**Performance**

**Report**

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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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9661 Alpha Omega Aged Care Pty Ltd  
Service: 27662 Alpha Omega Aged Care

**This performance report**

This performance report has been prepared by Decision Maker Grace Hope-Simpson, 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 services it operates, 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 Performance Report and Quality Audit Report for the Quality Audit conducted from 19 March 2024 to 21 March 2024.
* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at service outlets, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 30 September 2024.

# Assessment summary for Home Care Packages (HCP)

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| Standard 2 Ongoing assessment and planning with consumers | Not Compliant |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **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.

* Requirement 2(3)(a): Ensure assessment and planning includes consideration of risks to the consumer’s health and well-being, with the strengthening of care plans to inform the delivery of safe and effective care and services.
* Requirement 2(3)(b): Ensure assessment and planning identifies and addresses the consumer’s current needs, goals, and preferences, including in relation to advanced care planning and end of life care. Consistently document these discussions and ensure consumers documented wishes are kept up to date.
* Requirement 2(3)(e): Ensure care and services are reviewed regularly for currency and effectiveness, and when circumstances change or when incidents impact on the needs, goals, or preferences of the consumer.

# 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. | Not 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. | Not 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. | Not Compliant |

Findings

During a Quality Audit undertaken from 19 March 2024 to 21 March 2024, the service was found non-compliant in Standard 2 Requirements 2(3)(a), 2(3)(b) and 2(3)(e). The assessment team identified deficiencies in assessment and care planning, including insufficient documentation of consumer risks and risk mitigation strategies. Care plans were found to be out of date or incomplete and advanced care planning and end of life planning discussions were not consistently documented. Care plans were not consistently reviewed when changes or incidents occurred.

On 10 September 2024, an Assessment Contact (Site) was conducted to assess the service’s progress in addressing the issues outlined above. The assessment team’s findings and the provider’s response to the assessment contact report, are outlined below.

**Requirement 2(3)(a)**

During the March 2024 Quality Audit, the service was unable to demonstrate that assessment and planning, including consideration of risks, adequately informed delivery of safe and effective care and services.

At the time of the Assessment Contact, the assessment team found that the service had made some progress in addressing the deficits, that consumers and representatives were satisfied with how their risks were managed and case managers were familiar with their consumers. Although the team identified that risk information is still inconsistently recorded in care plans, on balance they considered the service is now compliant with requirement 2(3)(a).

Having had regard to the assessment contact report and the provider’s response, I disagree with the assessment team’s recommendation. I find the service has not yet embedded consistent assessment and planning practices where risk information is concerned. There is insufficient evidence to show the service has reviewed all consumer care plans to ensure there is current, specific and individually tailored risk information and risk mitigation strategies contained in them.

Information relevant to my decision is outlined below.

The service has realised some improvements. Most case managers understood their consumers’ needs and reported that risks for consumers are identified during the initial assessment process and captured in care plans. Validated assessment tools are used however the reviewed care plans did not adequately capture all consumer risks. The report brought forward 3 examples of consumers whose care plans did not document known risks or failed to document individualised, tailored risk mitigation strategies for staff providing care. Missing risk information and mitigation strategies related to falls, pain, cognitive impairment, personal care and mobility. The provider’s response sought to clarify 2 out 3 of these consumer examples, however evidence provided with their response did not demonstrate tailored risk mitigation strategies or specific instructions for care workers to follow when providing care. Checklists provided with the response did not contain sufficiently detailed instructions for care workers to follow to mitigate those risks and documentary evidence to show the checklists are consistently adhered to was not provided. I find these consumer examples demonstrate non-compliance with requirement 2(3)(e).

A consumer example brought forward in requirement 2(3)(e) was also relevant to requirement 2(3)(a). This example concerned a consumer whose competency to self-administer medication had not been assessed despite significant cognitive impairment. The consumer’s care plan also lacked information or strategies from the consumer’s cardiac specialist, geriatrician and physiotherapist to guide staff practice. The provider’s response provided contextual information about this consumer and the scope of their care, noting the consumer’s personal choices around medication management and information sharing. However, the response did not demonstrate that the service has supported the consumer to make an informed decision about risks of continuing to self-manage their medication, or failure to share information and recommendations from other providers. Checklists provided with the response did not contain sufficiently detailed instructions for care workers to follow to mitigate those risks and documentary evidence to show the checklist is consistently adhered to was also not provided. Therefore, I find this consumer example demonstrates non-compliance requirement 2(3)(e).

A consumer example brought forward in requirement 3(3)(a) also was more relevant to the current requirement. This example concerned a consumer whose diabetes management plan did not contain specific instructions for staff to follow in the event the consumer’s blood glucose levels (BGLs) were outside the target range. The provider’s response took issue with the example, however, did not contain evidence to show that the care plan contains specific, tailored information about what staff should do when the consumer’s BGLs are outside of target range. I find this consumer example demonstrates non-compliance with requirement 2(3)(e).

