**Performance**

**Report**

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| Name: | Alicaring Home Care Service |
| Commission ID: | 701100 |
| Address: | Unit 1, 65 Fairbank Street, SUNNYBANK, Queensland, 4109 |
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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: 10121 Alicaring Pty Ltd

Service: 28291 Alicaring Community

**This performance report**

This performance report for Alicaring Home Care Service (**the service**) has been prepared by S Turner, 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 Quality Audit report was informed by a site assessment, observations at the service, 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 | 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

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

Consumers and representatives spoke highly of the staff and said they were treated with dignity and respect and that they were treated as individuals. Consumers’ identity and cultural diversity were considered in the planning and delivery of care and services. Care and service plans included information relevant to the consumers’ individuality and identity and included language preferences, and preferences regarding the gender of staff who deliver care. Staff and management were familiar with consumers’ cultural preferences.

Consumers independence was supported by the service and consumers and representatives expressed satisfaction with their ability to make choices and be involved in decision making. Consumers’ choices relating to their care and services, and strategies to minimise risk were reflected in care and service plans. Staff said they accessed these documents to support their understanding of the consumer.

Consumers and representatives were provided with clear, accurate, easy to understand information that was relevant to home care services. Each consumer’s preferred language was identified, and information was provided in that language. Examples of information available to consumers included home care agreements, care and service plans, policies and procedures, service schedule and budget, complaints forms and the Charter of Aged Care Rights.

There were established processes to manage the security of consumers’ personal information and staff were required to complete an information confidentiality declaration. Consumers reported satisfaction with the management of their personal information.

Policies and procedures relevant to this standard were available to guide management and staff and included the management of diversity, choice and consent, and risk management.

# 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

Consumers and representatives said they were involved in assessments, care planning and ongoing review processes. Consumers said they were satisfied with the care and services provided and that consumers’ needs, goals and preferences were met.

On entry to the service a range of assessments were completed and were reviewed periodically or when changes occurred. Consumers, service providers and other organisations were involved in assessment and planning processes. Staff said assessment processes included phone calls with consumers and a home visit. Risk assessment tools were used to identify risks to the consumers’ health and well-being including falls, pain, medication, continence and wound management.

Care planning documentation was stored in the service’s electronic care management system which was accessible to staff including through a digital application. Care staff were familiar with the needs of individual consumers including strategies to minimise risks to consumers. Staff said a non-response plan was in place for each consumer and they demonstrated an understanding of the steps to take if they were unable to make contact with a consumer; this included making contact with the office.

Consumers and representatives said they were informed of any changes to consumers’ care plans and that care plans were held in the in-home file and were accessible to them. They said their satisfaction with the care and services provided was regularly reviewed and that management staff checked in with them on a regular basis. Staff said reviews were conducted annually, following a consumer request, and when there had been changes to the consumers’ condition.

Policies, procedures and training modules relevant to assessment and planning were available to guide management and staff. Care planning documentation demonstrated that assessment, planning and review processes were aligned with the service’s policy and procedure guidelines.

# 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

Consumers and representatives were satisfied with the quality of care and services provided. They said care and services met consumers’ needs and preferences and were delivered by skilled and courteous staff.

Care plans described consumers’ personal and clinical care needs in sufficient detail to provide guidance to staff. Care documentation reflected individualised care that was safe and effective. Risk assessments were completed for high impact and high prevalence risks and strategies were in place to manage those risks. Care documentation included evidence of the involvement of medical officers, hospital discharge staff and allied health staff in consumers’ care.

Care and service plans and other relevant information was available in the consumer’s home and on the electronic care management system. Care staff received information about service delivery via a mobile device and were advised of any changes in the consumer’s condition by the case manager by telephone. Management explained that changes in the consumer’s condition, incidents and other notable information was documented in the progress notes and escalated to the case manager for action.

Staff demonstrated a sound knowledge of consumers’ needs, goals and preferences and could describe how the service ensured care was best practice and tailored to the consumer. Staff said they referred to the consumers’ care plans and could contact the case manager for further guidance if needed. They described how they recognised and responded to a change in a consumer’s condition and provided an example of completing a welfare check for a consumer who had not attended a social event.

Management and staff described how care and services were adjusted for consumers nearing end of life. Referrals were made to meet consumers’ needs and the service liaised with palliative care teams and other health care providers when there was a need.

Deterioration in a consumers’ capacity or condition was recognised and responded to in a timely manner. Consumers and representatives said that the service completed reassessments and referred consumers to the medical officer and other health professionals as required.

The service had policies and procedures relating to infection prevention and control and recorded and monitored staff vaccinations. Staff were trained in infection control practices that included COVID-19 and the use of personal protective equipment. Consumers and representatives described staff practices to prevent the spread of infection that included handwashing, the use of hand sanitiser and personal protective equipment.

