**Performance**

**Report**

**1800 951 822**

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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: | Assessment Contact - Desk |
| Activity date: | 24 July 2023 |
| Performance report date: | 5 September 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 J Renna, 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

# 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 desk assessment, review of documents and interviews with staff, consumers/representatives and others]; and
* the performance report dated 13 February 2023 in relation to the Quality Audit undertaken from 12 December 2022 to 15 December 2022.

The provider did not submit a response to the Assessment Team’s report for the Assessment Contact – Desk.

# 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 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 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

Requirement (3)(e) was found non-compliant following a Quality Audit undertaken from 12 December 2022 to 15 December 2022, as the service did not demonstrate information provided to consumers, specifically in relation to the Social, Community, Home Care and Disability Services (SCHADS) industry award, was clear and easy to understand, and enabled them to exercise choice.

The Assessment Team’s report for the Assessment Contact undertaken on 24 July 2023 included evidence of actions taken to address the non-compliance, including, but not limited to, communicated with consumers about the SCHADS industry award through various mechanisms and implemented a template to facilitate clear communication with consumers.

The Assessment Team found these improvements were effective and recommended Requirement (3)(e) met. The Assessment Team provided the following evidence relevant to my finding:

* All consumers and representatives confirmed they had received information relating to the SCHADS industry award.
* Management said all consumers have been informed of the SCHADS industry award changes and provided examples of various mechanisms used to communicate this information, including fact sheets and letters, and through direct discussions.
* Documentation showed regular discussion with consumers and representatives to determine whether they require any changes to consumers’ care and services.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(e) in Standard 1 Consumer dignity and choice.

# Standard 8

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| Organisational governance | | HCP |
| 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 |

Findings

Requirement (3)(c) was found non-compliant following a Quality Audit undertaken from 12 December 2022 to 15 December 2022, as the service did not demonstrate effective organisation wide governance systems relating to workforce governance. Specifically, the service did not effectively address the impact of changes made by brokered care providers in relation to the SCHADS industry award changes.

The Assessment Team’s report for the Assessment Contact undertaken on 24 July 2023 included evidence of actions taken to address the non-compliance, including, but not limited to, staff education and training, and strengthening of relationships with brokered services.

The Assessment Team found these improvements were effective and recommended Requirement (3)(c) met. The Assessment Team provided the following evidence relevant to my finding:

* Staff have received training on home care services, pricing and agreements. Staff have been provided with fact sheets and links to resources.
* Strategies have been implemented to ensure shift times are suitable to consumers’ needs, specifically for brokered service providers who require a two-hour minimum shift. The organisation has developed relationships with brokered service providers who can cater for shifts for less than two-hour duration.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(c) in Standard 8 Organisational governance.

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)