Management confirmed the service is still working through assessment and planning activities listed in the continuous improvement plan that was developed following the Quality Audit. I find this demonstrates the service requires more time to develop care planning systems and embed changes in practice.

I have also considered information in the Quality Audit Performance Report, concerning client triage forms and the vulnerable clients register, which were identified as being inconsistently completed (triage forms) or missing information (risk register). In the assessment contact report, evidence to show that the service has rectified these deficiencies was not included, without which I cannot be confident the service’s assessment and planning includes sufficient and consistent consideration of consumer risks.

Other consumer examples brought forward in requirement 2(3)(a) were either not relevant, or were refuted by the provider’s response, and have not been considered in reaching my decision. For these reasons, I disagree with the assessment team’s recommendation and find the service remains non-compliant with requirement 2(3)(a).

**Requirement 2(3)(b)**

The Assessment Team found the service is not consistently documenting advanced care plans and end of life plans, but found end of life planning and advanced care planning are initially broached with consumers and representatives on commencement with the service. The service’s care plans do not have a section for end of life wishes or advanced care plans however, so these initial conversations are not consistently documented. Management confirmed the service is still reviewing care plans to address the deficit, and staff have been given instructions on where to document end of life and advanced care discussions.

The assessment team brought forward four consumer care plan examples, one which documented a brief account of the consumer’s advanced care planning. Two consumer care plans did not demonstrate any discussions about end of life wishes or advanced care plans, and one care plan showed the service has raised the topic, but the consumer and their family did not wish to discuss it at the time. As the service had identified the deficits in documentation and as case managers were still in the process of reviewing care plans and documenting the discussions, the assessment team considered that the service had returned to compliance with requirement 2(3)(b). The assessment team only considered evidence of care plans lacking essential and up to date information about consumers’ needs in relation to requirement 2(3)(e) rather than in the present requirement. This, combined with the lack of negative feedback from consumers and representatives about end of life and advanced care planning also underpinned the assessment team’s recommendation that the service is now compliant with requirement 2(3)(b).

In their response, the provider supplied evidence that the service had broached the topic of end of life and advanced care planning with one of the identified consumers, who did not wish to discuss it further at that point. This had been documented prior to the assessment contact. While I acknowledge that the service has made some improvements in documenting where case managers have broached end of life and advanced care planning discussions, there is insufficient evidence to show that this is a consistent and embedded practice. The service’s policy and procedure for ensuring consumers’ wishes are reviewed and updated on a routine basis is not clear, and it is also unclear how or whether service management is monitoring progress against the service’s continuous improvement plan, to ensure this occurs. Given the service acknowledged it is still in the process of reviewing care plans to address these deficits and given that sampled care plans do not consistently contain important instructions around care provision and risk management strategies (as outlined previously in requirement 2(3)(a)), I disagree with the assessment team’s recommendation and find the service remains non-compliant with requirement 2(3)(b).

**Requirement 2(3)(e)**

The assessment team found that the service is not effectively reviewing care plans when changes impact on the needs of the consumer. While consumers and representatives generally felt the service adjusts their care when there is a change in condition, this was not reflected in sampled care plans.

The assessment contact report brought forward four consumer care plan examples. Two examples have been previously outlined in Requirement 2(3)(a), concerning lack of up-to-date risk management strategies and instructions, for consumers with pain, cognitive impairment and falls risk. I am satisfied those consumer examples demonstrate care plans were not up to date with important care and risk information and reflect non-compliance with requirement 2(3)(e).

A further example concerned a vulnerable consumer who had requested a reassessment of care needs due to declining health a significant period of time before the assessment contact, but which the assessment team found did not occur for some years. The provider’s response provided clarifying information about the reassessment request timing, and demonstrated the service had actioned the request prior to the assessment contact. While the response showed the consumer was not waiting years for an increase in services, the response did show there had been a six-month delay in submitting the request for package upgrade, due to staffing changes. In their response, the service considered the matter had been resolved prior to the assessment contact, and outlined a new meeting agenda item showing consumer package upgrades are now discussed at ‘hub’ meetings, a measure introduced to prevent reoccurrence. However, evidence provided to support their response did not demonstrate that new agenda item had been embedded in practice for any length of time, or that they were occurring prior to the assessment contact. The response also mentioned an improved process to track upgrades in the service’s electronic care management system, however evidence provided with the response did not support this assertion. For these reasons, I find this consumer example demonstrates lack of effective review practices and therefore, supports non-compliance with requirement 2(3)(e).

A fourth consumer example concerning a consumer who requested weight gain support, was clarified in the provider’s response. I found this example did not reflect non-compliance. However, on balance, for the reasons outlined above, I agree with the assessment team’s recommendation, and find the service continues to be non-compliant with requirement 2(3)(e).

