**Performance**

**Report**

**1800 951 822**

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| Name of service: | All Aged Care Limited |
| Service address: | 40 Roma Street BRISBANE QLD 4000 |
| Commission ID: | 700298 |
| Home Service Provider: | All Aged Care Limited |
| Activity type: | Quality Audit |
| Activity date: | 9 May 2023 to 11 May 2023 |
| Performance report date: | 8 June 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 All Aged Care Limited (**the service**) has been prepared by J Zhou, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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:**

* OzPol CACP Services Logan, 18305, 40 Roma Street, BRISBANE QLD 4000
* OzPol EACH D Services Logan, 18308, 40 Roma Street, BRISBANE QLD 4000
* OzPol EACH Services South Coast, 18309, 40 Roma Street, BRISBANE QLD 4000

# 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.

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

Overall, the Assessment Team found that consumers/representatives provided positive feedback about the care and services they receive. Consumers say the care and services they receive is in accordance with their individual needs, goals and preferences and optimises their health, wellbeing and quality of life.

In particular, I note the Assessment Team analysed evidence which showed the provider is:

* Demonstrating that consumers are treated with dignity and respect.
* Supporting consumers to act independently, make their own decisions and receive the services of their choosing.
* Supporting consumers to take risks to enable them to live the best life they can.

I find the service compliant with this Standard.

# 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

Overall, the Assessment Team found the service’s assessment and care planning records were comprehensive and holistic and accurately reflected the care and service needs and preferences described by consumers/representatives interviewed.

In particular, I note the Assessment Team analysed evidence which showed the provider is:

* Involving consumers/representatives in decisions about care and services.
* Communicating the outcomes of assessment and planning to consumers/representatives.
* Regularly reviewing care and services when the circumstances of the consumer change.
* Undertaking effective assessment and planning to inform the delivery of safe and effective services.

I find the service is compliant with this Standard.

# 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

Overall, the Assessment Team found management and staff have a sound understanding of each individual consumer’s personal situation and current circumstances, and the care management required, to manage their health and wellbeing as independently and safely as possible.

In particular, I note the Assessment Team analysed evidence which showed the provider is:

* Providing safe and effective care and any identified risks are discussed, to ensure continued safety and well-being and support to live the life they choose.
* Involving clinical staff in the initial assessment of all consumers if required. Clinical staff and care managers identify risks, undertake appropriate assessments, and refer to allied health professionals when required.
* Training staff in how to identify changes or deterioration to the consumer and escalate concerns to management.

I find the service is compliant with this Standard.

# 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)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Based on the Assessment Team’s evidence gathered during this quality review, I am satisfied that the provider is evidencing compliance by:

* demonstrating consumers get the services and supports that are important for their health and well-being and enable them to do the things they want to do;
* supporting consumers to undertake a range of lifestyle activities of interest to them, participate in the broader community and maintain contact with people who are important to them;
* evidencing embedded processes communicate pertinent information with service staff and others involved in consumer care to ensure services meet consumers preferences and needs;
* evidencing timely assessments are completed and referrals are made to other services where required;
* demonstrating practices that support consumers emotional, spiritual and psychological wellbeing; and
* evidencing consumer centric individualised goals inform service delivery and enable optimal independence, health, well-being and quality of life.

# Standard 5

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| Organisation’s service environment | | HCP |
| 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 |
| 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 |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

This Standard was not applicable to this Quality Review as the service does not deliver services from a physical environment or respite centre.

# 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

Based on the Assessment Team’s evidence gathered during this quality review, I am satisfied that the provider is evidencing compliance by:

* encouraging consumers/representatives to provide feedback;
* using feedback to inform improvements to care and services;
* providing consumers with accurate and complete information regarding how to access; advocacy and language services and make a complaint to the Commission; and
* using feedback and complaints to inform improvements to care and services.

# 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

Overall, the Assessment Team found that the service employs qualified staff and draws on expertise from other professionals and service providers and works closely with others who form part of the consumers’ care and support network, to ensure the optimal outcome.

In particular, I note the Assessment Team analysed evidence which showed the provider is:

* Providing the workforce with the resources and training required to deliver quality care and services.
* Respecting each consumer’s identity, culture, and diversity.
* Ensuring workforce members are competent, have the qualifications and knowledge to perform their roles effectively.
* Monitoring and reviewing the performance of the workforce.

I find the service is compliant with this Standard.

# 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

Overall, the Assessment Team found there are established organisational systems, processes, procedures and practices in place to ensure the delivery of safe and quality care and services.

In particular, I note the Assessment Team analysed evidence which showed the provider is:

* Engaging consumers in the development, delivery and evaluation of care and services.
* Promoting a culture of safe, inclusive, and quality care and services.
* Utilising effective organisation-wide governance systems.
* Utilising effective risk management systems and practices to support consumers to live the best life they can.
* Utilising established risk management systems and practices to identify and assess risks and support consumers to live the best life they can.

I find the service is compliant with this Standard.

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-2)