with Standard 8.

I note evidence in the Assessment Team’s report that the team sighted correspondence on the impact of the SCHADS Award on consumers that described how some HCP consumer care has had to be significantly reduced to meet the funding available. The approved provider’s response argues that many clients already had two-hour shifts in place prior to the SCHADS implementation, or for many, their care shifts were easily combined and for most clients their care shifts were largely unaffected by SCHADs.

The Assessment Team’s report also outlines one of the options offered to consumers in written advice was to take some time away from the home care package every year to accumulate funding, for example, to go into residential care for respite. The Assessment Team found this was in the absence of the consumer expressing a need for residential respite care.

There is conflicting evidence of the impetus for the exploration of residential respite, the Assessment Team finding this has been primarily driven by financial considerations rather than assessed need. The approved provider asserting that the My Aged Care assessment demonstrates this option was available to consumers as an assessed need.

The approved provider’s response outlines their workforce model for HCP currently brokers all direct care services, except for Case Management. It argues their service model, that is, using a range of 20 different care agencies, provides clients with choice, control, and flexibility. Indeed, many clients may have several care agencies involved to best meet their care needs and personal choices.

The approved provider states it has worked with all its providers to mitigate the changes in minimum shifts and to ensure, where possible, other care activities from the care plan are incorporated into a shift.

While I am satisfied the approved provider has demonstrated in some instances it has undertaken negotiations where it has been agreed consumers will move to an alternative brokered service provider which charges in increments of one hour. I note the increase in fees and charges to consumers and the impost of a two-hour shift, through the approved provider’s brokered workforce model, remains the case for the majority of consumers.

I also note the SCHADs award allows for a staff member to provide care to multiple consumers during their minimum engagement period. No example of this having been the premise for negotiations has been evidenced and, in my view, may not have been understood by care coordinators when dealing with the brokered agents and consumers.

Overall, I am not persuaded that the workforce governance model has demonstrated it has capacity to address how the service will deliver care to consumers as their needs change without rapidly depleting the consumer’s home care budget. While it may be more complex to negotiate in a brokered care model, providers cannot have a minimum service block time of two hours where the service the consumer is assessed for does not take that long to deliver.

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)