# 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)(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 |

Findings

During the Quality Review undertaken from 19 March 2024 to 21 March 2024, the service was found non-compliant in Standard 3 Requirements 3(3)(a), 3(3)(b), 3(3)(c) and 3(3)(e). The assessment team identified deficits in assessment and planning documentation and care practices which were not best practice for a consumer living with diabetes. Lack of clinical triage of consumers, and inconsistent documentation of consumer risks in the service’s vulnerable consumer register was also identified. Advanced care planning and end of life planning policies and procedures were not followed in practice and information about consumers’ care needs were not effectively shared within the organisation and with others involved in care. Care plans were not up to date, and brokerage consumers’ electronic records were not accessible to staff. Verbal communication providing updates about those consumers was not consistently documented and text message communications were inconsistent.

On 10 September 2024, an Assessment Contact (Site) was conducted to assess the service’s progress in addressing the issues outlined above. The assessment team’s findings and recommendations are outlined below.

**Requirement 3(3)(a)**

Consumers and representatives considered personal and clinical care provided by the service is safe and right for them. Staff understood consumers’ current personal and clinical care needs, Clinical care is being provided by registered staff who collaborate closely with medical officers and allied health professionals. The assessment team found the service had addressed most deficits concerning the consumer living with diabetes, and instructions in their care planning documentation were more specific and detailed than previously. Staff roles and responsibilities concerning the consumer’s insulin injections had been clarified, record keeping improved and staff competency and training for checking BGLs and administering insulin had been addressed. The assessment team did identify a lack of instructions in the care plan for staff to follow when BGL levels are out of target range, however this issue had no impact to the consumer and so has been considered in requirements 2(3)(a) and 2(3)(e) where it is more relevant. I find this consumer example generally supports the assessment team’s recommendation that the service has returned to compliance in requirement 3(3)(a).

A second example was brought forward, outlining safe and effective wound care provided to a different consumer also living with diabetes. Document review showed effective collaboration between a medical officer and the service RN, with the consumer’s wound reducing in size. I am satisfied this example demonstrates safe and effective care.

While service management confirmed the service is still working through its continuous improvement plan, I find there is sufficient evidence the service has addressed the deficits identified in relation to the consumer living with diabetes, that were highlighted during the March 2024 Quality Audit. While ongoing issues with assessment, planning and documentation have been identified, no consumer impact was found because of these and non-compliant findings in Standard 2 acknowledge these deficits. Therefore, I agree with the assessment team’s recommendation and find the service has returned to compliance with requirement 3(3)(a).

**Requirement 3(3)(b)**

The assessment team brought forward management interview evidence concerning processes used to manage high prevalence and high-profile risks to consumers. Some of these have been outlined in Requirement 2(3)(a). Management also outlined the use of a clinical triage form to identify risks on entry to the service and hub meetings to discuss consumer progress and monitor the effectiveness of risk mitigation strategies being used. Electronic Care Management System alerts are also used to manage risks for certain consumers. For example, the service uses electronic alerts to notify staff when a diabetic consumer’s shift is not filled, so the RN is alerted and the consumers’ insulin dose can still be administered. Two other examples of risk management in practice were brought forward, which demonstrated a care plan that contained detailed instructions for staff to support a consumer with high falls risk and mobility problems. Staff explained how they support that consumer in line with the care plan strategies. A third example demonstrated effective management of an incident involving a consumer who was bitten by a dog, to manage risk of infection. Management confirmed a process is in place where rostering staff follow up with care workers after an incident has been logged, to confirm details and gather any additional information.

Although the assessment team did identify ongoing deficits in documentation where risk management strategies are concerned, I do find the service has made some progress with systems and processes now in place to monitor consumer risks. Additionally, the assessment team did not bring forward evidence to show the service has addressed out of date information in the vulnerable clients’ register. Evidence was also not brought forward to show whether the service had completed client triage forms to ensure all consumer risks have been identified across the client cohort. However, these documentation issues are more relevant to assessment and planning, requirement 2(3)(a) and have been considered there.

I find the examples outlined above show that in practice, the service is managing high impact and high prevalence risks to consumers living with diabetes, and others. As there is no evidence to show ineffective risk management assessment and planning practices have negatively impacted on consumers, I agree with the assessment team’s recommendation that the service in now compliant with Requirement 3(3)(b).

**Requirement 3(3)(c)**

The assessment team found that while the service had progressed against the continuous improvement plan developed following the March 2024 Quality Audit, improvement efforts are ongoing to address the deficits. The service has implemented advanced care planning training and professional development for registered nurses and case managers, provided by an external organisation and a local multicultural service provider. The service continues to audit care plans and complete reviews to ensure all consumers have advance care plan preferences documented.