# 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)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives said the services and supports provided assisted consumers to maintain their quality of life and independence and promoted their emotional and psychological well-being. Consumers provided examples of being supported with meal preparation, gardening, hospital visits, social activities and community engagement.

Consumers and representatives felt staff had a sound understanding of their needs and preferences and were satisfied with the way their information was shared within the service and communicated to others who were involved in their care.

Care planning documentation was individualised and outlined the various services and supports that were to be provided.

Staff understood what was important to individual consumers and described how they helped consumers to retain their independence. They said that when a consumer was feeling down they took time to have a conversation with them and listen to them. Staff said they reported the situation to the case manager who would then take the necessary action.

Staff described the process for referrals to other organisations and said when they identified an additional need for a consumer they contacted the case manager who addressed this. Care documentation included evidence of referrals to other service providers.

Equipment that was provided to consumers was safe, suitable and met consumers’ needs. The service requested assessments where there was a need for home modifications to support independence, safety and well-being; this included demonstrations on how to use the equipment. Where consumers owned equipment there were processes to ensure the equipment was clean, safe and suitable for consumer use. Staff described the actions they would take if equipment was found to be unsafe or ineffective.

# 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 service empowered consumers, representatives and others to provide feedback and submit complaints either directly to the service or through advocates. There were processes to provide consumers and representatives with information about complaints processes, including accessing advocates, and consumers and representatives were aware of how to make a complaint either directly to the service or to external organisations. Consumers were satisfied they could access an advocate if they wished to do so.

Appropriate action is taken in response to complaints and an open disclosure process is applied. Consumers were satisfied with the response from management and the actions that had been taken. Consumers provided examples of their interactions with management and said the service was responsive and addressed their issues to their satisfaction.

Policies and procedures provided guidance to staff about complaints processes and the management of compliments and consumer feedback. Consumer feedback and complaints were recorded and informed the service’s continuous improvement system. The service brought forward examples of improvements that had been initiated in response to consumer feedback including for example streamlining administrative processes.

# 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

Consumers and representatives were satisfied with staffing and the service’s management team and felt the workforce was competent and had the knowledge and skills to perform their roles.

Workforce requirements were based on consumers’ needs and preferences and care and service delivery was met through service staff and contracted staff including allied health staff. The electronic care management system supported workforce planning and the monitoring of care delivery. Management said they had sufficient staff to address any rostering requirements such as unplanned leave. As consumer numbers increased additional staff were recruited and staff reported they had sufficient time to meet consumers’ care and service needs.

Interactions between the workforce and consumers were kind, caring and respectful and consumers were satisfied with the workforce. Staff received training in the Code of Conduct for Aged Care Workers and policies were available to provide guidance including in relation to consumers’ rights, freedom of choice and open disclosure.

Recruitment, contracting and training processes supported the service in ensuring the workforce had the appropriate qualifications and knowledge. Training included an annual program of mandatory topics such as first aid, manual handling and hand hygiene; staff were satisfied with the training provided. Care and support staff have a Certificate III qualification and the service is currently supporting a significant number of staff to complete a Certificate IV qualification; a registered nurse is available to support the delivery of clinical care. The service maintained a register to monitor the completion of competencies and staff qualifications.

The service had established processes to monitor the performance of the workforce. Annual performance assessments were planned to be conducted after the service completed its first year of operation.

# 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

Consumers and representatives were satisfied with the quality of care and services provided to consumers and were engaged with the service in the development and evaluation of the care and services they received. Management actively sought feedback from consumers through complaints, satisfaction surveys and suggestions, and this information was used to develop and improve the organisation. Recently completed satisfaction surveys found high levels of consumer and representative satisfaction.

Management staff promoted a culture of safe, inclusive, quality care and services and this was incorporated into the service’s policies and training program. The management team met regularly and reviewed the service’s performance and made decisions about actions required to improve performance.

The service had effective organisation wide governance systems including in relation to information management, continuous improvement, financial management, workforce management, regulatory compliance and feedback and complaints. Effective information systems ensured consumers and representatives had accurate information about care and services, agreements and budgets. Staff were able to access the information they needed to deliver care and services. The service had a continuous improvement system that included a plan for continuous improvement and examples of improvement initiatives were brought forward. An external accountant and auditor were engaged for financial management and consumers and representatives were satisfied with the way financial matters were managed by the service. There were systems that identified relevant regulatory requirements, these were incorporated into policies, procedures and practices and were communicated to staff.

Risk management systems and associated practices addressed high impact risks such as vehicle travel, natural disasters, consumer abuse, neglect and incident management. Risk assessments were conducted and risk minimisation strategies were implemented. A disaster management plan provided guidance to consumers and staff in the event of a natural disaster.

There was a clinical governance framework and associated policies that guided the delivery of clinical care. The clinical governance framework included clinical risk, person-centred clinical care, antimicrobial stewardship, minimising the use of restraint and open disclosure. Registered nurses were contracted to deliver clinical care and monitor care delivery such as wound care.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)