The assessment contact report noted that the service rarely provides care to consumers nearing end of life, however the service has a process that can be followed should it do so. The service currently supports two palliating consumers, who were under the care of community palliative care organisations before commencing with the service. Neither consumer currently receives services from the provider for end-of-life care needs. A representative of one palliating consumer was interviewed and was highly positive about the care being provided to their family member, confirming they were aware of how to seek further support when the time came. Care plans for these two consumers contained some minimal information for end of life wishes, however it is noted that discussion of end-of-life care is determined by cultural norms and is therefore, not always appropriate or respectful.

I have had regard to the examples and evidence outlined above, and in requirement 2(3)(b). I am satisfied that the service is recognising and addressing the needs of consumers nearing the end of life, including by respecting their wishes regarding such discussions. Evidence outlined here and in 2(3)(b) confirmed the service is still working through care plan audits to ensure consumers’ advanced care and end of life plans have been discussed to the extent that consumers wish to, and that these discussions and their outcomes are routinely reviewed and consistently documented. In practice, there is no evidence that ongoing assessment and planning deficits have resulted in any ineffective end of life care to consumers. For this reason, I agree with the assessment team’s recommendation that the service is now compliant with requirement 3(3)(c).

**Requirement 3(3)(e)**

At the March 2024 Quality Audit, the assessment team found the service did not ensure clinical information about consumers was effectively shared internally or with others involved in care. Care plans were not up to date, and brokerage consumers’ electronic records were not accessible to staff. This breakdown in communication prevented care staff knowing the care needs and preferences of each consumer. Verbal communication providing updates about those consumers was not consistently documented and text message communications were inconsistent.

In the recent assessment contact report, evidence was brought forward to show that the service has made progress against the continuous improvement plan developed following the Quality Audit. The service has provided training to brokerage providers about expected standards for documentation and other quality indicators. The service has been trialling technological solutions to support information sharing, including an app which as not successful and a QR shift note template which is still being trialled. The service has developed a new set of consumer onboarding documents to be sent to brokerage providers when new consumers start with the service. Interviewed consumers are now happy that new care workers understand their needs and staff said they feel informed about what needs to be done for each client. However, while significant improvements have been made, the service had not considered information sharing with other clinical providers involved in consumer care. The report identified two consumers who had received allied health support, but recommendations from those allied health professionals were not communicated via care plans and the service had not documented attempts to gather that information. When this feedback was provided to management, they were receptive and gave an undertaking, via the continuous improvement plan, to address this deficit.

The assessment team considered that the service has made strong progress against the continuous improvement plan where sharing of clinical information is concerned and on balance, found the service is now compliant with requirement 3(3)(e). Having had regard to the evidence in the assessment contact report, and also the evidence in requirements 2(3)(a), 2(3)(d) and 4(3)(d), I agree with the assessment team. The service continues to work on addressing problems in assessment and care planning, which have been acknowledged through the non-compliant findings in Standard 2. Improvements in the uptake and integration of instructions from external clinical providers can be addressed through improvements in that Standard and through the continuous improvement plan items recently developed. There is no evidence to show any consumer has been harmed due to lack of information sharing. On balance, I find the service is now compliant with requirement 3(3)(e).

# Standard 4

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| Services and supports for daily living | | HCP |
| 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 |

Findings

Requirement 4(3)(d)

At the March 2024 Quality Audit, the service was found non-compliant with this requirement. The service could not demonstrate consumers’ condition, needs and preferences are communicated within the organisation, and with others where responsibility for care is shared. Deficiencies were identified with brokerage services not having the ability to access the service’s electronic consumer care files.

The assessment team found significant progress has been made to improve information sharing, as outlined in requirement 3(3)(e). This evidence of improved information sharing with staff and where brokerage consumers are concerned, is also relevant to the current requirement.

However, as outlined previously, the service has not considered communication requirements with other providers involved in consumer care, which are not brokerage services. The assessment report brought forward the example of five consumers who attend group outings with another organisation, for whom no information about consumer condition, needs or preferences had been provided. In response, management gave an undertaking, via the service’s CIP, to address this deficit and I note there was no evidence to show any consumer was harmed due to lack of information sharing with lifestyle providers. On balance, I find this example does not demonstrate non-compliance with requirement 4(3)(d).

Overall, the assessment team considered that the service has made strong progress against the continuous improvement plan where sharing of information is concerned and on balance, found the service is now compliant with requirement 4(3)(d).

Having had regard to the evidence in the assessment contact report, and also the evidence in requirement 3(3)(e), I agree with the Assessment Team. Improvements in information sharing with external providers can be addressed through the continuous improvement plan items recently developed, and there is no evidence to show any consumer has been harmed due to lack of information sharing with lifestyle providers. On balance, I find the service is now compliant with requirement 4(3)(d).

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)